2018 Ohio Medicare Advantage Prior Authorization List

Services are provided within the benefit limits of the member's enrollment:

- All Abortions
- All Inpatient Care- including Skilled Nursing Facility, Acute, Inpatient Rehab, LTACH, and Respite Care
- All Inpatient Behavioral Health admissions
- Transcranial Magnetic Stimulation
- Intensive Outpatient Program Services
    - Prior Authorization required > 30 visits
- Partial Hospital Program Services
    - Prior Authorization required > 30 visits

  *Benefits are applied as outlined by CMS.

- Ambulance transportation –with HR modifier
- Fixed Wing Transports
- Chiropractic Visits greater than 15 per calendar year
- Cosmetic procedures and plastic surgery
- Durable Medical Equipment over $750.00 billed charges
    - Including: CPAPs and food supplements/nutritional supplements/enteral feeds greater than 30 cans per month
    - All powered or customized wheelchairs
    - All miscellaneous codes (i.e.: E1399)
- Genetic Testing
- Homecare services:
    - All Home Health Aide visits
    - Skilled nurse visits greater than 3 visits/year
    - Physical Therapy visits greater than 3 visits/year
    - Occupational Therapy visits greater than 3 visits/year
    - Speech Therapy visits greater than 3 visits/year
    - Social Worker visit greater than 2 visits/year
- Intensive Outpatient Psychiatric Services greater than 30 visits per calendar year
- Skilled Nursing Facility Services
- Occupational Therapy visits greater than 30 per calendar year in an outpatient setting
- Organ Transplants
- Pain Management Services
    - Facets
    - Epidurals
    - Facets Neurotomy

    - Trigger Points
    - SI Joints
- Physical Therapy visits greater than 30 per calendar year in an outpatient setting and under Part B
- Partial Hospitalization Program services greater than 30 visits per calendar year
- Prosthetic/Orthotics devices over $750.00 billed charges
- Speech Therapy visits greater than 30 per calendar year in an outpatient setting

Non-emergent Outpatient diagnostic/therapeutic radiology services, please contact NIA www.radmd.com:

- CT, CTA, MRI, MRA, PET Scans

Important Information:

- Any health care provider who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member with the one exception of RAPHL providers.
- Providers are responsible for verifying eligibility and benefits before providing services. Except for an emergency, failure to obtain a prior authorization for the services on this list may result in a denial for reimbursement.
- Authorization is not a guarantee of payment for services.
- CareSource does not require Prior Authorization for unlisted procedure CPT codes; however, we require a signed, clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the claims appeal process with pertinent clinical records and should be sent directly to claims for consideration.
- Please reference our Dental Services Handbook for the Prior Authorization list for services that require review for prior authorization.

For Providers: Please contact NIA at 1-800-424-5600 or their web portal @ www.radmd.com for all CT, CTA, MRI, MRA, PET Scans. Additional services requiring a PA include myocardial perfusion imaging (MPI), MUGA scan, Echocardiography, Stress echocardiography

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage® Zero Premium (HMO), CareSource Advantage® (HMO), and CareSource Advantage Plus® (HMO) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Y0119_OHMA-M-0215 Accepted