

### 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 posted at the following links when performing utilization management:
  - [Aetna Coventry](#)
  - [AllWays Health Partners](#)
  - [Florida Blue Medical Policies](#)
  - [Horizon Healthcare Services, Inc. Medical Policies](#)
  - [Fallon Medical Criteria](#)

These links are also posted on our HomeBridge® Provider Portal at [www.carecentrixportal.com](http://www.carecentrixportal.com).

- 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](http://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 medical coverage policies and planned changes.
- The codes for which prior authorization is required are subject to change. For information on the codes for which prior authorization is currently required 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](http://www.carecentrixportal.com).
- Providers must in every instance, whether receiving a referral from CareCentrix or a primary referral source, verify eligibility and benefits with the patient's health plan prior to providing any service. In addition, providers must maintain documentation to evidence this verification of eligibility and benefits. Failure to verify patient eligibility and benefits may result in denial of claim payments.

**Thank you in advance for your cooperation and continued partnership.**