



# NETWORK *Notification*

**Notice Date:** July 17, 2020  
**To:** Indiana HHW/HIP Providers  
**From:** CareSource  
**Subject:** Updates to HHW/HIP Prior Authorization List  
**Effective Date:** January 1, 2021

Effective **Jan. 1, 2021**, CareSource will enforce updated prior authorization requirements for HHW/HIP. Claims submitted for dates of service on or after Jan. 1, 2021, will not be processed for payment if the prior authorization requirements have not been met. In addition, please verify benefits and coverage limits.

You can view the updated HHW/HIP Prior Authorization requirements [here](#). Changes to the prior authorization requirements include but are not limited to:

**Physical Health Services:**

- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Gender dysphoria services including but not limited to gender transition surgeries
- Most non-emergent ambulance services.
- Most DME's including most prosthetic/orthotic devices
- Home Care Services and Therapies (except assessments)
- Outpatient Therapies (except assessments)

**Behavioral Health Services:**

- Family Therapy
- Psychological Evaluation
- Electroconvulsive Therapy (ECT)

If you have questions, please contact your Provider Engagement Representative or CareSource Provider Services at **1-844-607-2831**.

We are open 8 a.m. to 6 p.m., Monday through Friday, Eastern Standard Time.

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