



APRIL 2020

COVID-19 PRIOR AUTH TEMPORARY CHANGES

In response to the COVID-19 Pandemic and the recommendations by Illinois Department of Healthcare and Family Services (HFS), CountyCare will honor temporary changes to the prior authorization process for Durable Medical Equipment (DME) and Home Health Services, effective 3/01/2020 through 5/31/2020 (date subject to change based on pandemic). This includes temporarily waiving prior authorization requirements for the following codes:

A. Continued Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)

Prior Therapy	
97110	INDIVIDUAL THERAPEUTIC PROC EACH 15 MIN DEV STRENGTH, ETC; billable by PT and OT
92507	TREATMENT OF SPEECH, LANG, VOICE, COMM, AND/OR AUD PRO DIS; billable by Speech Therapist

B. Home Health

- a. Skilled Nursing (LPN or RN)
- b. Physical Therapy
- c. Outpatient Therapy
- d. Speech Therapy
- e. Home Health Aid

Home Health	
G0299	DIRECT SKILLED NURSING SERVICES, RN, IN HOME HEALTH/HOSPICE
G0300	DIRECT SKILLED NURSING SERVICES, LPN, IN HOME HEALTH/HOSPICE
G0151	PHYSICAL THERAPIST SERVICES IN HOME OR HEALTH SETTING, EA 15
G0152	OCCUPATIONAL THERAPIST SERVICES IN HOME SETTING, EACH 15 MIN.
G0153	SPEECH PATHOLOGIST SERVICES IN HOME SETTING, EACH 15 MINUTES
G0156	HOME HEALTH AIDE SERVICES IN HOME SETTING, EACH 15 MINUTES

C. Equipment

- a. Hospital bed
- b. Oxygen and supplies
- c. Home vent*
- d. BIPAP
- e. Humidifier
- f. Respiratory Suction Pump



- g. CPAP
- h. IV Pole
- i. Infusion pump
- j. Resuscitation bag for vent patients
- k. Enteral feedings and pumps

**CountyCare requests notification of service from home vent providers.*

Enteral or Parenteral Supplies	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECI
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COM
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES

Durable Medical Equipment & Supplies - Effective 3/1/20				
HCPCS	Description	PA Req	Max Qty	Max Days
E0260	HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/MATTRESS	1	10	300
E0431	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER TUBING	2	1	30
E0434	OXYGEN-LIQUID,PORT;W/HUMIDIFIER TUBING MASK/CA	2	1	30
E0439	OXYGEN-LIQUID,STATIONARY,W/HUMIDIFIER TUBE MASK/	2	1	30
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPL	2	1	30
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY	2	1	30
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPLY=	2	1	30
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY=1	2	1	30
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXY LEVEL NON-	1	10	300
E0465	HOME VENTILATOR, ANY TYPE, USED, INVASIVE INTERFACE	2	1	30
E0466	HOME VENTILATOR, ANY TYPE, USED, NON INVASIVE INTERF	2	1	30
E0470	BIPAP WITHOUT BACKUP RATE, USED WITH NONINVASIVE I	1	10	300
E0471	BIPAP WITH BACKUP RATES, USED W/NONINVASIVE INTERF	1	10	300
E0472	BIPAP WITH BACKUP RATE, USED WITH INVASIVE INTERFA	1	10	300



E0562	HUMIDIFIER, HEATED, USED WITH POS AIRWAY PRESSURE	1	10	300
E0565	COMPRESSOR-AIR POWER SOURCE EQUIPMENT	1	10	300
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT.	1	10	300
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	1	10	300
E0776	IV POLE	1	10	300
E0779	INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	1	10	300
E1390	OXYGEN CONCENTRAT,SINGL PORT,DELIVER 85% OR>OXYG	2	1	30
E1392	PORTABLE GAS OXYGEN SYSTEM	2	1	30
K0738	PORTABLE GAS OXYGEN SYSTEM	2	1	30
S8999	RESUCITATION BAG USE FOR VENT PATIENTS	3	1	lifetime

In addition, CountyCare will also implement the following temporary changes to prior authorization requirements:

- A. Inpatient acute care admissions (Medical & Behavioral Health)
 - a. Extend timeframe for notification of admission to 2 business days
- B. Skilled Nursing Facility (SNF) and Long Term Acute Care (LTAC) hospitals
 - a. Prior authorization not required for first week of post-acute care; the only requirement is notification within 48 hours of transfer to facility
 - b. Concurrent review and authorization required after 1st week (7days) of admit.
- C. Behavioral health outpatient services
 - a. Waive the prior authorization requirement for the following Behavioral Health specific services
 - i. Assertive Community Treatment (ACT) – H0039
 - ii. Community Support Services - H2015 and H2016
 - iii. Psychosocial Rehabilitation (PSR) – H2017
 - iv. Targeted Case Management (TCM) – T1016

Behavioral Health Outpatient Services	
H0039	Assertive Community Treatment
H2015 H2016	Community Support Services
H2017	Psychosocial Rehabilitation
T1016	Targeted Case Management



D. All prior existing approved authorizations UPDATED

- a. Approved authorizations for services not rendered due to COVID-19 that are expiring between 3/1/2020 and 5/31/2020 will be extended through 6/30/2020 (date subject to change).

In addition, CountyCare will extend timelines for submission of post-service appeals for any denial reasons. We will accept appeal requests for up to one year from the date of admission or date of service for admission/service dates between 3/1/20-5/31/20.

All other services that require prior authorization for medical necessity review and approval will continue.

The [CountyCare Coronavirus Task Force](#) is actively monitoring the rapidly evolving coronavirus outbreak, including guidance from trusted sources of clinical information such as the [Centers for Disease Control](#) (CDC) and [World Health Organization](#) (WHO). Throughout the duration of this public health emergency CountyCare will make additional changes, as needed, to the prior authorization process.