



CareSource Indiana Provider Portal  
**Inpatient Prior Authorization Submission  
Overview**

# Select Prior Authorization and Notifications in the left navigation.

<b>Member Search</b>	
Member Eligibility	
Coordination of Benefits	
Claim Information	
Member File Upload	
<b>Member Reports</b>	
Provider Membership List	
Clinical Practice Registry	
<b>Users</b>	
Manage Users	
Update My Account	
Impersonate User	
Provider Training	
<b>Providers</b>	
Care Management Referral	
Claim Appeals	
Claim Disputes	
Online Claim Submission	
Claims Recovery Request	
Dental Provider Login	
ER Referral	
File Grievance	
HIP Provider Cost Estimator	
Payment History	
Pharmacy	
<b>Prior Authorization and Notifications</b>	
Provider Documents	

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## Form 1099-MISC

CareSource will mail your Form 1099-MISC by January 31 to the tax address we have on file for your organization. CareSource is required to file Form 1099-MISC for all recipients to whom we have paid \$600 or more in medical and health care claims. Form 1099-MISC income may be required to be included on your federal or state and local income tax return. Please consult your tax advisor with questions about reporting Form 1099-MISC income.

For an incorrect mailing address on Form 1099-MISC, please complete the provider intake form under the Maintenance section. You are required to attach an updated Form W-9 in order to change your Form 1099-MISC mailing address. Please note the tax address on Form 1099-MISC may not be the same as the mailing or correspondence address that CareSource has on file with your organization.

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### Attention All Providers:

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. If you have not made an update within the last six months, please visit [provider maintenance](#) where you are able to update your demographic, cultural, linguistic and accessibility information.

Note: If you have questions on how to update your information, please call Provider Services at: Indiana Medicaid Provider Services at 1-844-607-2831 or Indiana Marketplace Provider 1-866-286-9949.

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## Member Data May Be Incomplete

In accordance with Indiana's regulations concerning HIV/AIDS/SUD consent requirements, member data may be incomplete unless a consent is on file. Please contact Health Partner Services at **1-844-607-2831** if additional information is needed.

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## Network Notifications

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:

- [Medicaid](#)
- [Marketplace](#)

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## Anti-Fraud Plan

CareSource understands the profound financial and personal effect healthcare fraud, waste and abuse (FWA) can have on everyone included in the healthcare process – members, providers, health plans, government agencies and tax payers. CareSource is committed to the fight against healthcare FWA and has established a Special Investigations Unit (SIU) to lead this effort. Please view our [2018 Anti-Fraud plan](#) for all laws, regulations and other requirements.



## Prior Authorization Tabs

Enter Recipient ID, CareSource ID or the Member Information and Start Date of Service. Click Search.

**Note: Member Eligibility is directly affected by date of service.**

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) Newborn Delivery Notification Status

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Recipient Id CareSource Id Member Info

Recipient Id:  \*

Start Date of Service:   \*

Search



## Select Care Setting and Type of Prior Authorization.

### Authorization Request

Select Care Setting

Select Type of Prior Authorization Request

Inpatient  
 Outpatient

--Select One--  
Elective  
Emergency  
Hospice  
Long Term Acute Care  
Psychiatric  
Rehabilitation  
Skilled Nursing Facility

Enter provider information. Use the dropdown to search by Provider Name, NPI or CareSource Provider Number.

Search:   \* Required



# Complete remaining required fields and select Continue to proceed.

**Dates of Service**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Start Date:  ?

**Treatment Type**

Treatment Type:  \* Required

**Place Of Service**

Place Of Service:  \* Required

**Diagnosis Codes**

Code Type:  ▼

Search By:  \* Required

**Procedure Codes**

Code Type:  ▼

Search By:  \* Required

**Priority**

Priority:  ▼

**Contact Information**

Contact name of person completing this request:  \* Required

Contact phone number:  \* Required

Contact phone number extension:

Contact fax number:  \* Required

Contact email:

**Clinical**

Do you have clinical at this time?

\* Required  Yes  No



# Select "Document Clinical" to continue.

**Authorization Request**  

**Patient :** 5029174 **Name :** [REDACTED] **DOB :** [REDACTED] **Gender :** Female [show more](#)

**Authorization :** EP5-00010101 **Type :** Elective Admission **Status :** NoDecisionYet [show more](#)  
**Diagnosis Codes :** M12.811(ICD-10 Diagnosis) *primary* **Procedure Codes :** 23472(CPT/HCPCS) *primary*

