



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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Governor

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Mark D. Birdwhistell
Secretary

J. Thomas Badgett, MD, PhD
Acting Commissioner

July 14, 2006

Re: *KyHealth Choices* – Kentucky Medicaid Program Update

Provider Letter: A-69

Dear *KyHealth Choices* Provider:

In May, you received a letter addressing Governor Fletcher's new Medicaid initiative, *KyHealth Choices*, which customizes members' benefits to meet their specific needs. Each of the four health plans, Global Choices, Comprehensive Choices, Optimum Choices, and Family Choices, contains new prior authorization requirements and new service limits. As a reminder, these changes do not apply to Passport members.

KyHealth Choices Prior Authorization Requirements

The new prior authorization requirements will become effective for ALL plans on August 1, 2006. These new prior authorization requirements apply to all providers with the exception of EPSDT, First Steps, Commission for Children with Special Health Care Needs, School-Based and Impact Plus providers, who should continue to utilize the current PA processes that are in place.

To access the prior authorization system on or after August 1, 2006, you will be able to use the **same telephone and facsimile numbers** that you currently utilize. A *KyHealth Choices* Communication Resource Guide is attached for your use. Providers who are operating under an existing prior authorization do not need to seek a new prior authorization until the existing authorization expires.

A list of the NEW services which will require prior authorization effective August 1 is listed below. Prior authorization is not required for emergency services performed in the emergency department or for services performed in the inpatient setting. **Please note that ALL of the services that currently require prior authorization will continue to require prior authorization as well.** Additionally, DMS will begin utilizing InterQual® (a clinical criteria tool) to process most prior authorization requests effective August 1. InterQual® is the same tool you are accustomed to using when interacting with private health insurers.

- **Radiology Procedures**
 - CT imaging & guidance
 - CTA
 - MRI
 - MRA
 - Magnetic resonance spectroscopy
 - PET scans
 - DXA scans
 - Nuclear Stress/Radionuclide Cardiac Imaging



- OB Ultrasound (after 2nd Ultrasound)
 - Radiographic absorptiometry
 - Cineradiography/videoradiography
 - Xeroradiography
 - Myocardial imaging
 - Cardiac blood pool imaging
 - Single Photon Emission Computed Tomography (SPECT)
 - Sensory nerve conduction test (SNCT)
 - Magnetic resonance cholangiopancreatography (MRCP)
 - Topographic brain mapping
 - Magnetic source imaging
 - Fluorine-eighteen (18) fluorodeoxyglucose (F-eighteen (18) FDG) imaging
 - Electron beam computed tomography (also known as Ultrafast CT, Cine CT)
 - Magnetic Resonance Technology (MRT)-General
- **Therapy Services**
 - Physical Therapy
 - Chiropractic Services (from 1st visit)
 - Occupational Therapy
 - Speech Therapy
 - **Unlisted Radiologic, PT, ST, OT, and Chiropractic Procedures**

KyHealth Choices Service Limits

You previously received a copy of each of the four health plans outlining all of the new service limits. Please note that any services utilized before July 1 will not count towards the new limits. **All of the service limits are “soft,” meaning that they may be overridden when medical necessity is demonstrated through the prior authorization process.** These service limits do not apply to waiver services (HCB, SCL, ABI, and Model II). For your review, a list of these limits is outlined below:

Audiometric Services:	All plans:	1 audiologist visit per calendar year All claims submitted with hearing aid procedure codes must include right (RT) and left (LT) modifiers.
Chiropractic Services:	All plans:	Children under 21 yrs old – 7 visits per calendar year Adults age 21 and over – 15 visits per 12 months
Dental Services:	All plans:	Children under 21 yrs old – 2 cleanings per 12 months Adults 21 and over – 1 cleaning per 12 months
Home Health:	Family:	25 visits per calendar year
Occupational Therapy:	Global:	15 visits per calendar year
	Comprehensive:	30 visits per calendar year
	Optimum:	30 visits per calendar year
	Family:	15 visits per calendar year

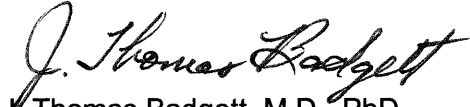
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Physical Therapy:	Global:	15 visits per calendar year
	Comprehensive:	30 visits per calendar year
	Optimum:	30 visits per calendar year
	Family:	15 visits per calendar year
Speech Therapy:	Global:	10 visits per calendar year
	Comprehensive:	30 visits per calendar year
	Optimum:	30 visits per calendar year
	Family:	15 visits per calendar year
Ultrasound Services:	Global:	2 ultrasounds per pregnancy
	Comprehensive:	2 ultrasounds per pregnancy
	Optimum:	2 ultrasounds per pregnancy

