



NETWORK *Notification*

Notice Date: February 10, 2026
To: Georgia Medicaid Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: April 1, 2026

Notification of prior authorization updates, effective April 1, 2026:

Prior authorization updates, including detailed code-level information, can be found in **Addendum A** of this notice.

Please note that all non-participating providers and all requests for inpatient services require prior authorization. Approval or payment for services may be based on, but is not limited to, the following factors:

- 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

Questions?

For more information, please contact Provider Services at **1-855-202-1058**. Our hours of availability are Monday through Friday, from 7 a.m. to 7 p.m. Eastern Time (ET).

Addendum A

Please be advised that prior authorization is required for the following codes:

33542, 62264, 81173, 81234, 81239, 81252, 81254, 81383, 81434, 81503, 81529, 84112, 86225, 86235, 87801, 88120, 88121, 88313, 88368.

A2036, A2037, A2038, A2039, A4288, E0658, E0659, L1007, L5657, L6034, L6035, L6036, L6038, L6039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, 0576U, 0577U, 0578U, 0585U.

64451,64625,99468,99471,99472,A9300,E0555,E0585,E0672,E0710,E0764,E0779,E2218,K0065, Q9991,S8096,S8120,99417,15771,38207,15772

C7568, C7569, C7570, C7571, 70473, 70472.

GA-MED-P-4850953

DCH Approved: 2/5/2026