



NETWORK *Notification*

Notice Date: October 19, 2023
To: All Marketplace Providers
From: CareSource
Subject: Prior Authorization Requirement Updates
Effective Date: January 1, 2024

Summary

Effective Jan. 1, 2024, the 2024 prior authorization requirements for CareSource Marketplace plans will take effect. Claims submitted for dates of service on or after Jan. 1, 2024 will not be processed for payment if the prior authorization requirements have not been met.

You can view the updated plan prior authorization requirements by accessing the links below:

- [Georgia Prior Authorization Requirements](#)
- [Indiana Prior Authorization Requirements](#)
- [Kentucky Prior Authorization Requirements](#)
- [Ohio Prior Authorization Requirements](#)
- [North Carolina Prior Authorization Requirements](#)
- [West Virginia Prior Authorization Requirements](#)

Impact

Changes to prior authorization requirements include, but are not limited to:

- Non-emergent ground and air transportation
- Individual and Family Psychotherapy
- Electroconvulsive Therapy
- Hypnotherapy
- Home Care and Outpatient assessments/evaluations
- West Virginia Only: Applied Behavioral Analysis (ABA)

New requirements include, but are not limited to:

- Inpatient Hospice
- Transplant Evaluations

Importance

Providers can check prior authorization requirements at any time by searching CPT or HCPCS codes in the [CareSource Procedure Lookup Tool](#).

Questions?

If you have questions, please contact your Provider Engagement Representative or Provider Services at **1-833-230-2101** from Monday through Friday 8 a.m. to 6 p.m. Eastern Time.

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource Multi-EXC-P-2452851