

Effective 5/11/2023 the Temporary Prior Authorization Relaxation changes adopted during the COVID-19 health emergency in March 2020 will end.

These changes are applicable to My Choice Wisconsin Health Plans: **Medicaid SSI, Medicare Dual Advantage, and Partnership Programs**

For Family Care Program members only, all services still require prior authorization. Please continue to contact the member's Care Team directly for authorization.

Temporary Changes ending 5/11/2023:

- 1. Personal Care Services (applied to Members of the Medicaid SSI program only)** *Prior authorization is not required for the initial assessment or services rendered within the first 7 days following initial assessment.*

****Effective 5/11/2023: Prior authorization will be required at the start of care.**

- 2. Out of Network Providers-** *All Medicaid and/or Medicare certified Providers not currently part of the My Choice Wisconsin network area able to render services for health plan members following the same prior authorization criteria that applies to our Network Providers.*

****Effective 5/11/2023: Prior Authorization will be required for any item/service rendered by a Medicaid or Medicare provider who is not contracted with My Choice Wisconsin prior to rendering service.**

- 3. Skilled Nursing Facilities (SNF)-** *Prior authorization is not required for the initial 30 day stay for all skilled nursing facility admissions. **Facilities must still submit notification of SNF admission, discharge, or change in care level/services** to our Utilization Review staff to allow for care management. My Choice Wisconsin does not require a 3-day qualifying hospitalization for a Medicare skilled nursing facility admission.*

****Effective 5/11/2023: Prior Authorization is not required for the initial 14 day stay for all skilled nursing facility admissions. **Facilities must still submit notification of SNF admission, discharge, or change in care level/services** to our Utilization Review staff to allow for care management. Medical necessity review process will start for any stays requested to continue beyond the initial 14 days stay. My Choice Wisconsin does not require a 3-day qualifying hospitalization for a Medicare skilled nursing facility admission.**

4. Durable Medical Equipment and Disposable Medical Supplies (DME/DMS)-

Replacement requirements including a face to face visit, new physician's order, and new medical necessity documentation are waived. DME/DMS Suppliers must maintain documentation to support the rationale for replacement equipment indicating that the item was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable because of the emergency.

****Effective 5/11/2023:** Medical record documentation (which could include any necessary face-to-face visit notes or physicians order) will be required for replacement consideration requests at the end of the PHE. DME/DMS Suppliers will be required to follow all Supplier Standards in accordance with CMS regulations and guidelines.

My Choice Wisconsin will continue to provide the below services until further notice:

1. **COVID-19 testing-** No prior authorization is required for health plan members for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines.
2. **Medicare Telemedicine Benefits-** My Choice Wisconsin will make payment for Medicare telehealth services furnished to Medicare Members consistent with Medicare guidelines. No prior authorization is required for these services. For more information-
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> OR <https://telehealth.hhs.gov/providers>
3. **Medicaid Telemedicine Benefits-** My Choice Wisconsin will make payment for Medicaid telehealth services furnished to Medicaid Members consistent with Medicaid guidelines. No prior authorization is required for these services. For more information –
<https://telehealth.hhs.gov/providers>