



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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Prior Authorization Guidance

Updated March 16, 2022

- Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs) **may require prior authorization (PA)** for all inpatient and outpatient Medicaid services provided by Kentucky Medicaid enrolled inpatient hospital providers (Provider Type 01) *except for admissions with a COVID diagnosis, effective May 1, 2022.*
- **FFS and MCOs may require PA, for provider type 93, Rehabilitation Distinct Part Unit, effective May 1, 2022.**
- **FFS and MCOs may require PA, for provider type 12, Skilled Nursing Facilities, effective May 1, 2022.**
- PA for Medicaid covered substance use and behavioral health services continues to be waived.
- FFS and MCOs may require a PA for an outpatient service/procedure at other outpatient facilities or other Medicaid service based on their Utilization Management program, except for individuals with a COVID diagnosis. **Please refer to the FFS or MCO's specific PA guidelines.**
- PA remains 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).
- To facilitate provider payment, requirements for prior authorization of non-Kentucky Medicaid enrolled providers will remain in place.
- FFS and MCOs will continue to monitor for fraud, waste, and abuse (FWA) activity.