



## **Network Notification**

**Notice Date:** August 8, 2019  
**To:** Indiana HHW/HIP Providers  
**From:** CareSource  
**Subject:** Prior/Retro Authorization Requirement for Ancillary Providers

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### **Summary**

CareSource continues to experience a high volume of appeals associated with ancillary services denying for lack of authorization. The following are some examples of these services.

- radiology
- anesthesiology
- pathology
- hospitalist services
- labs
- other professional services performed in an inpatient or outpatient setting

In order for ancillary services requiring prior-authorization to be approved, the services must be either pre-approved (specifically approving the ancillary service) or the primary service must be authorized. Typically, an inpatient or outpatient facility will obtain prior authorization for services. However, in the event the facility does not obtain an authorization the providers group or entity delivering the care must obtain an authorization. If the facility obtains an authorization, a second authorization for the group or entity is not needed.

### **Impact**

Providers who obtain authorization after the claim has been denied should submit a corrected claim with the authorization code (through standard claim submission processes) for reconsideration. Please do not submit an appeal in these situations.

### **Questions?**

Please call Provider Services at **1-844-607-2831** if you have any questions.