



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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September 12, 2006

Dear Kentucky Medicaid Provider:

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Re: *KyHealth Choices* – Prior Authorization Requirements

The Department for Medicaid Services (DMS) implemented Prior Authorization (PA) requirements for radiology procedures and therapy services (physical, occupational and speech) under *KyHealth Choices* effective August 1, 2006.

On August 9, 2006, DMS issued provider letter A-70 advising providers that the PA requirements for radiology procedures and therapy services were under review and would not be required until September 15, 2006. To view a copy of this letter, please go to the DMS home page at: <http://www.chfs.ky.gov/dms>. However, providers were directed to continue to obtain PA for the required services and were advised that claims would not be denied for failure to obtain a PA.

Effective September 15, 2006 the following services will require PA:

- **Radiology Procedures:** A PA will be required for all MRI, MRA, and PET scans. **CT Scans will not require a PA.** PA requests may be initiated by either the ordering or rendering provider, as long as the appropriate clinical information is provided to complete the request. It should be noted that PA is not required for any radiology procedures if a patient has a cancer or transplant diagnosis code. A list of radiology procedure codes that require PA can be found on the DMS website listed above.



- **Speech Therapy :**

Children under 21 years of age – A PA is not required.

Adults 21 years and older - A PA is required for services which exceed the patient's visit limit.

The following overall visit limits apply per calendar year for adults.

<u>Plan</u>	<u>Limit</u>
Global Choices	10
Comprehensive Choices	30
Optimum Choices	30
Family Choices	15

Any additional speech therapy services needed which exceeds the calendar year visit limits for adults will require PA based on medical necessity, treatment plan, and proof of continued improvement in the patient's condition. DMS will not be responsible for claims that exceed the visit limits, unless medical necessity is established prior to services being rendered.

- **Physical Therapy :**

Children under 21 years of age – A PA is not required.

Adults 21 years and older - A PA is required for services which exceed the patient's visit limit.

The following overall visit limits apply per calendar year for adults.

<u>Plan</u>	<u>Limit</u>
Global Choices	15
Comprehensive Choices	30
Optimum Choices	30
Family Choices	15

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Any additional physical therapy services needed which exceeds the calendar year visit limits for adults will require PA based on medical necessity, treatment plan, and proof of continued improvement in the patient's condition. DMS will not be responsible for claims that exceed the visit limits, unless medical necessity is established prior to services being rendered.

Effective immediately, the following services will not require PA:

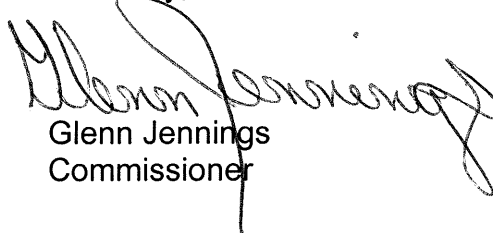
- **Outpatient Hospital Services:** A PA will not be required for outpatient surgery (performed in an outpatient hospital setting) to include, cardiac catheterization and lithotripsy.

Additionally, occupational therapy will not be a covered service at this time, except if covered under:

- **Adult day care for individual's participating in the Home and Community Based Waiver program;**
- **Home Health; or**
- **Physician services in a situation where the occupational therapist is employed as a full time employee of the physician, and the procedure is billed under the physician's provider number.**

Please note that the changes in this letter do not impact nursing facilities or the waiver programs. Thank you for your continued patience as we implement the PA process. If you have any questions, please contact SHPS at 1-800-292-2392 or *KyHealth* Choices at 1-800-635-2570.

Sincerely,



Glenn Jennings
Commissioner

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