



2018 KENTUCKY MEDICAID PRIOR AUTHORIZATION LIST

Services That Require Prior Authorization

Services are provided within the benefit limits of the member's enrollment. They include, but are not limited to the following services:

- All Abortions
- All Inpatient Behavioral Health Admissions, includes Residential Treatment
- All Inpatient Care
- All non-emergent CT, CTA MRI, MRA and Pet Scans
- Inpatient Rehabilitative Services
- Contact Lens
- Cosmetic and Plastic Surgery/Procedures
- Durable Medical Equipment and other supplies over \$750.00 billed charges
 - The \$750.00 rule does not apply to the following DME/other items (these require prior authorization):
 - All powered or customized wheelchair accessories
 - Manual wheelchair rentals and accessories over 3 months
 - All miscellaneous codes (example: E1399)
 - Food supplements/nutritional supplements/enteral feeds/infant formula – greater than 30 cans per month or greater than 72 units per month
- Genetic Testing
- Hearing Aids
- Home Care Services and Therapies including Private Duty Nursing
- Hospice Services – Inpatient, Continuous Care, and Respite levels of care require prior authorization. Routine Home Hospice level of care does not require prior authorization
- Non-Emergent Transportation
 - Transportation Modifiers Requiring Prior Authorization: DE, ED, EP, PE, PR, RP, RD, DR, DP, PD, ER, RE
- Nursing Facility Services
- Organ/Tissue/Bone Transplants
- Outpatient Therapies
 - Chiropractic Therapy Visits > 26 visits per calendar year
 - Physical Therapy Visits > 20 visits per calendar for > 21 years of age



- Occupational Therapy Visits > 20 visits per calendar year for > 21 years of age
 - Speech Therapy Visits > 20 visits per calendar year for > 21 years of age
- Pain Management Services
 - Epidural Steroid Injections
 - Epidurals Facet Medical Branch Nerve Block Injections
 - Facet Neurotomy Injections
 - Sacroiliac Joint Injections – > 2 will require a prior authorization
 - Trigger Point Injections (CPT 20552, 20553 Only) > 8 will require a prior authorization
- Specialty Pharmacy
- Transcranial Magnetic Stimulation