



# Provider Notice

March 4, 2021

## COVID-19 PRIOR AUTH TEMPORARY CHANGES - **UPDATES**

In April, CountyCare implemented temporary prior authorization and notification processes. This notice serves as an update to those temporary changes. **The temporary waiver of PA requirements for services outlined below are effective through 3/31/2021.**

In response to the COVID-19 pandemic and the recommendations by the 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 11/25/2020 through 3/31/2021. 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 (*CountyCare requests notification of service from home vent providers*)
- 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

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
Other DME	
E0260	HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/MATTRESS
E0431	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER TUBING
E0434	OXYGEN-LIQUID,PORT;W/HUMIDIFIER TUBING MASK/CA
E0439	OXYGEN-LIQUID,STATIONARY,W/HUMIDIFIER TUBE MASK/
E0441	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPL
E0442	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPLY=
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY=1
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXY LEVEL NON-
E0465	HOME VENTILATOR, ANY TYPE, USED, INVASIVE INTERFACE
E0466	HOME VENTILATOR, ANY TYPE, USED, NON INVASIVE INTERF
E0470	BIPAP WITHOUT BACKUP RATE, USED WITH NONINVASIVE I
E0471	BIPAP WITH BACKUP RATES, USED W/NONINVASIVE INTERF
E0472	BIPAP WITH BACKUP RATE, USED WITH INVASIVE INTERFA
E0562	HUMIDIFIER, HEATED, USED WITH POS AIRWAY PRESSURE
E0565	COMPRESSOR-AIR POWER SOURCE EQUIPMENT
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT.
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE
E0776	IV POLE
E0779	INFUSION PUMP, AMBULATORY; MECHAN, REUSABLE, FOR 8

Other DME, continued	
E1390	OXYGEN CONCENTRAT, SINGL PORT, DELIVER 85% OR>OXYG
E1392	PORTABLE GAS OXYGEN SYSTEM
K0738	PORTABLE GAS OXYGEN SYSTEM
S8999	RESUCITATION BAG USE FOR VENT PATIENTS

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

- A. Inpatient acute care admissions (Medical only)
  - 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 1<sup>st</sup> week (7days) of admit.

*Although PA requirements have been waived for the designated services listed above, the date span on the any approval letters (should other non-waived services be requested) will cover the usual date spans, typically 90 days, to limit administrative burden and avoid barriers to patient care.*

**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 and Prevention](#) (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.



# Provider Notice

March 4, 2021