



## 2024 CareSource Prior Authorization List

Prior authorization is the process used by CareSource to determine whether the 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.

If you see a provider who is not part of CareSource's network, you or the provider must get prior authorization before any service is rendered, 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. West Virginia members may qualify for an episode of care.

Refer to your Evidence of Coverage for additional details and information around the prior authorization process.

### Services That Require Prior Authorization

All Medical Inpatient Care – including Acute, Skilled Nursing Facility, Inpatient Rehabilitation/Therapy, Long Term and Respite Care, Inpatient Hospice

Out-of-Network services (excluding emergency services)

Some elective surgeries (outpatient and inpatient)

Transplant evaluations

All transplants and services related to transplants:

- o Services related to transplants:
  - f Transportation & lodging costs
  - j Bone marrow/stem cell donor search fees

Maternity:

- o Cleft lip and palate

All unproven, experimental or investigational items and services (life-threatening illness exceptions)

Bariatric/gastric obesity surgery

Clinical trials

Some genetic testing and some Laboratory services

Gender dysphoria services including but not limited to gender transition surgeries

Hyperbaric oxygen therapy

Non-emergent ground and air transportation. Please note this includes all non-emergent transportation between facilities.

Oral surgery that is dental in origin

Sleep studies outside of the home setting

Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder

Behavioral Health Services:

All inpatient stays

Residential treatment services

- f* Mental Health Diagnoses
- f* Substance Use Disorder (SUD)

Partial hospital program services (PHP) greater than five days

- f* Benefits for the first five days of intensive outpatient or partial hospitalization services will be provided without any retrospective review of medical necessity.
- f* Benefits beginning day six and every six days thereafter of intensive outpatient or partial hospitalization services is subject to concurrent review of the medical necessity of the services.

Intensive outpatient program (IOP) greater than five days

- f* Benefits for the first five days of intensive outpatient or partial hospitalization services will be provided without any retrospective review of medical necessity.
- f* Benefits beginning day six and every six days thereafter of intensive outpatient or partial hospitalization services is subject to concurrent review of the medical necessity of the services.

Transcranial magnetic stimulation

- Psychiatric diagnostic evaluation greater than 1

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

The following always require a prior authorization:

- j* All custom equipment
- f* All miscellaneous or unspecified codes (example: E1399)
- f* Cochlear implants including any replacements
- f* Cranial remodeling helmets
- f* Donor milk
- f* Left Ventricular Assist Device (LVAD)
- f* Oral appliances for obstructive sleep apnea
- f* Enteral nutrition and supplies
- f* Patient transfer systems/Hoyer lifts
- f* Phototherapy beds (Bili beds)
- f* Power wheelchair repairs
- f* Prosthetics/specified orthotics
- f* Speech generating devices and accessories
- f* Spinal cord stimulators
- f* Wheelchairs and some associated accessories
- f* All rental/lease items, including but not limited to:
  - o CPAP/BiPAP
  - o NPPV machines
  - o Apnea Monitors
  - o Ventilators
  - o Hospital beds
  - o Specialty mattresses
  - o High frequency chest wall oscillators
  - o Cough assist/stimulating device
  - o Pneumatic compression devices
  - o Infusion pumps
- f* Wound Vacs

Home Care Services and Therapies

No prior authorization required for assessments/evaluations

Home Health aide visits

Private Duty nursing 1387.6 -T3P-7.7 (e0l76.56 690 Tm [(No pr)-8.mi70 108 -0.008 Tc 0.008 Tw 0.262 0 Td [(nur)-8.4 (\*no

Pediatric Dental Services  
Precertification estimate is

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 in order to be covered by CareSource. You, your authorized representative, or your prescribing physician may request a formulary exception review. Exception reviews determine if the non-formulary drug is Medically Necessary instead of available covered drugs on the Prescription Drug Formulary.

You can find both the Prescription Drug Formulary and the Find My Prescriptions online search tool [here](#).

Additional Important Information:

Providers are responsible for verifying eligibility