Provider Newsflash

October, 2022

Notice of Prior Authorization Requirements & Changes to Prior Authorization Requirements

Purpose of this communication:

- To provide information on CareCentrix's prior authorization requirements and changes to those requirements.

What do I need to know?

- CareCentrix applies the medical coverage policies approved by our health plan clients, including but not limited to, those medical coverage policies posted on the HomeBridge® provider portal here.
- CareCentrix requires providers to submit a pre-notification/registration with CareCentrix for all services arranged through the CareCentrix network. This enables CareCentrix to validate that services are timely delivered in the patient's home. CareCentrix only requires prior authorization on a subset of these services.
- Providers can obtain information on the codes for which prior authorization is required at our Provider Prior Authorization Tool posted under the Resources and Forms section of our HomeBridge Provider Portal at www.carecentrixportal.com.
- For additional information on CareCentrix's prior authorization requirements, please go to the CareCentrix Provider Manual posted on our HomeBridge® provider portal.

What do I need to do?

- Medical coverage policies are subject to change. Please go to the above medical coverage policy links and review the posted information for information on existing policies and planned changes.
- The codes for which prior authorization is required are subject to change. For information on current codes requiring prior authorization and planned changes, please go to our Provider Prior Authorization tool posted under the Resources and Forms section of our HomeBridge Provider Portal at www.carecentrixportal.com.
- As a reminder, providers must, in every instance, whether receiving a referral from CareCentrix or a primary referral source:
    - Notify the CareCentrix Care and Service Centers immediately if provider determines the start of care/delivery will be delayed or if provider is unable to provide services.
    - Verify eligibility and benefits with the patient's health plan prior to providing any service.
    - Maintain documentation to evidence this verification of eligibility and benefits. Failure to verify patient eligibility and benefits may result in denial of claims payments.

Thank you in advance for your cooperation and continued partnership.