



Network Notification

Notice Date: July 22, 2019
To: Ohio Medicaid Providers
From: CareSource
Subject: Prior/Retro Authorization Requirement for Ancillary Providers

Summary

CareSource continues to experience a high volume of appeals associated with ancillary services denying for lack of authorization. The following are some examples of these services.

- radiology
- anesthesiology
- other professional services performed in an inpatient or outpatient setting

In order for ancillary services requiring prior-authorization to be approved, the services must be either pre-approved (specifically approving the ancillary service) or the primary service must be authorized.

Impact

Providers who obtain authorization after the claim has been denied should submit a corrected claim with the authorization code (through standard claim submission processes) for reconsideration. Please do not submit an appeal in these situations.

Questions?

Please call Provider Services at **1-800-488-0134** if you have any questions.

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