

5160-1-31

**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)~~ medicaid (department). Prior authorization must be obtained from ~~ODJFS~~ the department or its designee by the provider before the services are rendered or the items delivered, unless the services meet the provisions in paragraph ~~(FE)~~ of this rule. -
- (B) Services, supplies or prescription drugs that require prior authorization by the department are identified in Chapters ~~5101:3-25~~ 160-1 to ~~5101:3-56~~ 160-56 of the Administrative Code.
- (C) Prior authorization and pre-certification on or before June 30, 2020
- (1) The administrative authorization process in paragraph (C)(2) of this rule will be utilized for prior authorizations and pre-certifications issued on or before June 30, 2020 with the exception of the following items and services for which standard prior authorization and pre-certification will be required:
- (a) Infusion pumps for the relief of pain;
  - (b) Transplants;
  - (c) The use of miscellaneous procedure codes such as E1399, or non-covered codes regardless of age;
  - (d) Cosmetic procedures;
  - (e) Elective surgical and dental procedures;
  - (f) Investigational devices and procedures; and
  - (g) Any mobility device for which medicaid payment exceeds five thousand six hundred dollars.
- (2) Providers will obtain an administrative authorization by utilizing the following process for all items or services that require prior authorization or pre-certification except for those identified in paragraph (C)(1) of this rule:
- (a) Submit the prior authorization or pre-certification request through the medicaid information technology system (MITS) web portal.

(b) Clinical documentation will be accepted although it is not required to be submitted. This documentation should still be maintained by the provider. Providers should instead submit a document stating "COVID-19" and enter comments in the provider notes stating "COVID-19".

(c) Following the administrative authorization, a prior authorization or pre-certification number will be returned to the provider. This prior authorization or pre-certification number should be used on the claim in order to facilitate reimbursement.

(3) All existing prior authorizations and pre-certifications for services issued on or before the effective date of the governor's executive order 2020-01D and all new prior authorizations and pre-certifications issued on or before June 30, 2020 shall expire on the original expiration date of the prior authorization or pre-certification approval or June 30, 2020, whichever occurs later.

(D) Prior authorization and pre-certification beginning July 1, 2020

~~(C)~~(1) All prior authorization requests must be submitted through the ~~medicaid information technology system (MITS)~~ web portal. Paper prior authorization requests will be returned to the provider unprocessed.

~~(D)~~(2) When the prior authorization request has been processed by ~~ODJFS~~the department or its designee, the provider will receive notification indicating the decision for each service, supply or prescription drug. Only those services, supplies or prescription drugs approved in the prior authorization notice will be reimbursed.

~~(E)~~(3) 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 number when submitting the claim for payment.

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

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

Effective: 6/12/2020

CERTIFIED ELECTRONICALLY

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Certification

06/12/2020

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Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02  
Prior Effective Dates: 04/07/1977, 12/21/1977, 12/30/1977, 07/01/1980,  
10/01/1987, 07/01/1991 (Emer.), 09/30/1991,  
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