

Network Notification

Notice Date: November 17, 2017
To: CareSource Health Partners
From: CareSource®
Subject: Notice of Change to Cardiac Services Prior Authorization Requirements
Effective Date: January 1, 2018

Effective Jan. 1, 2018, certain cardiac-(a)10.ctt10.ctt10.u(a)10.ct0.002 Tc.7 Tw 0.326 0 T>J /TT1 >>BDC 0.005 T2

authorization through Magellan
Healthcare is currently required for
these outpatient radiology procedures:

- x CT/CTA
- x CCTA
- x MRI/MRA
- x PET scan

Effective Jan. 1, 2018, these cardiac -
related procedures will also require
prior authorization:

- x Myocardial perfusion imaging (MPI)
- x MUGA scan Myocardiu an