



## 2026 Ohio Medicaid CareSource Prior Authorization List

Prior authorization (PA) is how we decide what services are paid for by your CareSource plan.

Your provider must get PA **before** you get these services. They must be medically needed for your care. You must have proof they are needed. They must also be part of your health plan. Emergency care does **not** need PA.

If your provider is not part of our network, you or they must get PA before **any service**, not just the ones on this list. Your care may not be paid for without this approval.

### Services that Require PA

- All Medical Inpatient Care
  - Skilled Nursing Facility, Acute, Inpatient Rehabilitation/Therapy, long term and respite care, Hospice
- Out of Network services (excluding emergency services)
- Some Elective surgeries (outpatient and inpatient)
- Transplant Evaluations
- All Transplants and services related to transplants:
- Services related to transplants:
- Transportation and lodging costs
- Bone marrow/stem cell donor search fees
- Maternity:
  - If stay exceeds 48 hours for vaginal
  - If stay exceeds 96 hours for cesarean delivery
- Reconstructive and/or potential cosmetic services. This includes, but is not limited to:
  - Rhinoplasty
  - Most limb deformities
  - Cleft lip and palate
- All clinical trials
- All unproven, experimental or investigational items and services
- Skin and Soft tissue substitutes for wounds
- Oral surgery that is dental in origin for adults
- Bariatric/gastric obesity surgery
- Knee/hip replacements, some knee orthoses
- Arthroscopies/arthroplasties
- Laminectomies/laminotomies
- Spinal fusions
- Laparoscopies
- UPPP surgery: (Uvulopalatopharyngoplasty)
- Coronary artery bypass graft (CABG)

- Genetic testing in some situations
- Hyperbaric oxygen therapy
- Sleep studies outside the home setting
- Voluntary sterilizations
- Gender dysphoria services including, but not limited to, gender transition surgeries
- Treatments and services for temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Non-emergent ground and air transportation. **Please note:** This includes all non-emergent transportation between facilities.
- Urine Drug Testing (UDT)

### **Behavioral Health Services:**

- All inpatient stays
- Psychotherapy
- Applied Behavior Analysis (ABA)
- Partial hospital program services (PHP)
- Transcranial magnetic stimulation (TMS)
- Substance Use Disorder (SUD) Residential (PA 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)
- Intensive Home Based Treatment (IHBT)
- Children's Respite
- Intensive Outpatient Program (IOP)
- Opioid Treatment Program

### **Medical Supplies, Durable Medical Equipment (DME) and Appliances**

The following always require PA:

- Wheelchairs and some associated accessories
- Insulin infusion device
- Continuous Glucose Monitors
- Prosthetic and Orthotic Devices
- Oral appliances for obstructive sleep apnea
- Patient transfer systems/Hoyer lifts
- Power wheelchair repairs
- Spinal cord stimulators
- Oral nutrition (for medical purposes) and enteral nutritional therapy
- All rental/lease items, including but not limited to:
  - CPAP/BiPAP
  - NPPV machines
  - Apnea Monitors
  - Ventilators

- Hospital beds
- Specialty mattresses
- High frequency chest wall oscillators
- Cough assist/stimulating device
- Pneumatic compression devices
- Infusion pumps
- All miscellaneous codes (example: E1399)
- Cochlear implants. This includes most replacements. PA will also consider post cochlear implant aural therapy.
- Donor milk
- Left Ventricular Assist Device (LVAD)
- Wound Vacs

\*\* Orthotics can be replaced once per benefit year when there is medical need.

Additional replacements may be allowed if:

- Damaged and unable to repair.
- Need driven by rapid growth and member is under 18 years of age.

Excludes repair/replacement due to:

- Being lost or stolen,
- misused,
- malicious breakage,
- or gross neglect.

### **Home Care Services and Therapies**

- No PA required for assessments/evaluations
- Home Health aide visits
- Private Duty nursing (PDN)
- Skilled nurse visits
- Social worker visits
- Occupational therapy
- Speech therapy
- Physical therapy

**Outpatient Therapies** – *PA requirements for Habilitative, Rehabilitative, or a combination of both.*

- No PA required for therapy/skilled nurse/social worker/infusion therapy assessment
- Occupational Therapy visits
- Speech Therapy visits
- Physical Therapy visits
- Cognitive rehabilitation therapy
- Pulmonary rehabilitation therapy

## **Physical Medicine and Rehabilitation Services**

This includes day rehabilitation and acute inpatient rehabilitation facility stays.

## **Pain Management**

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

## **Radiology**

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

## **Pharmacy Services**

- Some covered prescription drugs need PA.
  - PA helps promote appropriate and safe use, and enforcement of guidelines for Prescription Drug Benefit coverage.
  - Covered drugs are found on the Prescription Drug Formulary and in the “Find My Prescriptions” online search tool.
  - If a covered drug requires review prior to coverage, you will see one or more of the following abbreviations:
    - PA (indicating a clinical PA is required for the drug)
    - QL (indicating a quantity or dose limit for the drug)
    - ST (indicating a step therapy requirement for the drug)
- Prescription drugs that are not on the Prescription Drug Formulary are called Non-Formulary drugs.
  - Non-Formulary drugs always require a formulary exception review and approval to be covered by CareSource.
  - You, your authorized representative, or your prescribing physician may request this review.
  - Exception reviews determine if the Non-Formulary drug is clinically appropriate instead of available covered drugs on the Prescription Drug Formulary.

**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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