



NETWORK *Notification*

Notice Date: March 15, 2022
To: Indiana Marketplace Providers
From: CareSource
Subject: Retro Authorization Submission Guidelines

Summary

CareSource would like to remind all providers of prior authorization submission guidelines, as previously published in a network notification on May 18, 2021.

Upon written request, CareSource shall permit retrospective review within 30 days of the date of service, date of discharge, or retrospective enrollment where a prior authorization was required but not obtained, often known as retro authorization. In these instances, the member's medical record is reviewed, and a decision is rendered within the thirty (30) calendar days of receiving all information reasonably necessary to make a determination.

Impact

A retrospective review may be processed in the following circumstances:

- The service is directly related to another service for which prior approval has already been obtained, has already been performed and has the same date of service as the original service, which may be a modification to an existing authorization.
- The new service was not known to be needed at the time the original prior authorized service was performed and has the same date of service as the original service.
- The need for the new service was revealed at the time the original authorized service was performed and has the same date of service and the original service.
- When a CareSource member is unable to advise the provider, what plan they are enrolled in due to a condition that renders them unresponsive or incapacitated.
- The Member is retrospectively enrolled and covers the date of service.

Submitting a claim for a service or provider requiring an authorization, will result in a claim denial. Retroactive eligibility does not eliminate the need for medical necessity review. Visit the [Prior Authorization webpage](#) or refer to the [Provider Manual](#) for additional information.

When submitting a retro authorization request, the following documentation must be provided:

- Member name and CareSource ID number
- Authorization number of the previously authorized service that the request is related to
- All supporting documentation related to the service

Questions?

For questions, please contact Provider Services at: **1-866-286-9949**.

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