



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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Prior Authorization Guidance – Effective 2/1/2021

- Prior authorization (PA) requests are removed for all **inpatient** Medicaid services provided by Kentucky Medicaid enrolled inpatient hospitals (Provider Type 01), as well as all Medicaid covered substance use and behavioral health services. For MCOs, this includes both participating and non-participating providers
- Medicaid (including MCOs) will apply their full utilization management (UM) programs, including prior authorizations for all outpatient Medicaid services, except those with a COVID diagnosis
- Prior authorizations 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)
- Notification requirements will remain in place for inpatient services in order to facilitate care management, COVID reporting/tracking, and discharge planning
- The Concurrent Review process will remain in place for non-COVID diagnoses 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
- Medicaid (including MCOs) will continue to monitor for fraud, waste, and abuse (FWA) activity
- Previous guidance issued 12/10/2020 remains in place through 1/31/2021