



2023 CareSource Prior Authorization List

CareSource® MyCare Ohio (Medicare-Medicaid Plan)

Prior authorization (PA) is how we decide if the health services listed below meet evidence based criteria for *medical necessity*. Your provider must get prior authorization for the listed services in order for you to receive benefits under your plan. The services also fall within the terms of your health plan. Emergency care does **not** need prior authorization.

If your provider is **not** part of the CareSource network, you or the provider must get prior authorization before you get **any service**, not just those listed below. Failure to do so may result in a denial of reimbursement. Exceptions include emergency services.

Services must conform to all terms and conditions of your plan including, but not limited to, eligibility, medical necessity, coverage restrictions, and benefit limitations.

Services That Require Prior Authorization

- All medical inpatient care (e.g., skilled nursing facility, acute, inpatient rehabilitation/therapy, long term and respite care)
- Out of network services
- Elective surgeries (e.g., outpatient and inpatient)
- Transplants and services related to transplants:
 - Services related to transplants include:
 - Transportation and lodging costs.
 - Bone marrow/stem cell donor search fees.
- Maternity: Delivery and inpatient stay if scheduled less than 39 weeks or if stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery.
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Rhinoplasty
 - Most limb deformities
 - Cleft lip and palate
- All unproven, experimental or investigational items and services (e.g., life-threatening illness exceptions)
- Bariatric/gastric obesity surgery
- Clinical trials
- Genetic testing in some situations
- Some laboratory services (e.g., Diagnostic tests, lab work and procedures)
- Gender dysphoria services including but not limited to gender transition surgeries.
- Hyperbaric oxygen therapy
- Non-emergent ambulance services
- Oral surgery that is dental in origin for adults
- Sleep studies outside of home setting
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder.
- Urine drug screening



Behavioral Health Services

- All inpatient services
- Partial hospitalization program (PHP) services
- Transcranial magnetic stimulation (TMS)
- Substance use disorder (SUD) residential (prior authorization after 30-days for the first two admissions in a calendar year and initially for a third admission in a calendar year.)
- Assertive community treatment (ACT)
- Applied behavioral analysis (ABA)
- Opioid treatment program (OTP) services

Medical Supplies, Durable Medical Equipment (DME) and Appliances

The following **always** require a prior authorization:

- Custom equipment
- Miscellaneous codes (e.g., E1399)
- Cochlear implants
- Diabetic supplies
- Left ventricular assist device
- Oral appliances for obstructive sleep apnea
- Enteral nutrition and supplies
- Patient transfer systems/hoyer lifts
- Power wheelchair repairs
- Prosthetics/specified orthotics**
- Speech generating devices and accessories
- Spinal cord stimulators
- All powered or customized wheelchairs and accessories
- All rental/lease items, including but not limited to:
 - CPAP/BiPAP
 - NPPV machines
 - Apnea monitors
 - Ventilators
 - Hospital beds
 - Specialty mattresses
 - High frequency chest wall oscillator
 - Cough assist stimulating devices (e.g., insufflator/exsufflator)
 - Pneumatic compression devices
- Wound pump
- Donor milk
- All DME repairs/replacements exceeding one calendar year require a prior authorization.

***Orthotics can be replaced once per benefit year when medically necessary. Additional replacements may be allowed if damage and unable to repair or if need driven by rapid growth. Excludes repair/replacement due to lost or stolen, misuse, malicious breakage, or gross neglect.*

Home Care Services and Therapies

- No prior authorization required for initial assessment/evaluation.
- Home health aide visits
- Private duty nursing (PDN)
- Skilled nurse visits
- Social worker visits
- Occupational therapy
- Speech therapy
- Physical therapy



Outpatient Therapies

Prior authorization requirements for include habilitative, rehabilitative or a combination of both.

- No prior authorization required for initial assessment/evaluation.
- Occupational therapy visits
- Speech therapy visits
- Physical therapy visits
- Cardiovascular rehabilitation therapy
- Cognitive rehabilitation therapy
- Pulmonary rehabilitation therapy

Physical Medicine and Rehabilitation Services

Including day rehabilitation and acute inpatient rehabilitation facility stays.

Pain Management

- Acupuncture
- Epidural steroid injections
- Trigger point injections
- Implantable pain pump
- Implantable spinal cord stimulator
- Facet sacroiliac joint procedures
- Sacroiliac joint fusion
- Facet joint interventions

Radiology

- CT, CTA, MRI, MRA, PET scans
- Phototherapy
- Myocardial perfusion imaging (MPI)
- MUGA scans
- Echocardiography (transthoracic/transesophageal)
- Stress echocardiography
- Nuclear cardiology

Additional Important Information

- Providers are responsible for verifying eligibility and benefits before providing services.
- Authorization is not a guarantee of payment for services.
- Waiver services

CareSource® MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

MyCareOhio
Connecting Medicare + Medicaid

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratis.