

Carelon program prior authorization updates

Medica's prior authorization lists have now been updated to reflect which services need prior authorization from Carelon. Medica is partnering with Carelon to implement prior authorization on select musculoskeletal (MSK), cardiology and radiology services, effective beginning with May 1, 2024, dates of service. All services and corresponding codes on the prior authorization lists indicate whether providers need to request prior authorization from Medica directly vs. from Carelon, depending on dates of service. Also note that several listed services will begin requiring prior authorization through Carelon that did not previously require it. As a reminder, on April 15, 2024, Carelon will begin accepting prior authorization requests for select MSK, cardiology and radiology services from providers for dates of service starting May 1.

Clarification of excluded services

As a correction to what was recently published in the **April 2024** *Medica Connections*: Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis (i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are *not included* in the Carelon **cardiology and radiology** programs. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are *not included* in the Carelon **MSK** program.

Action needed

Refer to the Medica prior authorization lists as noted above. Also, providers need to set up an account to use **Carelon's provider portal**. Providers can create their Carelon portal account now, although Medica won't show up as a new health plan drop-down option until April 15. Finally, there are several upcoming Carelon program webinars for providers, starting on April 1. Refer to the *Medica Connections* link above for webinar details (on pages 3-4).







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