



NETWORK *Notification*

Notice Date: October 19, 2020
To: All Marketplace Providers
From: CareSource
Subject: Updates to Marketplace Prior Authorization List
Effective Date: January 1, 2021

Effective **Jan. 1, 2021**, CareSource will update the list of services which require prior authorization for Marketplace plans. Claims submitted for dates of service on or after **Jan. 1, 2021**, will not be processed for payment if the prior authorization requirements have not been met. In addition, please verify benefits and coverage limits.

You can view the updated Marketplace Prior Authorization requirements [here](#), selecting your applicable state and plan from the dropdown menu. Changes to the prior authorization requirements include but are not limited to:

Physical Health Services:

- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Gender dysphoria services including but not limited to gender transition surgeries
- Most non-emergent ambulance services.
- Most durable medical equipment (DME) including most prosthetic/orthotic devices
- Home care services and therapies (except assessments)
- Outpatient therapies (except assessments)

Behavioral Health Services:

- Partial hospital program services (PHP)
- Outpatient mental health therapy
- Intensive outpatient program (IOP)

If you have questions, please contact your Provider Engagement Representative or CareSource Provider Services at:

- Georgia - 1-833-230-2155
- Indiana - 1-866-286-9949
- Kentucky - 1-855-852-5558
- Ohio - 1-800-488-0134
- West Virginia - 1-855-202-1091

We are open Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

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