

Reduced Prior Authorization Requirements

April 30, 2020 Update

To allow more time for the delivery and receipt of authorized services, FirstCare temporarily increased the authorization duration for non-emergent elective surgeries and outpatient diagnostic testing and procedures, as well as physical therapy, occupational therapy and speech therapy, for chronic needs. Where not restricted by regulation, the authorization window has increased from 90 days to 180 days, or 6 months.

This went into effect on March 13, 2020 for physical therapy, occupational therapy and speech therapy for Medicaid; and, April 22, 2020 for other services and Medicare, Commercial and self-insured lines of business.

April 22, 2020 Update

To reduce administrative burden for facility caregivers and providers of durable medical equipment (DME) **when planning for discharge to home from inpatient settings**, FirstCare is making temporary changes for most lines of business, effective immediately, through May 31, 2020.

- We have suspended authorization requirements* for the following durable medical equipment needed in the home for fully insured, self-insured and Medicare members who are in an inpatient/rehabilitation/skilled nursing facility and planning for homegoing.
 - Ventilators and associated equipment (E0457, E0459, E0471, E0472)
 - Oxygen and associated equipment (E0431, E0435, E0439, E0440, E1390, E1391, E1392)
 - Formula (B4153, B4161)

As a reminder, FirstCare does not require authorization for **standard** hospital beds, **standard** wheelchairs, or wound care supplies.

March 27, 2020 Update

FirstCare Health Plans (FirstCare) is committed to supporting access to care and easing transitions for our members as they receive services from health system providers and facilities during this national emergency.

To help support the efforts of caregivers, FirstCare is making temporary changes to reduce the administrative burden for providers and facilities who are coordinating and delivering healthcare services for our members.

The following changes are effective immediately:

- We are suspending **prior** authorization requirements for admissions to **in-network** Skilled Nursing Facilities for all lines of business through May 31, 2020*. We are changing to a notification requirement.

- Medical necessity is required, using Medicare criteria (Texas Medicaid criteria for FirstCare STAR members).
 - Facilities must notify us within 4 days of admission, including provision of clinical records, at which time FirstCare will perform an admission review.
 - Length-of-stay reviews will still apply.
- As per current requirements, we do not require **prior** authorization for starts of **in-network** Home Health Care Services for all lines of business through May 31, 2020*. Notification is still required for claims payment. Medical necessity is still required. During this period of reduced prior authorization requirements, FirstCare will perform length-of-stay reviews for services needed more than 10 days.
 - Prior authorization is not required for COVID-19 testing and COVID-19 testing-related visits.

Please refer to [firstcare.com/Tools-and-Resources/Member-Resources/Coronavirus-\(COVID-19\)](https://firstcare.com/Tools-and-Resources/Member-Resources/Coronavirus-(COVID-19)) for up-to-date information from FirstCare related to COVID-19.

*Note that any existing plan benefit limits will continue to apply to the delivered services.