



NETWORK *Notification*

Notice Date: January 14, 2022
To: MA/D-SNP Providers
From: CareSource
Subject: Prior Authorization Requirement Updates
Effective Date: January 1, 2022

Effective Jan. 1, 2022, the 2022 prior authorization requirements for CareSource Medicare plans took effect. Claims submitted for dates of service on or after Jan. 1, 2022 will not be processed for payment if the prior authorization requirements have not been met.

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

- [Ohio Prior Authorization Requirements](#)

You can view the updated **D-SNP 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](#)

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

- Diagnostic outpatient mammograms
- OP hospice services
- Urine drug testing
- Inhalation therapy
- Chiropractic services

New requirements include, but are not limited to:

- All custom equipment,
- Rentals
- Leases
- Continuous glucose monitors
- Cranial remodeling helmets
- Phototherapy beds (Bili beds)
- Hypnotherapy

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

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

- Medicare Advantage: **1-844-679-7865**
- D-SNP: **1-833-230-2176**

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