



## 2025 Mississippi Medicaid TrueCare Prior Authorization List

Prior authorization (PA) is how we decide what services are paid for by your TrueCare 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 – including acute, skilled nursing facility, inpatient rehabilitation/therapy, respite care when member receives hospice and inpatient 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 or 96 hours for cesarean delivery
  - Well newborns with a length of stay of 5 days
  - Newborns admitted to accommodations other than well baby
- Reconstructive and/or potential cosmetic services, including but not limited to:
  - Rhinoplasty
  - Most limb deformities
  - Cleft lip and palate
- All clinical trials
- All unproven, experimental or investigational items and services
- Knee/hip replacements, some knee orthoses
- Arthroscopies/arthroplasties
- Laminectomies/laminotomies
- Spinal fusions
- Laparoscopies
- Uvulopalatopharyngoplasty (UPPP) surgery
- Coronary artery bypass graft (CABG)
- Some genetic testing and some laboratory services
- Hyperbaric oxygen therapy
- Voluntary sterilizations
- Treatments and services related to 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.
- Dental services in a hospital or ambulatory surgery center (ASC) setting

## **Behavioral Health Services**

- All inpatient stays
- Applied Behavior Analysis (ABA)
- Partial hospital program (PHP) services
- Assertive Community Treatment (ACT)
- Intensive Outpatient Program (IOP)
- Residential treatment services
- Children's respite
- Individual psychotherapy
- Family psychotherapy

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

These services and supplies always require PA:

- Wheelchairs and some associated accessories
- Insulin infusion device
- Continuous glucose monitors
- Prosthetic and orthotic devices
- Patient transfer systems/Hoyer lifts
- Phototherapy beds (Bili beds)
- Power wheelchair repairs
- Spinal cord stimulators
- Oral nutrition (for medical purposes) and enteral nutritional therapy
- All rental/lease items, including but not limited to:
  - Continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BiPAP) devices
  - Noninvasive positive pressure ventilation (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, including most replacements
- Wound vacuum assisted closure (VAC) systems
- Custom equipment
- Repairs and/or replacements

## **Outpatient Therapies – PA requirements for habilitative, rehabilitative or a combination of both.**

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

**Physical Medicine and Rehabilitation Services**, including 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

### **Dental Services**

- Some diagnostic imaging
- Crowns (single restorations only)
- Other restorative services
- Endodontic retreatment
- Some periodontics
- Prosthodontics (removable)
- Partial denture (including routine post-delivery care)
- Maxillofacial prosthetics
- Some oral and maxillofacial surgery
- Orthodontics
- Some anesthesia services
- Occlusal guards

### **Pharmacy Services**

TrueCare covers medically necessary drugs that are administered in an office or other outpatient clinical setting. These drugs may need PA before your provider can give you the drug.

All other pharmacy benefits for TrueCare members are provided by Gainwell, the single pharmacy benefit administrator.

- Covered drugs are on Gainwell's Preferred Drug List (PDL). [View the PDL and learn more about pharmacy benefits.](#)

**More Important Details**

- Providers handle checking benefits and approval before service.
- Approval is not a guarantee of payment.

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