



## Network Notification

**Notice Date:** April 13, 2020  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** COVID-19: Prior Authorizations  
**Effective Date:** March 27, 2020

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*Beginning on May 12, 2023, this notification is expiring in alignment with the end of the Public Health Emergency.*

### Summary

CareSource is committed to ensuring that we reduce all barriers to access care during the duration of the public health emergency for coronavirus disease 2019 (COVID-19). Our primary goal is to ensure that our members receive the right care, at the right time, and stay healthy in the community.

CareSource will immediately follow the Ohio Department of Medicaid (ODM) direction as it relates to relaxing prior authorization requirements. The details of this are noted below.

### Impact

- 1. Prior Authorizations:** All existing prior authorizations will be extended for six months from the renewal or expiration date. Additionally, CareSource is suspending all new prior authorization requirements for participating and non-participating providers except for the following services which will still require a prior authorization:
  - Pain pumps;
  - Out-of-state transplants;
  - The use of miscellaneous codes such as E1399;
  - Home health services after two weeks of service provision;
  - Cosmetic procedures;
  - Elective surgical and dental procedures;
  - Investigational devices and procedures; and
  - Any mobility device exceeding \$5,600.

**PLEASE NOTE:** CareSource will begin allowing payment for claims without prior authorization no later than April 20, 2020, for dates of service on or after March 27, 2020.

- 2. Inpatient Authorizations:** In an effort to ensure that CareSource members are receiving appropriate care management and discharge planning, CareSource will continue to accept requests for administrative authorizations for inpatient stays. CareSource will make every effort to ensure that this does not create a barrier to care as we acknowledge that hospitals will be short staffed.
- 3. Private Duty Nursing:** For all new prior authorization requests for private duty nursing, including requests for additional hours, CareSource may authorize the number of hours requested without prior authorization for 90 calendar days.
- 4. Durable Medical Equipment:** CareSource may authorize up to a 90-day supply of durable medical equipment (DME) without prior authorization from participating and non-participating providers, except for the items identified above in *Section 1. Prior Authorization*. CareSource will reimburse all DME providers (participating and non-participating) who submit claims using the payment rate or methodology described in [OAC rule 5160-10-01](#).

5. **Nursing Facility Stays:** CareSource will temporarily no longer require a prior authorization for new nursing facility admissions. However, CareSource will continue to determine level of care for nursing facility stays in accordance with [OAC rule 5160-3-08](#). CareSource reserves the right to perform concurrent nursing facility reviews to determine if nursing facility services are still necessary.
6. **Applied Behavioral Health Analysis Providers:** CareSource will temporarily no longer require a prior authorization for qualifying applied behavioral analysis (ABA) services for participating and non-participating (non-Ohio Medicaid) providers. While prior authorizations and ongoing reviews are not required, CareSource will still accept authorization requests if a provider chooses to submit to ensure the patient receives appropriate care management services. For non-participating (non-Ohio Medicaid) providers, CareSource will not require a single case agreement (SCA) in order for the provider to be reimbursed for delivering ABA services, although SCAs will still be processed by CareSource if a provider requests.
7. **Urine Drug Testing:** Urine drug testing services rendered by both qualified and non-qualified non-participating laboratories remain subject to CareSource's related medical ([HERE](#)) and reimbursement ([HERE](#)) policies.

### **Importance**

CareSource reserves the right to continue monitoring utilization and conducting retrospective reviews. Providers are still required to maintain medical necessity records of all services rendered to CareSource members and be able to provide medical records to CareSource upon request.

Please continue to review the CareSource [Updates & Announcements](#) page for additional information related to the temporary criteria outlined above.

### **Questions?**

Please contact CareSource's Provider Services at **1-800-488-0134**. Our hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time.

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