

## MEDICAID PROVIDER BULLETIN

June 2018

### Changes to prior authorization

Anthem Blue Cross and Blue Shield Medicaid will adopt the following policy in accordance with the Department for Medicaid Services' letter dated April 23, 2018, regarding Prescribed Pediatric Extended Care (PPEC) providers:

- Use the *PPEC Prior Authorization Leveling Evaluation Tool* dated August 23, 2011, as well as *902 KAR 20:280* to prior authorize and level PPEC services. Note: Section 4 of *902 KAR 20:280* is not an all-inclusive list of conditions.
- Effective June 1, 2018, please submit the most recent plan of care and the billing code with modifier for your current active membership in the PPEC. The clinical information can be faxed to **1-855-270-9581**, or you can call **1-855-661-2027, ext. 106-103-5212** unless an agreement has been reached to have an active RN case manager involved in the care of the child.
- A plan of care and applicable billing code (T1026) with a modifier will be required for submission with your prior authorization request for any new admission on or after June 1, 2018.
- All prior authorizations granted will remain in effect for 90 days. No re-leveling will occur within that 90-day authorization unless a significant change is reported by the PPEC provider.
- PPEC providers must request the work/school note from the guardian. If the child's guardian does not provide the work/school note, the provider's documentation of the request will satisfy the requirement.

If you have questions about this communication, please contact your Provider Relations representative or Provider Services at **1-855-661-2028**.

<https://mediproviders.anthem.com/ky>

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