



NETWORK Notification

Notice **January 2, 2026**
Date: To: **Indiana Medicaid Providers**
From: **CareSource**
Subject: **Prior Authorization and Third-Party Liability - UPDATE**

This notification is an update to the [network notification](#) posted on July 26, 2024.

Summary

Per Indiana Health Coverage Programs (IHCP), if a service requires prior authorization (PA) by the IHCP, this requirement must be satisfied to receive payment from the IHCP, even if a third party paid a portion of the charge. Therefore, a provider may need to obtain PA from the other health insurance entity as well as from the IHCP prior to rendering services. The only exception is when the third-party payer is Medicare Parts A or B or Medicare Replacement Plans, and Medicare or Medicare Replacement Plans allow for the service, in whole or in part.

To ensure compliance with this requirement, a prior authorization will be required when the primary payer's CARC/RARC codes indicate the services were completely disallowed due to non-covered services, primary authorization requirement, etc.

More information on Prior Authorization can be found [here](#).

[Click here](#) to download the prior authorization form.

Questions?

For more information, please call Health Partner Services at **1-844-607-2831**, available Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

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PARTNER with PURPOSE