



# PROVIDER QUICK TIPS

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## Prior Authorization Changes in the Medical Assistance Program for Certain Services during COVID-19 Emergency Disaster

To reduce the burden on providers and patients during the COVID-19 pandemic, the Department of Human Services will be changing the authorization requirements for certain services. These changes will be implemented in the Medical Assistance Fee-for-Service Program (MA FFS) and the Physical Health and Community HealthChoices managed care delivery systems. This guidance should apply to in-network and out-of-network services for the Physical Health and Community HealthChoices Managed Care Organizations (MCO)s. Beginning with dates of service on or after the release of this guidance, the authorization requirements listed below are applicable for **all** diagnoses during the COVID-19 emergency disaster declaration.

Please note, the change of prior authorization is not applicable to items and services reviewed through the program exception process. Items and services requiring a program exception will continue to require authorization.

While the authorization requirements will be suspended for claim payment purposes as specified below, services will be subject to a retrospective review for medical necessity. The retrospective review applies to claims paid by MA FFS and the Physical Health and Community HealthChoices MCOs.

This guidance will be in place while a valid disaster declaration authorized by the Governor for the COVID-19 virus remains in effect.

Services with a change to the authorization requirement:

- **Inpatient Hospital Admissions** – that are of an emergency or urgent need do not require prior authorization. Please note while the authorization requirement will be suspended for payment purposes, emergency and urgent admissions and readmissions will be retrospectively reviewed post payment; thus, the authorization must be submitted within 180 days of the discharge date.

For inpatient hospitalization admissions for the Physical Health or Community HealthChoices MCOs, hospitals are required to notify the MCO of the admission within 48 hours of admission for purposes of discharge planning and ensuring continuity of care through the process the hospital would normally use to notify the MCOs.

- **Long-Term Acute Care Hospitals** – for the Physical Health or Community HealthChoices MCOs, prior authorization is not required for the first 7 days of care. Prior authorization will be required for services after the first 7 days. For MA FFS, long-term acute care hospitals should follow guidance for other inpatient hospital admissions.

Long-term acute care hospitals are required to notify the Physical Health or Community HealthChoices MCO of the admission within 48 hours of admission for purposes of discharge planning and ensuring continuity of care through the process the hospital would normally use to notify the MCOs.

- **Home Health** – prior authorization is not required for the first 28 days of service. Continuation of services beyond the initial 28 days will require prior authorization.





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Home Health Agencies are required to notify the Physical Health or Community HealthChoices MCO of the initiation of services within 48 hours of beginning services for purposes of discharge planning and ensuring continuity of care through the process the agency would normally use to notify the MCOs to obtain prior authorization from the MCOs.

In MA FFS, home health visits provided beyond 28 days require the use of a UD modifier on the claim, per the [PA PROMISe Provider Handbook](#). When the UD modifier is required on the claim, authorization for the service is also required.

- **Hospice Services** – for the Physical Health and Community HealthChoices MCOs, prior authorization is not required for the first 30 days of care. Prior authorization will be required for continuation of services after the first 30 days.

Prior authorization of hospice services is not required for the MA FFS program.

- **Radiology** – prior authorization of CT scans of the chest related to the diagnosis or treatment of COVID-19 is [not required](#).
- **Medical Supplies and Durable Medical Equipment (DME)** – prior authorization is not required for the medical supplies and DME noted on the list attached to this document as specified.
- **Shift Nursing** – this applies to services authorized and billed using procedure codes S9122, S9123 and S9124.

Children under the age of 21 that are receiving shift nursing, as of the date this document is issued, can continue to receive the currently authorized hours of care without the need for reauthorization.

For children under the age of 21, requests to increase the number of hours beyond what is currently authorized as of the date this document is issued will require prior authorization. Once the increase in services are authorized, the authorized hours of care will continue without need for reauthorization.

For children under the age of 21 who are not currently receiving shift nursing as of the date this document is issued prior authorization of these services will be required before they can be initiated. Once services are authorized, the authorized hours of care will continue without need for reauthorization.

- **Inpatient Rehabilitation Services** – prior authorization is not required for the first 7 days of care. Prior authorization will be required for continuation of services after the first 7 days.

Inpatient Rehabilitation facilities are required to notify the Physical Health or Community HealthChoices MCO of the admission within 48 hours of admission for purposes of discharge planning and ensuring continuity of care through the process the facility would normally use to notify the MCOs to obtain prior authorization from the MCOs.

- **Skilled Nursing Facility Services** – prior authorization is not required for the first 30 days of skilled nursing facility care. Prior authorization will be required for continuation of services after the first 30 days.





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Skilled Nursing facilities are required to notify the Physical Health or Community HealthChoices MCO of the admission within 48 hours of admission for purposes of discharge planning and ensuring continuity of care through the process the facility would normally use to notify the MCOs to obtain prior authorization from the MCOs.

