5101:3-1-31 **Prior authorization [except for services provided through medicaid contracting managed care plans (MCPs)].**

(A) Reimbursement for some items and/or services covered under the medicaid program is available only upon obtaining prior authorization from the Ohio department of job and family services (ODJFS). Prior authorization must be obtained from ODJFS or its designee by the provider before the services are rendered or the items delivered. Items and/or services which require prior authorization are identified in Chapters 5101:3-2 to 5101:3-56 of the Administrative Code. Citations for ~~certain of those~~some of these services are listed ~~below.~~in paragraphs (A)(1) to (A)(5) of this rule.

(1) Prior authorization for transplantation services must be obtained by the hospital before the service is rendered~~,~~ in accordance with rule ~~5101:3-2-071~~5101:3-2-07.1 of the Administrative Code.

(2) In addition to services requiring prior authorization, some hospital inpatient and outpatient services may require pre-certification~~, as described~~ in accordance with rules 5101:3-2-40 and ~~5101: 3-2-42~~5101:3-2-42 of the Administrative Code.

(3) Prior authorization for out of state coverage will be made in accordance with rule 5101:3-1-11 of the Administrative Code.

(4) Prior authorization for long-term care outlier services ~~is~~will be made in accordance with rules 5101:3-3-54.1, 5101:3-3-54.5, and 5101:3-3-87.1 of the Administrative Code.

(5) Prior authorization for pharmacy services will be ~~administered~~made in accordance with Chapter 5101:3-9 of the Administrative Code.

(B) ~~Requests for prior authorization must include a completed "prior authorization" request form. The completed~~ Completed prior authorization ~~form~~ forms and ~~applicable~~any necessary supporting documentation should be mailed or faxed to the location listed at the bottom of the request form. A duplicate copy of each request must be retained in the providers records. Telephone requests for prior authorization will only be accepted for pharmacy services.

(1) ~~Requests for authorization of medical services, supplies, equipment, or transportation services must be submitted on form JFS 03142. Requests for authorization of dental treatment must be submitted on form JFS 03612. Physician's certification for transport, form JFS 03452, must accompany form JFS 03142.~~The following forms must be used when requesting prior authorization:

(a) Requests for authorization of medical services, supplies, equipment or transportation services must be submitted on the JFS 03142 "Prior Authorization" form (rev. 2/2003).

(b) Requests for the authorization of dental services must be submitted on the JFS 03612 "Prior Authorization for Dental Services" form (rev. 3/2003).

(c) Requests for the authorization of medically necessary transport must be submitted on the JFS 03452 "Practitioner Certification of Medical Necessity for Ambulette Transportation" form (rev. 07/2003) and must accompany form JFS 03142.

(2) ~~Requests submitted to the department or its designee must include the appropriate procedure/service code for the date of service in accordance with the coding system as adopted by the department and designated in rule 5101:3-1-19.5 of the Administrative Code.~~Requests for prior authorization submitted to ODJFS or its designee must include correct HCPCS or CPT code(s) for that date of service in accordance with rule 5101:3-1-19.3 of the Administrative Code.

(3) When a request for prior authorization does not include documentation required for review of medical necessity, the request will be denied. The provider may submit a new request with the required documentation.

(C) When the prior authorization request has been processed by ~~the department~~ODJFS or its designee, the provider will receive notification indicating the decision for each item and/or service requested. Reimbursement by ODJFS is limited to those items as specified in the physicians orders and indicated in the approval notification.

(D) When a request for prior authorization has been approved, the notification will include a prior authorization (PA) number. In order for the provider to be reimbursed, the provider must use the assigned ~~pa~~PA number on the medicaid claim.

~~(E) Approval of items and/or services requiring prior authorization must be obtained from the department or its designee by the provider before the services are rendered or the items delivered.~~

~~(F)~~(E) In situations where the provider considers a delay in providing items and/or services requiring prior authorization to be detrimental to the health of the consumer, the services may be rendered or item delivered and approval for reimbursement sought after the fact.

~~(G)~~(F) When a request for prior authorization is denied, ~~the department~~ODJFS or its designee will issue a notice of medical determination and a right to a state hearing to the consumer. A copy of this denial notice will be sent to the county department of job and family services to be filed in the ~~consumers'~~consumer's case record. Providers will also be notified of the denial.

~~(H)~~(G) Reimbursement for a prior ~~authorization~~authorized service or item is contingent upon:

(1) ~~Eligibility of the~~The consumer being eligible for medicaid at the time ~~of service~~the service is rendered.

(2) The provider ~~rendering~~renders services in accordance with ~~the departments~~ the rules contained in Chapters 5101:3-2 to 5101:3-56 of the Administrative Code.

(3) The reduction of benefits by third-party payers, including medicare, have been properly applied to the request for payment from ODJFS.

(4) ~~The department's claim filing time limitation contained in~~ ODJFS's timely filing limitations for claims have not been violated in accordance with rule 5101:3-1-19.3 of the Administrative Code.

(5) The determination of medical necessity by ~~the department~~ODJFS or its designee ~~as contained in~~has been met in accordance with rule 5101:3-1-01 of the Administrative Code.

~~(6) Approval from the department or its designee.~~

Effective:

R.C. 119.032 review dates: 05/25/2005

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Certification

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Date

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