



# NETWORK *Notification*

**Notice Date:** October 12, 2026  
**To:** Arkansas PASSE Providers  
**From:** CareSource PASSE  
**Subject:** Prior Authorization Requirement Update  
**Effective Date:** December 1, 2026

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## Summary

### Notification of prior authorization requirement updates effective December 1, 2026.

Detailed code-level changes are listed in **Addendum A** (see the following page). Inclusion in Addendum A does not imply coverage in the state where services are rendered. Providers should refer to [Procedure Lookup Tool](#) and the appropriate Medicaid Provider Manual in their state for additional information.

Prior authorization is required for all nonparticipating providers and for inpatient service requests. Authorization approval and/or payment may depend on factors including, but not limited to:

- Member eligibility
- Member age (younger than 21 years)
- Medical necessity
- Covered benefits
- Applicable modifiers
- Diagnosis and revenue codes
- Service limits and visit limits
- Provider contracts
- Provider type
- Correct coding and billing practices

## Importance

Providers may verify prior authorization requirements at any time by searching for CPT or HCPCS codes in the CareSource Procedure Lookup Tool.

## Questions?

For questions, contact your Provider Engagement Representative or Provider Services at 1-833-230-2100 Monday through Friday, 8 a.m. to 5 p.m., Central Time (CT).

## Addendum A: New Codes Requiring Prior Authorization

| Category                  | New Quarterly Codes                                                                                                                                                                             |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Durable Medical Equipment | A2040,A2041,A2042,A2043,A2044,A2045,A4479,A8005,A8006,G0681,G0682,G0683,G0684,L2221,L5992,Q4418,Q4419,Q4421,Q4422,Q4423,Q4424,Q4425,Q4426,Q4427,Q4428,Q4429,Q4435,Q4436,Q4437,Q4438,Q4439,Q4440 |
| Outpatient Surgery        | C1743,C8007,C8008,C8009,C8010,C8011,C8012,C8013                                                                                                                                                 |
| Outpatient Diagnostics    | 0614U,0615U,0616U,0617U,0618U,0619U,0620U,0621U,0622U,0623U,0624U,0625U,0626U,0627U,0628U,0629U, 0630U                                                                                          |
| Other Services            | A9294                                                                                                                                                                                           |

| Category                                                     | New Prior Authorization Requirement                   |
|--------------------------------------------------------------|-------------------------------------------------------|
| Durable Medical Equipment/Mechanical Stretching Devices      | E1399,E1802,E1805,E1806,E1810,E1811,E1815,E1830,E1840 |
| Peripheral Nerve Stimulators for Pain                        | 64585,64595,95970,95971,95972                         |
| Radiofrequency Ablations/Microwave Ablation for solid tumors | 32998,47370,47380,47382,50542,50592                   |
| Skin Substitutes                                             | A2017,A4100,Q4224                                     |
| Implantable Spinal Cord Stimulator                           | 95940                                                 |
| Metabolic Bariatric Surgery and Revision                     | S2083,43860,43865,43887,43888                         |
| Special Needs Car Seat                                       | T5001,E0190,E1399                                     |
| Airway Clearance Devices                                     | A7020                                                 |
| Drug Testing                                                 | G0659,0007U,0011U,0051U,0054U,0079U,0082U,0093U,0227U |
| Epidural Steroid Injections                                  | 62320,62321,62322,62323                               |
| Facet Joint Interventions                                    | 64493,64494,64495,64633,64634,64635,64636             |
| Implantable Pain Pump                                        | 62355,62360                                           |

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