KyHealth Choices Dollar Limits

Hearing Aids:	All plans:	\$1400.00 per hearing-impaired ear per 36 months
	All claims submitted with hearing aid procedure codes must include right (RT) and left (LT) modifiers.	
Prosthetic Devices:	All plans:	\$1500.00 per calendar year
Vision Services:	Global:	\$200 hardware benefit maximum per calendar year
	Comprehensive:	\$400 hardware benefit maximum per calendar year
	Optimum:	\$400 hardware benefit maximum per calendar year
	Family:	\$400 hardware benefit maximum per calendar year

To learn more about the specific programs, we encourage you to visit our website at www.chfs.ky.gov/dms/kyhealthchoices.htm. Thank you for your continued participation and support of *KyHealth Choices*.

Sincerely,

J. Thomas Badgett, M.D., PhD
Acting Commissioner

Enc: DMS Communication Resource guide
Xc: DMS Provider Letter A-69
JTB/JH/NG/amd0061

Department for Medicaid Services
KyHealth Choices - Communication Resource Guide

(Rev. 7/14/06)

Prior Authorizations	Phone Number(s)	Fax Numbers	Mail-In Address
Medical	1-800-292-2392	1-800-807-7840 1-800-807-8843 1-502-327-9453 1-502-429-5233 1-502-326-4564	SHPS KyHealth Choices Department (Home Health, ORTH, DME) 9200 Shelbyville Road, Suite 100 Louisville, KY 40222
Pharmacy	1-800-477-3071	1-800-365-8835 (Routine) 1-800-421-9065 (Emergency)	N/A
Home Health	1-800-664-5725	1-800-664-5749	SHPS KyHealth Choices Department (Home Health, ORTH, DME) 9200 Shelbyville Road, Suite 100 Louisville, KY 40222

Claims Processing	Phone Number(s)	Fax Numbers	Mail-In Address
Medical	1-800-807-1232	Faxed claims are not accepted	CMS 1500 claims P.O. Box 2101 Frankfort, KY 40602 ADA claims P.O. Box 2102 Frankfort, KY 40602 UB92 (LTC only) P.O. Box 2104 Frankfort, KY 40602 UB92 (non LTC) P.O. Box 2106 Frankfort, KY 40602
Pharmacy	1-800-432-7005	N/A	First Health Services Corp. KY Medicaid Paper Claims Processing Unit PO Box C-85042 Richmond, VA 23261-5042

Other	Phone Number(s)	Fax Numbers	Mail-In Address
Ancillary Review	1-800-807-8842	N/A	N/A
DRG	1-877-324-2461	N/A	N/A
KenPAC	1-877-298-6108	1-502-209-3290	N/A
Lock-In Member Management	1-877-298-6108	1-502-209-3290	N/A
Provider Enrollment	1-800-639-5195	1-502-607-8401	Provider Enrollment PO Box 2110 Frankfort, KY 40602
Provider Inquiry Call Center	1-800-807-1232	1-502-209-3240	N/A

***KyHealth Choices* Prior Authorization Call Checklist**

Prior to calling or faxing this request to prior authorize services, please complete the following information for each Medicaid member when requesting services. By completing this form our representatives will be able to process your request more quickly. We thank you for your assistance.

Clinical staff should make the Prior Authorization request.

Review the attached list to see if service requires prior authorization and add below.

All fields are required to process the Prior Authorization request.

This request does not guarantee these services will be authorized.

Member Last Name	Member First Name	Member Middle Initial	Member Medicaid ID Number	Member Date of Birth
Member Address	City	Zip Code	Responsible Party for Member Under Age of 18.	
Ordering Provider Name		Ordering Provider's Medicaid Number (non-Medicaid providers should enter license number and state)		
Ordering Provider Contact Person Name		Ordering Provider Contact Person Phone # ()		
Facility Name and Address		Facility's Medicaid Number		
Facility Contact Person Name		Facility Contact Person Phone # ()		
Date(s) of Service				
Diagnosis Codes				
Clinical Criteria				
Procedure Codes				

Once this form is complete, you may call 1-800-292-2392 for medical prior authorizations (excluding home health). Additionally, you may fax this completed form to 1-800-807-7840 or 1-800-807-8843.