



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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Prior Authorization Guidance

UPDATED 4/26/2021

- Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs) **may require prior authorization (PA)** for medical or surgical **inpatient admission and concurrent review, beginning June 1, 2021, except for an admission of an individual with a COVID diagnosis.** (Provider type 01) Providers are encouraged to notify the MCOs of an admission with a COVID diagnosis, however, the admission cannot be denied for a PA.
- FFS and MCOs **will not require** PAs for all Medicaid covered **substance use disorder (SUD) and behavioral health (BH) services**
- **PAs will remain in place for an outpatient medical or surgical service/procedure** based on the FFS or MCO Utilization Management program, except for individuals with a COVID diagnosis. Examples may include durable medical equipment, home health, physical therapy or radiology. Please refer to the FFS or MCO's specific PA guidelines.
- **PAs will remain in place for all pharmacy benefits** and products listed on the **physician administered drug lists**, except for medication assisted treatment (MAT) products (i.e. Sublocade)
- Providers are encouraged to provide concurrent review for inpatient or residential BH/SUD services to support discharge planning, placement of members, care management, and facility capacity
- In order to facilitate provider payment, requirements for prior authorization of **non-Kentucky Medicaid enrolled** providers will remain in place
- FFS and MCOs will continue to monitor for fraud, waste, and abuse (FWA) activity

- At least thirty (30) days' notice will be given prior to any change in guidance