



# NETWORK *Notification*

**Notice Date:** November 1, 2025  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** CareSource Policy and Prior Authorization changes  
**Effective Date:** January 1, 2026

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## Notification of Prior Authorization Updates

This notification provides updates regarding prior authorization in alignment with the Behavioral Health Service Frequency Guidelines - GA MCD - PY-1694 Policy. To review the full policy details, please click on the following link: [www.caresource.com/documents/medicaid-ga-policy-reimburse-py-1694-20260101](http://www.caresource.com/documents/medicaid-ga-policy-reimburse-py-1694-20260101)

### Summary of Limits and Prior Authorization Changes:

- A review of medical necessity, or prior authorization (PA), is required once session limitations have been met.
- Claims for services exceeding limitations without prior authorization will be denied.
- Service limitations reset on January 1 of each calendar year.
- Providers may end-date PA requests for December 31, as appropriate. If a PA is approved for a psychotherapy service that spans from one calendar year (CY) into the next, those services may be delivered according to the approved PA. However, all sessions billed on behalf of the member will count toward the session limits starting January 1 of each CY. Unused units from the current year will not carry over into the new CY.
- Non-participating providers require a review of medical necessity at the first session.

Please note that all non-participating providers and all requests for inpatient services require prior authorization. Approval or payment for services may depend on various factors, including but not limited to:

- Member eligibility
- Members under 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

**Outpatient Behavioral Health codes, limits and prior authorization requirements\*:**

<b>Service</b>	<b>Limit per Calendar Year Before PA Required</b>
Psychiatric diagnostic evaluation with or without medical services (90791 & 90792)	3 encounters per member
Psychotherapy, 30-, 45- or 60-minute sessions (90832, 90834, 90837)	24 combined sessions/encounters
Behavioral health counseling and family psychotherapy (with or without patient present) (H0004, 90846, 90847)	24 combined sessions/encounters
Alcohol and/or drug services; intensive outpatient, including assessment, counseling, crisis intervention, activity therapies or education (H0015)	PA required
Mental health assessment and service plan development by nonphysician (H0031 & H0032)	16 units
Community psychiatric supportive treatment, face-to-face (H0036)	PA required
Assertive community treatment, face-to-face (H0039)	PA required
Skills training and development (H2014)	32 units
Comprehensive community support services (H2015)	PA required
Psychosocial rehabilitation services (H2017)	52 units
Community-based wrap-around services, per diem (H2022)	PA required
Intensive outpatient psychiatric services, per diem (S9480)	PA required
Case management (T1016)	PA required

For Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) providers, Behavioral Health Counseling and Family Psychotherapy (H0004, 90846, 90847) is counted by session, not unit. For example, a 1-hour visit is one session.

**Questions?**

For more information, please contact Provider Services at **1-855-202-1058**. Our hours of availability are Monday through Friday, from 8 a.m. to 6 p.m. Eastern Time (ET).

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DCH Approved: 10/22/2025