

BULLETIN

June 12, 2026

Notice:

This is a notice to address a fax issue CSI Network Services encountered on May 16, 2026. Due to a system update that initiated on May 16th, this caused a number of erroneous authorization forms to be created and faxed out to agencies. These authorizations were linked to already active cases with CSI in which your agency would have received a valid authorization form at the time of the referral. If you received an authorization form that included the language “home plan” in the comment section, please disregard it, as it was sent in error.

This issue has been resolved, and your agency should no longer receive erroneous authorization forms.

Action Required:

There is no action required on your part. However, if you have any questions about a specific authorization, please feel free to reach out to us at: 888-873-7888 option 1, then option 2.

We sincerely apologize for this error and thank you for your understanding and continued partnership.



CSINetworkServices™
An Option Care Health Company

See example authorization form below:



CSINetworkServices®
An Option Care Health Company

Home Health Service Authorization

Authorized Home Health Provider

CSI Contact Information

Authorization

Phone: (440)717-1700 / (888)873-7888 - Option #1

Fax: (440)550-8835

Patient:

Authorization for services IS NOT a guarantee of payment. Payment for all services authorized or listed as not requiring pre-authorization is subject to insurance rules, medical necessity, and prior agreements with CSI.

Please notify CSI IMMEDIATELY of any changes to the patient's insurance, responsible parties, guarantors, or clinical status that may affect eligibility or reimbursement for services performed.

Authorized Home Health Service	From - To	Billing Code	Auth #	Visits/ Days	Instructions
SN Visit	3/23/2026 - 12/31/2026	G0299			
LPN Visit	3/23/2026 - 12/31/2026	G0300			

Note: For all Medicare Advantage plans, all claims must include a valid HIPPS code in order to meet CMS requirements.

Patient Insurance Information (all information subject to change at any time)

Payer Name	Policy #	Deductible	Maximum Out of Pocket	Maximum Lifetime Benefit
Anthem OH Comm CSI			\$0.00	\$0.00

Comments

Home Plan: Blue Cross and Blue Shield of Illinois

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