



## ***Network Notification***

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**Date: May 11, 2015**

**To: MyCare Ohio Health Partners**

**From: CareSource®**

**Subject: Summary of MyCare Ohio Services Requiring Prior Authorization**

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

### **Services requiring Prior Authorization since 5/1/14:**

- All Inpatient Care- including Skilled Nursing Facility, Acute, Inpatient Rehab, LTACH, and Respite Care
- Hospice Care
- Skilled Nursing Facility Services
- Organ Transplants
- Some Dental Services- - please reference our Dental Handbook online at CareSource.com under Provider Materials
- Non-emergent Outpatient diagnostic/therapeutic radiology services, please contact NIA [www.radmd.com](http://www.radmd.com):
  - CT, CTA, MRI, MRA, PET Scans

### **Services requiring Prior Authorization for dates of service 5/4/15:**

- All Abortions
- Ambulance transportation – except for emergent or facility-to-facility transfers with the following modifiers:
  - RP, PR, RJ, JR, GN, HH, HN, JN, NG, NH, NJ, NP, PN
- Ambulette transportation – except for the following modifiers:
  - RP, PR, RJ, JR, GN, HH, HN, JN, NG, NH, NJ, NP, PN
- Chiropractic Visits greater than 12 per calendar year
- Cosmetic procedures and plastic surgery
  - Durable Medical Equipment over 750.00 billed charges
  - All powered or customized wheelchairs
  - Manual wheelchair rentals over three months
  - All miscellaneous codes (i.e.: E1399)
- Hearing Aids

- Occupational Therapy visits greater than 20 per calendar year in an outpatient setting
  - This does not apply to Part B in the nursing facility- no prior authorization for these services
- Pain Management Services
- Physical Therapy visits greater than 20 per calendar year in an outpatient setting
  - This does not apply to Part B in the nursing facility- no prior authorization for these services
- Podiatry office visits greater than 8 per calendar year
- Orthotics/Prosthetic devices over \$750.00 billed charges
- Speech Therapy visits greater than 15 per calendar year in an outpatient setting
  - This does not apply to Part B in the nursing facility- no prior authorization for these services

**Services requiring Prior Authorization for dates of service 6/8/15**

The following Home Health Care services:

- Skilled nurse visits greater than 3 visits
- Physical Therapy visits greater than 3 visits
- Occupational Therapy visits greater than 3 visits
- Speech Therapy visits greater than 3 visits
- All Private Duty nursing hours
- All Home Health Aide visits
- Social Worker visit greater than 2 visits
- All Services Involving Home Infusion

**Please Note: All Waiver services must go through the member's Waiver Case Manager. Please contact the member's assigned CareSource MyCare Ohio Care Manager for assistance**

**\*Prior authorization for non-participating providers is limited to the above listed services at this time**

The CareSource MyCare Ohio Medical Management Team:  
Phone: 800-488-0134 or Fax: 888-752-0012

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