



NETWORK *Notification*

Notice Date: July 26, 2024
To: Indiana Medicaid Providers
From: CareSource
Subject: Prior Authorization and Third-Party Liability

Summary

Per [Indiana Health Coverage Programs](#) (IHCP), if a service requires prior authorization by the IHCP, this requirement may need to be satisfied to receive payment when there is third party liability.

To ensure compliance with this requirement, a prior authorization will be required when the primary payer's CARC/RARC codes indicate the services were completely disallowed due to non-covered services, primary authorization requirement, etc.

More information on Prior Authorization can be found [here](#).

Alternate methods include phone, fax or mail.

Phone: **1-844-607-2831**

Fax: 1-877-716-9480

Mail:
CareSource
P.O. Box 1307
Dayton, OH 45401-1307

[Click here](#) to download the prior authorization form.

Questions?

For more information, please call Health Partner Services at **1-844-607-2831**, available Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET).

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