



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

**Steven L. Beshear**  
Governor

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**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

December 03, 2009

TO: Durable Medical Equipment (90) Provider Letter A-37

RE: **Prior Authorization Changes and Clarification of Process**

Dear Kentucky Medicaid Provider:

This notification is to inform you of upcoming changes in prior authorization (PA) requirements and policy clarification of the process to submit a PA.

The following codes effective 12-1-09 will no longer require a PA: E0117, E0184, E0185, E0186, E0187, E0271, E0272, E0950, E1016, K0733.L0490, L1110, L2250, L3000, L3001, L3002, L3003, L3020, L3030, L3040, L3060, L3310, L3320, L3332, L3340, L3350, L3360, L3370, L3380, L3390, L3400, L3410, L3420, L3430, L3440, L3450, L3455, L3460, L3465, L3470, L3480, L3485, L3500, L3510, L3520, L3530, L3540, L3550, L3560, L3570, L3580, L3590, L3595, L3927, L5672, L5676, L5710, L6611, L6637, L6640, L6642, L6703, L6706, L7367, L7401, and L7403.

The following codes effective 12-1-09 will no longer have a rental option: E0184, E0185, E0186, E0187, E0271, and E0272.

**PA request process:** A provider has **90 days from the date of the PA request** to have all necessary information faxed to SHPS for a review. This means that a provider can gather all required documentation prior to faxing the prior authorization request. By sending all the information at one time, the number of lack of information (LOI) letters should decrease and reduce the workload for providers. A complete packet will consist of the following documentation: certificate of medical necessity (CMN), MAP 9-Prior authorization request, and the following if applicable to the request: MAP 1001B metabolic food/formulas; manufacturer's cost invoice for manual pricing; manufacturer's suggested retail price (MSRP) list (for codes indicated on the fee schedule with that pricing methodology); Physical therapy evaluations for power equipment and related items; Speech therapy evaluations for assistive communication devices; and sleep studies for CPAP/BIPAP.

(see reverse side)

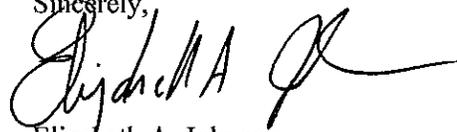


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Please remember, however, that the initial PA request must be submitted **within one year of the date of service.**

If you have further questions or comments, please contact Provider Operations staff at 502-564-2687.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth A. Johnson", with a long horizontal flourish extending to the right.

Elizabeth A. Johnson  
Commissioner

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