



NETWORK *Notification*

Notice Date: October 1, 2026
To: Georgia Marketplace Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: November 1, 2026

Summary

Notification of prior authorization requirement updates effective November 1, 2026

Detailed code-level changes are listed in **Addendum A** (see the following page).

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 **1-800-488-0134**, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time (ET).

Addendum A: New Codes Requiring Prior Authorization

GA Marketplace- Category	New Prior Authorization requirement
Breast Reconstruction/Plastic Surgery	11970,19361,19364,19367,19369
Durable Medical Equipment/Mechanical Stretching Devices	E1801,E1806,E1811,E1816,E1818,E1831,E1841
Pharmacogenomics	0037U, 0239U
Radiofrequency Ablations/Microwave Ablation for solid tumors	32998,47370,47380,47382,50542,50592
Myoelectric Lower Extremity Prosthetic Technology	L5615
Peripheral Nerve Stimulators for Pain	64555
Skin Substitutes	A2017, Q4224

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