



2026 Nevada Medicaid CareSource Prior Authorization (PA) List

PA is used to decide if the below services meet the measures for health needs. Your provider must get PA for these services for you to get benefits.

If you see someone who is **not** part of CareSource, you or they must get PA before **any service** is given. If this is not done, it may result in a denial of repayment. Exceptions can involve urgent health care.

Services must meet all terms of your plan. These include but are not just:

- Qualification
- Health need
- Coverage limits
- and limits on benefits.

Your Evidence of Coverage has info about PA.

Services That Require Prior Authorization

- All Medical Inpatient Care including:
 - Acute
 - Skilled nursing facility
 - Inpatient rehabilitation/therapy
 - Long term and respite care
 - Inpatient hospice
- All out of network services
- Some elective surgeries (outpatient and inpatient)
- Advanced imaging (i.e. MRIs, PET Scans)
- Some musculoskeletal and cardiac services
- Skin and Soft tissue substitutes for wounds
- Transplant evaluations
- All clinical trials
- All unproven, experimental or investigational items and services
- All transplants and services related to transplants:
 - Services related to transplants:
 - Transportation and lodging costs
 - Bone marrow/stem cell donor search fees
- Maternity:
 - Scheduled delivery less than 39 weeks
 - If stay exceeds 48 hours for vaginal or 96 hours for cesarean or c-section delivery
- Some genetic testing and some laboratory services
- Gender dysphoria services including but not limited to gender transition surgeries
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder

Behavioral Health Services

- All inpatient stays
- Partial hospitalization program (PHP) services
- Intensive outpatient program (IOP)
- Applied behavioral analysis (ABA)
- Children's Respite

Medical Supplies, Durable Medical Equipment (DME) and Appliances

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

- All custom equipment
- All miscellaneous codes
- Cochlear implants
- Insulin infusion device
- Speech generating devices and accessories
- Enteral nutrition and supplies
- Infusion pumps
- Patient transfer systems and Hoyer lifts
- Prosthetics/specified orthotics
- Wheelchairs and some associated accessories
- All rental/lease items, including but not limited to:
 - CPAP/BiPAP
 - NPPV machines
 - Hospital beds
 - High frequency chest wall oscillator
 - Cough assist stimulating devices
 - Pneumatic compression devices
- Wound vacs
- All DME repairs/replacements

Home Care Services and Therapies

- No prior authorization required for assessments/evaluations
- Home health aide visits
- Skilled nurse visits
- Occupational therapy
- Speech therapy
- Physical therapy

Pain Management

- Implantable pain pump
- Facet sacroiliac joint procedures
- Sacroiliac joint fusion

Additional Important Information:

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

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