



# NETWORK *Notification*

**Notice Date:** May 21, 2020  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** COVID-19: Prior Authorization Guidance  
**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.*

***Please note:** CareSource is monitoring all guidance related to COVID-19. This communication is an update on the [COVID-19: Prior Authorization Guidance](#) network notification dated April 13, 2020. CareSource will communicate updates aligned with state guidance as it is released. Please check back regularly for updated information.*

## 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. CareSource will continue to accept requests for prior authorizations through any of the following options:

- **Current Course:** CareSource will continue to accept clinical documentation through the current prior authorization process. CareSource will review the request and, if approved, generate a prior authorization number. This will ensure that all paid claims meet medical necessity requirements and will prevent retrospective reviews/takebacks.
- **Administrative Authorizations:** CareSource will now accept requests for administrative authorizations and generate a prior authorization number as long as the request contains all of the following information:
  - Member name
  - Date of birth
  - CareSource member ID number
  - Diagnosis code
  - *For inpatient administrative authorizations:* admission date and expected discharge date
- **Bypass Prior Authorization:** CareSource, in accordance with guidance published by ODM, is temporarily suspending all new prior authorization requirements unless otherwise outlined below. If the provider chooses not to obtain a prior authorization, CareSource reserves the right to continue monitoring utilization and conducting retrospective reviews. It is the responsibility of the provider to ensure that all medical necessity records are maintained and available upon request.

## Impact

- 1. Prior Authorizations:** All existing prior authorization approvals 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
  - 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
  - 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*.
- 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 require a single case agreement (SCA) for the delivery of ABA services. Please contact Provider Services at **1-800-488-0134** to request an SCA.
- 7. Drug Testing:** CareSource will temporarily no longer require a prior authorization for drug testing services rendered by qualified participating laboratories, even after the 30 presumptive/12 confirmatory annual member limit is reached. While prior authorization is no longer required, CareSource will still accept clinical information and provide administrative approvals, upon request. 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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