



NETWORK *Notification*

Notice Date: May 2, 2025
To: All Marketplace Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: January 1, 2025

Summary

This notification announces prior authorization list changes effective January 1, 2025, as well as details from the new codes released from Centers for Medicare and Medicaid Services (CMS) in the third quarter of 2024. Please read through the full notification for details of the changes.

Impact

CareSource requires prior authorization on the following new codes released by CMS (third quarter):

- Outpatient Services
 - 0888T
- Durable Medical Equipment
 - Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333

Please note, all nonparticipating providers and requests for inpatient services require prior authorizations. Approval or payment of services can be dependent upon the following, but not limited to:

- Member eligibility
- Members younger than 21 years old
- Medical necessity
- Covered benefits
- Modifiers
- Diagnosis and revenue codes
- Limits and number of visit variances
- Provider contracts
- Provider types
- Correct coding and billing practices

Questions?

For more information, please contact Provider Services at **1-833-230-2101**. Hours of availability are Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

Multi-EXC-P-3399035

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