



NETWORK *Notification*

Notice Date: August 18, 2023
To: Ohio Medicaid and Ohio MyCare Providers
From: CareSource
Subject: Prior Authorization Requirement Update

Summary

This notification announces prior authorization list changes effective Sept. 18, 2023, as well as details from the new codes released from the Centers for Medicare and Medicaid Services (CMS) in the first two quarters of 2023. Please read through the full notification for details of the changes.

Impact

CareSource requires prior authorization on the following new codes released by CMS (first and second quarters):

- Diagnostic labs/tests
 - 0751T, 0752T, 0753T, 0754T, 0755T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0763T, 81418, 81441, 81449, 81451, 81456, 84433, 87467, 87468, 87469, 87478, 87484
- Mental health
 - 0783T
- Pain management
 - 0766T, 0767T, 0768T, 0769T
- Other services
 - 0740T, 0741T, 0777T, 15778, 30469, 33900, 33901, 33902, 33903, 33904, 36836, 36837, 49591, 49592, 49593, 49594, 49613, 49614, 49615, 49623, 55867, 69728, 69729, 93569, 93573, 93574, 93575, 95919, 99418, G0317, G0318
- Surgery
 - 0744T, 0775T, 15853, 15854, 22860, 43290, 43291, 49595, 49596, 49616, 49617, 49618, 49621, 49622, 69730
- Wound care
 - A2019, A2020, A2021, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271

Effective Sept. 18, 2023, unless otherwise notified, CareSource will enforce the prior authorization requirements below for Ohio Medicaid.

Code	Description
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings)
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)

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

- member eligibility
- members < 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 **1-800-488-0134**. Hours of availability are Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

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