



2018 MyCare Prior Authorization List

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

- All Inpatient Care including Skilled Nursing Facility, Acute, Inpatient Rehab, Long Term Acute Care (LTAC), and Respite Care
- Organ Transplants
- All Inpatient Behavioral Health Admissions
- Transcranial Magnetic Stimulation
- Intensive Outpatient Program Services*
 - PA required > 30 visits
- Partial Hospital Program Services*
 - PA required > 30 visits
- Intensive Home Based Treatment (IHBT)
- Assertive Community Treatment (ACT)
- Substance Use Disorder (SUD) Partial Hospitalization
- SUD Residential Treatment
- Respite Services
- Nuclear Medicine and Cardiology
- Acupuncture > than 30 visits per year
- Abortions
- Ambulance/Ambulette transportation when going from hospital to home/residence
- Fixed Wing (Airplane) Transportation
- Chiropractic visits greater than 15 per calendar year
- Contact Lens and Fittings
- Cosmetic procedures and plastic surgery
- Dental Services: please talk with your dentist about services that may require a prior authorization
- Prosthetic/Orthotics devices over \$750 billed charges
- Durable Medical Equipment over \$750 billed charges
 - All powered or customized wheelchairs
 - All CPAPs after 3 months of usage
 - Some miscellaneous medical equipment
- Food supplements/nutritional supplements/enteral feeds greater than 30 cans per month
- Genetic Testing
- Hearing Aids
- Homecare Services:
 - All Private Duty nursing hours
 - 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

- Hospice Care
- Skilled Nursing Facility Services
- Occupational Therapy visits greater than 30 per calendar year in an outpatient setting and under Part B
- 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
- Speech Therapy visits greater than 30 per calendar year in an outpatient setting and under Part B
- Specialized radiology such as CT, CTA, MRI, MRA, PET, MUGA scans, myocardial perfusion imaging (MPI) and echocardiography.
- Post-stabilization services in a non-network hospital

Important Information:

- Any healthcare 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.

Providers Only: 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.

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