



NETWORK *Notification*

Notice Date: February 3, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: May 4, 2026

Summary

This notification announces prior authorization changes impacting the 2025 quarterly new codes effective May 4, 2026.

Prior Authorization decisions are made at the individual code level, plan coverage and member eligibility will need to be verified. Please read through the full notification for code level details which can be found on **Addendum A**.

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 **1-800-488-0134**, Monday through Friday 7 a.m. to 8 p.m., Eastern Time (ET).

Addendum A

2025 new quarterly codes:

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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