



# NETWORK Notification

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

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## **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