Current prior authorization requirements will remain in place for claims payment for the following services:

- Place of Service Reviews (PSR)
- Radiology Services – All other radiology services besides the CT scans of the chest will need a prior authorization
- Medical Supplies – other than the procedure codes and items listed on the attached document
- Outpatient laboratory services – other than diagnostic tests for COVID-19 using procedure codes U0001 or U0002
- Hyperbaric Oxygen
- Durable Medical Equipment – other than the procedure codes and items listed on the attached document
- Prosthetics
- Orthotics
- Dental Services
- Outpatient Drugs – continue to be prior authorized when required

For the MA FFS program and the Physical Health and Community HealthChoices MCOs, services for which prior authorization has been waived are subject to retrospective review determinations based on medical necessity.

Providers should continue to check the Department of Human Service's COVID-19 [website](#) and the Department of Health's [website](#) for updates regarding COVID-19.

**For question regarding claim payments please contact 1-800-537-8862, option 2, option 6, option 1.**

**For questions regarding prior authorization for medical services in the MA FFS program please contact 1-800-537-8862, option 2, option 3.**

**For questions regarding outpatient drug prior authorization in the MA FFS program please contact 1-800-537-8862, option 2, option 2.**

**For questions regarding prior authorization for medical services or outpatient drug authorization in the Physical Health or Community HealthChoices programs please contact the enrolled individual's MCO.**





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## List of Durable Medical Equipment and Medical Supplies specifying prior authorization requirements

### 1. Feeding Supplies

- Gastrostomy tubes
  - B4087 Standard—PA not required
  - B4088 Low Profile-PA not required
  - B9998: Mickey GT or Bard Mini Button-\*\* PE required
- Nasogastric tubes
  - B4081-PA not required
  - B4082-PA not required
- Duoderm/Tegaderm for NG Tubes
- Tegaderm
  - A6203-04-PA not required
  - A6257-59-PA not required
- Ph strips
  - A4250-PA not required
  - A4253-PA not required
- Feeding bags
- Feeding Supply Kits
  - B4034- B4036-PA not required
  - B4035 Kangaroo Joey and Zevex-PA not required
- Enteral nutrition infusion pump, any type
  - B9002 – Infusion Pump – PA not required
  - Extension sets
  - B9998 (Mickey Button Extensions/Mini Button Extensions)-\*\*PE required
- Enteral formulas – no prior authorization for 960 units per month regardless of the BO modifier
  - B4102-PE required\*\*
  - B4103-PA not required
  - B4149-PE Required \*\*
  - B4150-PA not required
  - B4151-PE Required \*\*
  - B4152-PA not required
  - B4153-PA not required
  - B4154-PA not required
  - B4155-PA not required
  - B4157-PA not required
  - B4158-PA not required
  - B4159- PA not required
  - B4160- PA not required
  - B4161- PA not required
  - B4162- PA not required
- Farrell Bags
  - B9998 – \*\*PE required
  - E1399 - \*\*PE required

### 2. Respiratory Supplies

- Mechanical Ventilation (many have two at home)
  - E0465-E0466-PA not required for 1st device rental; 2nd device will require a PE
- Tracheostomies
  - E1399 Customized tracheostomies - \*\* PE required





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- A7520-A7522-Shiley/Portex disposable tracheostomies - PA not required
- Trach Adapters for MDIs
- Tracheostomy Supplies
  - A7501-A7527-PA not required
- Tracheostomy Care Kits
  - A4625 new-PA not required;
  - A4629 established- PA not required
- HMEs
  - A7503-A7509-PA not required
- Trach Ties
  - A7526-current MA Fee Schedule has 3 per month-PA not required
  - A7526-MA Fee Schedule will allow the first 30 per month to be billed - PA not required
- Oxygen Adapters
  - E1353 Regulator - PA not required
- Tubing with filters, corrugated tubing
  - A4616 Oxygen tubing - PE required\*\*
  - A7010 corrugated tubing-PA not required
- Oxygen Supplies
- Cannulas
  - A4615: nasal cannula-PA not required
  - A4616: Tubing (O2) per foot-PE required \*\*
- Duoderm/Tegaderm
  - A6203-A6204- PA not required
  - A6234-A6236- PA not required
  - A6257-A6259- PA not required
- Humidification Circuits (cascades)
  - E0425- PA not required
  - E0430- PA not required
  - E0431- PA not required
- Typical Home Care
  - E0565: Compressor- PA not required for 3-month rental
  - E0561: Non Heated Humidifier- PA not required
  - E0562: Heated Humidifier Heater- PA not required for 3-month rental
  - A7037 Tubing- PA not required
  - A7046 Water Chamber for Humidifier-PA not required
- Pulse ox probes
  - A4606- PA not required
- Portable Tanks (6-10 to have at home depending on usage)
  - E0433 – E0434 includes container with other supplies- PA not required
  - E0435-PE required\*\*
  - E0439- PA not required
  - E0441 -E0444 liquid/gas supply- PA not required
  - E0447 Portable O2 contents, liquid, 1 month's supply-PE required\*\*
  - E1390 – E1392 O2 concentrator- PA not required
- CPAP/BIPAP
  - E0601: CPAP-PA not required for 3-month rental
  - E0470-E0472: BiPAP- PA not required
  - E0561: Humidifier, non-heated- PA not required;
  - E0562: Humidifier, heated- PA not required for 3-month rental
- Mask, Head Gear with Circuits





