



# NETWORK *Notification*

**Notice Date:** June 10, 2025  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Prior Authorization Requirement Update  
**Effective Date:** July 10, 2025

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## Summary

This notification announces prior authorization list changes for codes that now require prior authorization effective July 10, 2025. Prior Authorization decisions are made at the individual code level; plan coverage and member eligibility will need to be verified. Please read through the full notification for details of changes.

## Impact

Group 4 Skin Substitutes:

- Q4104, Q4124, Q4130, Q4132, Q4190, Q4262

OP Therapy codes:

- 92507, 92508, 92526, 92609, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97140, 97150, 97530, 97533, 97535, 97750, 97755, 97760, 97761, 97763, 97799, H0036, H0039, H2011, H2015
- 90837, 90832, 90834, 90846, 90847 (prior authorization is required when combined Individual and family therapy sessions exceed 24 outpatient sessions)

New Codes for Q1 2025:

- E1823, E1826, E1827, E1828, 64467, 64468, 64469

Other Outpatient Service codes:

- 92920, 92921, 92924, 92925, C1605

Please note, all non-participating providers and all requests for inpatient services require prior authorization. Approval or payment of services can be dependent upon, but not limited to:

- member eligibility
- members < 21 years old
- medical necessity
- covered benefits
- modifiers
- diagnosis and revenue codes
- limits and number of visit variances
- provider contracts

- provider types
- correct coding and billing practices

**Questions?**

For more information, please contact Provider Services at **1-800-488-0134**. Hours of availability are Monday through Friday, from 7 a.m. to 7 p.m. Eastern Time (ET).

GA-MED-P-3897870

DCH Approved: 6/9/2025