



## 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

**Providers: Please Contact HealthHelp at (877) 637-6940 or submit electronically via <http://portal.healthhelp.com/caresource/> or for all CT, CTA, MRI, MRA, and Pet Scans.**

**Important Information:**

- Any healthcare provider who is not participating with Humana – CareSource must obtain prior authorization for all non-emergency services rendered to a Humana – CareSource member with the one exception of RAPHL providers.
- Providers are responsible for verifying eligibility and benefits before providing services. Except for an emergency, failure to obtain a prior authorization for the services on this list may result in a denial for reimbursement.
- Authorization is not a guarantee of payment for services.
- Humana – CareSource does not require Prior Authorization for unlisted procedure CPT codes; however, we require a signed, clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the claims appeal process with pertinent clinical records and should be sent directly to claims for consideration.
- Please reference our Dental Services Handbook for the Prior Authorization list for services that require review for prior authorization.