



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Medicaid Services**

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**Prior Authorization Guidance**

**August 12, 2021**

- Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs) **will not require prior authorization (PA)** for all **inpatient** and **outpatient** Medicaid services provided by Kentucky Medicaid enrolled inpatient hospital providers (Provider Type 01) effective August 13, 2021. For MCOs, this includes both participating and non-participating providers.
- Claims with a date of service of August 11, 2021 forward should not deny for a PA.
- FFS and MCO PA for all Medicaid covered **substance use and behavioral health services continue as not required.**
- 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.
- PAs will remain 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).
- Notification requirements will remain in place, but not required, for inpatient services in order to facilitate care management, COVID reporting/tracking, and discharge planning.
- In order 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.