



# NETWORK *Notification*

**Notice Date:** February 3, 2026  
**To:** Nevada Medicaid Providers  
**From:** CareSource  
**Subject:** Prior Authorization Requirement Update  
**Effective Date:** March 5, 2026

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## **Summary**

**Notification of prior authorization updates, effective March 5, 2026.**

Prior authorization updates, including detailed code-level information, can be found in **Addendum A** of this notice.

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

## **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 **1-833-230-2112**, Monday through Friday, 8 a.m. to 6 p.m. Pacific Time (PT).

## **Addendum A**

### **New codes requiring prior authorization:**

A2036, A2037, A2038, A2039, A4288, E0658, E0659, L1007, L5657, L6034, L6035, L6036, L6038, L6039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, 0576U, 0577U, 0578U, 0585U.

C7568, C7569, C7570, C7571, 70473, 70472

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