**Disclaimers**

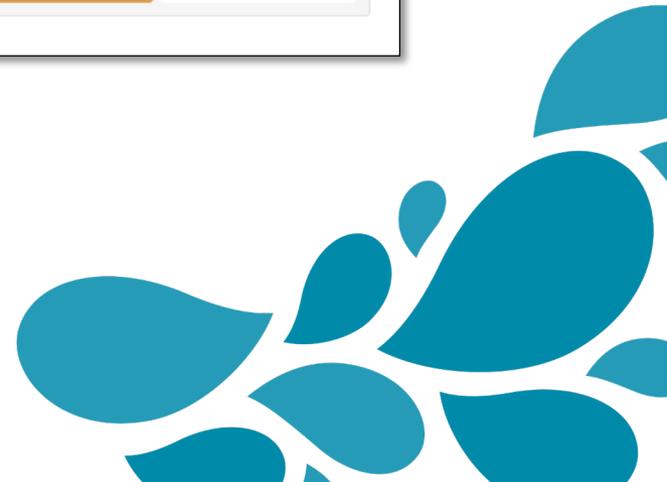
**23472 - CPT/HCPCS**

- REVIEW REQUIRED:** This request requires clinical information. Select the "**Document Clinical**" button to continue.

**Procedure Code:** 23472 (CPT/HCPCS) [Document Clinical](#)

**Description :** Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

[Submit Request](#) [Cancel Request](#)



## Click “add” to choose the Guideline for service.

**Procedure Code:** 23472 (CPT/HCPCS)  
**Description :** Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

Guideline Title	Product	Code	Action
Shoulder Arthroplasty	ISC	S-634	<a href="#">add</a>
No Guideline Applies			<a href="#">add</a>

[✔ Submit Request](#) [✕ Cancel Request](#)

## Answer Guideline questions, click Save and Submit Request.

**Procedure Code:** 23472 (CPT/HCPCS)  
**Description :** Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

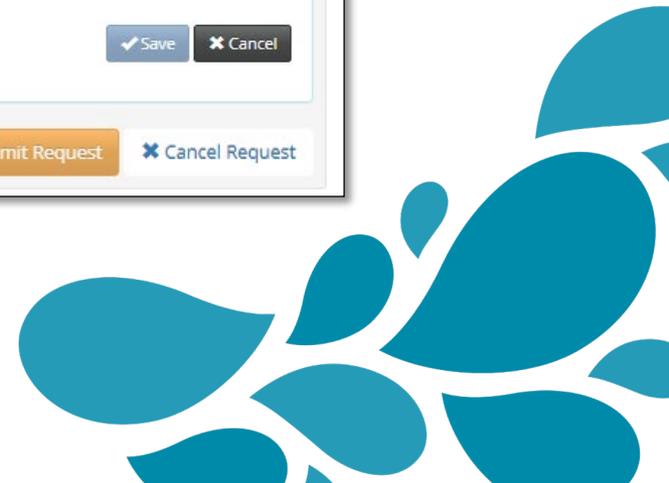
S-634 - Shoulder Arthroplasty - (ISC)

The procedure is/was needed for appropriate care of the patient because of ...

- Advanced joint disease as indicated by ...
- Proximal humerus fracture malunion or osteonecrosis [🔗](#)
- Reverse total shoulder arthroplasty as indicated for ...
- Replacement (revision) of previous arthroplasty or hemiarthroplasty needed because of ...

[✔ Save](#) [✕ Cancel](#)

[✔ Submit Request](#) [✕ Cancel Request](#)



## Reminder screen displays.

Clinical Document Upload Notice

You're almost done!

**Member Info**

**Member ID:**

**Member Name:**

**Member DOB:**

Please remember to attach supporting documentation, and save your reference number, both of which are viewable once you close this popup.



# Prior Authorization Results Screen

Reference number and Authorization status will be displayed on the Provider Portal after submitting the request.

**\*Please note you are also able to attach additional clinical information.**

Results

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

**Your reference ID for this submission request is:** [REDACTED]

**Next Review Date:** [REDACTED]

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

**Member Info**

**Member ID:** [REDACTED]  
**Member Name:** [REDACTED]  
**Member DOB:** [REDACTED]

**Reference #:** 00012345678

**Upload Attachments:**

If your authorization status is Pended, please attach member Clinical information in order to expedite your authorization process. If you are unable to attach Clinical information, please click on this link to access the appropriate [fax number](#).

Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

No file chosen ← Click Choose File to locate saved file/documents

Files Uploaded:

← You MUST click Attach to Request to successfully upload file/document to case

**Reference #:** [REDACTED]  
**Description:** Inpatient Elective  
**Place Of Service:** 21 Inpatient Hospital  
**Submitting Provider:** [REDACTED]  
**Requesting/Ordering Provider:** [REDACTED]  
**Servicing/Rendering Provider:** [REDACTED]  
**Facility:** [REDACTED]

**Admission Event**

**Diagnosis Code:** M12.811 Other specific arthropathies, not elsewhere classified, right shoulder  
**Procedure:** 23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

Line #1			
<b>Requested Received Date:</b>	4/23/2019 9:39:21 PM	<b>Requested Days:</b>	1
<b>Start Date of Service:</b>	4/30/2019	<b>Authorized Days:</b>	0
<b>End Date of Service:</b>	5/1/2019	<b>Status:</b>	Pending



