



## CareSource Marketplace™ Prior Authorization List

### Services That Require Prior Authorization

Services are provided within the benefit limits of the member's enrollment. They include, but are not limited to the following services:

- All Inpatient Care
- Ambulance Transportation – except for emergent or facility-to-facility transfers
- Nasal /Sinus Endoscopy-Balloon Dilation (31295, 31296, 31297, 31299)
- Clinical Trials
- Cochlear Implant
- Cosmetic and Reconstructive Surgery/Procedures
- Behavioral Outpatient Services:
- Residential Services
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Applied Behavioral Analysis (ABA) – all visits starting 1/1/2019
- Durable Medical Equipment and other supplies over \$750.00 billed charges
  - The \$750.00 rule does not apply to the following DME/other items (these require prior authorization):
    - All powered or customized wheelchairs and accessories
    - All miscellaneous codes (example: E1399)
    - Continuous Glucose Monitoring Systems
    - INR Monitoring System
    - Negative Pressure Wound Therapy, Vacuum-assisted Closure Device
    - Nutritional Supplements
    - Oral Appliances for Obstructive Sleep Apnea- Custom (E0486)
    - Pneumatic Compression Device
    - Pressure Reducing Support Surfaces
    - Seasonal Affective Disorder Phototherapy (SAD Lamps)
    - Speech Generating Devices
    - Wearable Cardioverter Defibrillator (WED)
    - Genetic Testing
    - Wigs
- Home Care Services and Therapies including Private Duty Nursing
- Nursing Facility Services
- Organ/Tissue/Bone Transplants – Except Corneal Transplants
- Osteochondral Allograft and Autograft
- Outpatient Therapies
  - Cardiac Rehabilitation > 36 Visits Per Calendar Year
  - Pulmonary Rehabilitation > 20 Visits Per Calendar Year
  - Chiropractic Therapy > 12 Visits Per Calendar Year
  - Occupational Therapy > 20 Visits Per Calendar Year
  - Physical Therapy > 20 Visits Per Calendar Year
  - Speech Therapy > 20 Visits Per Calendar Year
- Pain Management Treatments
  - Epidural Steroid Injections

- Facet Medial Branch Nerve Block Injections
- Facet Neurotomy Injections
- Sacroiliac Joint Injections
- Trigger Point Injections - PA greater than 8 injections in a benefit year for CPT 20552 and 20553
- Phototherapy, Photochemotherapy, and Photodynamic Therapy
- Psoriasis Laser Treatment
- RF Ablation for Treatment of Tumors
- RF Volumetric Tissue Reduction
- Specialty Pharmacy
- Stereotactic Radiosurgery
- TMJ Services
- Transurthral RF Micro- Remodeling
- Uterine Artery Embolization for the Treatment of Fibroids
- Uvulectomy
- Uvulopalatopharyngoplasty
- Ventricular Assist Device

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

### **Important Information:**

- Any 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.
- Prior authorization is required for all non-participating providers.
- 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 Handbook for the prior authorization list for services that require review for prior authorization.

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