



# NETWORK *Notification*

**Notice Date:** October 22, 2024  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Prior Authorization Requirement Update  
**Effective Date:** November 1, 2024

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## Summary

This notification announces prior authorization list changes effective November 1, 2024. Please read through the full notification for details of the changes. Our prior authorization lists can be found on [CareSource.com](https://www.caresource.com). For prior authorization requirements by code, please utilize our [Prior Authorization Look Up Tool](#).

## Impact

CareSource no longer requires prior authorization on the following codes:

- Physical Therapy
  - 95851, 95852, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97037, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97530, 97533, 97535, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0329, S8940, S8948
- Occupational Therapy
  - 92526, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97542
- Speech Therapy
  - 92507, 92508, 92520, 92521, 92522, 92523, 92524, 92526, 92597, 92606, 92607, 92608, 92609, 92610, 92611, 92612, 92626, 92627, 97533
- Behavioral Health Therapy
  - H2015, H2022, H2033, H0040, H0039, H2011, H0036, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90853, 90870, 97129, 97130, 90845, 90846, 90847, 90849, 90792
- Transportation
  - A0434, A0428, A0426

Outpatient therapy is only covered in certain situations for adults, please refer to the Provider Manual for details.

## Questions?

Please contact Provider Services at **1-855-202-1058** with any questions.

GA-MED-P-3051340

DCH Approved: 09/20/2024