



NETWORK *Notification*

Notice Date: August 8, 2024
To: Georgia Medicaid Providers
From: CareSource
Subject: Prior Authorization Requirement Update
Effective Date: November 1, 2024

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 will begin requiring prior authorization on the following codes:

- Genetic Testing
 - 81415
 - 81416
 - 81417
 - 81419
- *Please Note:* 81416 is not a covered code for members 21 and older. For members under 21, this code will require prior authorization.

Questions?

Please contact Provider Services at **1-855-202-1058** available Monday through Friday from 7 a.m. to 7 p.m. Eastern Time (ET) with any questions.

GA-MED-P-3135710

DCH Approved: 8/7/2024