



NETWORK *Notification*

Notice Date: June 4, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: August 1, 2026

Notification of prior authorization requirement updates, effective August 1, 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 for 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

Please be advised that prior authorization is required for the following codes:

Category	Codes
Durable Medical Equipment	A4295, A4296, A4297, C1608, C9811, C9815, C9816, C9817, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4420, Q4431, Q4432, Q4433
Hearing Services	92631, 92632
Inpatient Facility Services	27458, 27713, 33882, 35602, 43889, 64654, 64655, 64656, 64657, 64658, 64659
Outpatient Diagnostics	0602U, 0603U, 0604U, 0605U, 0606U, 0607U, 0608U, 0609U, 0611U, 0612U, 0613U, 0999T, 1000T, 1001T, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 37296, 37297, 37298, 37299, 70471, 70472, 70473, 77436, 81524, 92930, 92945
Outpatient Services (Facility/Professional)	0988T, 0990T, 0994T, 0995T, 1003T, 1013T, 1014T, 1015T, 1019T, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37279, 47384, 52443, 52597, 55868, 55869, 55877, 62330, 62331, 63032, 64567, 64728, 77437, 77438, 77439, 81354, C7566, C9810, G0571
Experimental/Investigational	0101T, 0223U, 0559T, 0560T, 0561T, 0562T, 0563T, 0565T, 0566T, 0587T, 0588T, 0673T, 0686T, 0692T, 0693T, 0694T, 0695T, 0696T, 0697T, 0711T, 0712T, 0738T, 62263, 62264, 81173, 81234, 81239, 81252, 81254, 81383, 81430, 81431, 81434, 81470, 81471, 81503, 81529, 83006, 84112, 86225, 86235, 87801, 88120, 88121, 88313, 88368, 89240, A2017, A4541, A4542, E0218, E0734, G0255, G0282, Q1004, Q1005, 0403T

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