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- A7027: PE required\*\*
- A7030: PA not required for one (1) obtained during emergency period
- A7031: face mask interface, replacement for full face mask- PA not required
- A7034: Nasal interface w or w/o head strap PA not required
- A7035: headgear- PA not required
- A7036: Chinstrap - PA not required
- A7044: oral Interface - PA not required
- Filters
  - A7038-A7039- PA not required
- Standard Tubing
  - A7037: tubing - PA not required
- Mepilex for mask
  - A6212 - PA not required
- Suction supplies
  - Suction catheters
    - A4605 Closed system - PA not required
    - A4624 any other than closed system - PA not required
    - A4628 oral suction - PA not required
  - Suction hoses
    - A7002 - PA not required
  - Suction Canisters
    - A7000-01- PA not required
  - Inline suction catheters or sleeve suction catheters avoid need for gloves (saves Supplies)
    - A4605 - PA not required
- 3. Urinary Catheters
  - Kits and trays
    - A4310 Insertion tray no catheter/bag - PA not required
    - A4353 Intermittent cath with insertion supplies - PA not required
    - A4354 Insertion tray with drainage bag no catheter PA not required
    - A4316 Insertion tray with bag with indwelling catheter - PA not required
  - Catheters with cleaning kits
    - A4314 Foley with drain bag - PA not required
    - A4315 Foley with drain bag-silicone - PA not required
  - Foleys with oversized drainage bags
    - A4314-A4316 not indicating oversized - PA not required
  - Straight catheters with lubricating jelly for some patients
    - A4351 Intermittent catheter- PA not required
    - A4352 Intermittent; coude - PA not required
    - A4353 intermittent with insertion supplies - PA not required
- 4. Ostomy supplies
  - Ileostomy, Colostomy, Urostomy, Nephrostomy, J-Pouch, vesicostomy, mintronoff Continent Diversions + Other Ostomy Types
    - A4402-A4435 - PA not required
    - A4361-A4400 - PA not required
    - A5051-5092 - PA not required
    - A5093 – PE required \*\*
  - Ostomy bags with wafers
    - A4375 - PA not required
    - A4376 - PA not required
    - A4379 - PA not required





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- A4380 - PA not required
- A4387-A4393 - PA not required
- A4416 - PA not required
- A4417 - PA not required
- A4424 - PA not required
- A4428-A4430 - PA not required
- A4435 - PA not required
- A5051 - PA not required
- A5056 - PA not required
- A5057 - PA not required
- A5061 - PA not required
- A5071 - PA not required
- Stoma Adhesive
  - A4369 - PA not required
- Syringes for bag drainage
  - Irrigation Supplies – A4398-A4399 - PA not required
- Stoma powder
  - A4371 - PA not required
- Infusion Supplies (think about TPN dependent patients, PICC line infusions at home)
- Infusion bags with pumps for TPN
  - A4222 - Infusion supplies per cassette or bag - PA not required
  - A4223 - Infusion supplies (not used with external infusion) per cassette or bag \*\* PE required
  - A4224 - Infusion supplies for insulin - PA not required
  - A4225 - Supplies for external insulin infusion pump - PA not required
  - B9004 - parenteral nutrition infusion pump, portable \*\* PE required
  - B9006 - stationary pump \*\* PE required
  - E0791 - Parenteral Infusion Pump - PA not required
  - K0455 - Infusion pump used for uninterrupted parenteral admin of meds \*\* PE Required
  - K0601-K0605 - battery replacement - PA not required
  - S1015 - IV tubing extension set - \*\* PE Required
  - S1016 - Non-PVC administration set - \*\* PE Required
- Central line dressings
  - A4221 - Supplies for maintenance of noninsulin drug infusion catheter, per week - PA not required
  - A6257-A6259 - PA not required

\*\* MA Fee-for-Service requires a Program Exception (PE) as this code is not currently on the MA Fee Schedule. If this code is on the MCOs fee schedule, it should not have prior authorization for a 30-day supply.

Thank you for your service to our MA recipients.  
We value your participation.  
Check the Department's website often at: [www.dhs.pa.gov](http://www.dhs.pa.gov).

