CareSource | NETWORK Notification

Notice Date: September 19, 2023
To: Indiana Medicaid Providers
From: CareSource
Subject: Prior Authorization Timeframe Updates

Note: Please see below for changes to the Prior Authorization Timeframes listed in the Indiana Medicaid Provider Manual. See red text for updates and ~~strikethrough~~ for timeframes no longer in effect.

Summary
For standard prior authorization decisions, CareSource provides notice to the provider and member as expeditiously as the member's health condition requires, but no later than ~~seven calendar days~~ five business days following receipt of the request for service.

Urgent prior authorization decisions are made within ~~72~~ 48 hours of receipt of request for service. Please specify if you believe the request is urgent.

Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent on eligibility, benefits, and other factors. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. If an authorization is being appealed for medical necessity, a member consent form must also be submitted.

Authorization Type	Decision	Extension
Standard Pre-service	~~Seven (7) calendar days~~ Five (5) business days	Fourteen (14) calendar days
~~Expedited~~ Urgent Pre-service	~~Seventy-two (72) hours~~ 48 business days	Forty-eight (48) hours
Urgent Concurrent	One (1) business day after receiving all necessary information to make a decision	Forty-eight (48) hours
Post service (Retrospective Review)	Thirty (30) calendar days	Fourteen (14) calendar days

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