



NETWORK *Notification*

Notice Date: July 17, 2020
To: Ohio Medicaid Providers
From: CareSource
Subject: Updates to Ohio Medicaid Prior Authorization List
Effective Dates: September 1, 2020
January 1, 2021

This notification announces prior authorization list changes effective Sept. 1, 2020, and Jan. 1, 2021. Please read through the full notification for details of the changes.

Effective **Sept. 1, 2020, unless otherwise notified**, CareSource will enforce the prior authorization requirements below for Ohio Medicaid. Claims submitted for dates of service on or after Sept. 1, 2020, will not be processed for payment if the prior authorization requirements have not been met. In addition, please verify benefits and coverage limits.

Changes to the prior authorization requirements include the following codes:

Code	Description
41899	Unlisted procedure, dentoalveolar structures
47562	Laparoscopy, surgical; cholecystectomy
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
44970	Laparoscopy, surgical, appendectomy

Effective **Jan. 1, 2021**, CareSource will enforce updated prior authorization requirements for Ohio Medicaid. Claims submitted for dates of service on or after **Jan. 1, 2021**, will not be processed for payment if the prior authorization requirements have not been met. In addition, please verify benefits and coverage limits.

Changes to the prior authorization requirements include but are not limited to:

Physical Health Services:

- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Gender dysphoria services including but not limited to gender transition surgeries
- Most non-emergent ambulance services.

- Most DME's including most prosthetic/orthotic devices
- Home Care Services and Therapies (except assessments)
- Outpatient Therapies (except assessments)

Upon the effective date, you can view the updated Ohio Medicaid Prior Authorization requirements [here](#). If you have questions, please contact your Provider Engagement Representative or CareSource Provider Services at **1-800-488-0134**.

We are open Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

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