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**CABINET FOR HEALTH AND FAMILY SERVICES**  
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**PROVIDER LETTER**

**TO: Behavioral Health Providers**

*Psychiatric Hospital (PT 02 / PL #-111)*  
*Behavioral Health Service Organization (PT 03 / PL #A-27)*  
*Chemical Dependency Treatment (PT 06 / PL #A-8)*  
*Certified Community Behavioral Health Clinic (PT 16 / PL #A-9)*  
*School Based Health Services (PT 21 / PL #A-15)*  
*Community Mental Health Services (PT 30 / PL #A-128)*  
*Licensed Professional Art Therapist (PT 62 / PL #A-13)*  
*Licensed Behavioral Analyst (63) PL #A-11)*  
*Licensed Behavioral Analyst (639) PL #A-8)*  
*Physician (PT 64 / PL #A-399)*  
*Physician Group (PT 65 / PL #A-54)*  
*Behavioral Health Multi-Specialty Group (PT 66 / PL #A-17)*  
*Licensed Clinical Alcohol and Drug Counselor (PT 67 / PL #A-6)*  
*Licensed Clinical Alcohol and Drug Counselor Group (PT 679 / PL #A-3)*  
*Nurse Midwife (PT 72 / PL #A-10)*

*Certified Registered Nurse Anesthetist (PT 74 / PL #A-39)*  
*Certified Registered Nurse Anesthetist GROUP (PT 749 / PL #A-3)*  
*Advanced Practice Registered Nurse (PT 78 / PL #A-113)*  
*Advanced Practice Registered Nurse Group (PT 789 / PL #A-12)*  
*Licensed Professional Clinical Counselor (PT 81 / PL #A-14)*  
*Licensed Professional Clinical Counselor Group (PT 819) PL #A-14)*  
*Licensed Clinical Social Worker (PT 82 / PL #A-20)*  
*Licensed Clinical Social Worker Group (PT 829 / PL #A-11)*  
*Licensed Marriage and Family Therapist (PT 83 / PL #A-14)*  
*Licensed Marriage and Family Therapist Group (PT 839 / PL #A-11)*  
*Licensed Psychological Practitioner (PT 84 / PL #A-13)*  
*Licensed Psychological Practitioner Group (PT 849 / PL #A-11)*  
*Licensed Psychologist (PT 89 / PL #A-19)*  
*Licensed Psychologist Group (PT 899 / PL #A-11)*  
*Physician's Assistant (PT 95 / PL #A-109)*  
*Physician's Assistant Group (PT 959 / PL #A-7)*

**FROM:** Lisa D. Lee, Commissioner

**DATE:** March 14, 2025

**RE:** Resumption of Prior Authorization (PA) for Certain Behavioral Health Services

The Kentucky Department for Medicaid Services (Department) will be resuming prior authorization (PA) for certain behavioral health services beginning May 1, 2025.

Managed Care Organizations (MCOs) will be required to ensure consistency of the application of their specific medical necessity criteria for authorization of services, and insure fidelity across reviewers.

To address the need for MCOs to know when their enrollees are entering levels of care such as psychiatric inpatient, some services may require the provider to notify the MCO. A consistent process for provider notification will be developed.

The behavioral health services requiring PA effective May 1, 2025 include:

SERVICE	WHEN PA REQUIRED	ADDITIONAL REQUIREMENTS
Applied Behavioral Analysis	Services exceeding a 30-day period following the first date of service	
Inpatient Psychiatric Hospital (free standing and distinct part) for youth and adults	Stays longer than 3 consecutive days	MCOs shall have a consistent protocol for provider notification at the time provider first admits enrollee.
Intensive Outpatient Program	Services beyond a 30-day period following the first date of service	MCOs shall have a consistent protocol for provider notification at the time provider first initiates services.
Out of Network Provider	Prior to service delivery	MCO must be in compliance with network adequacy standards.
Partial Hospitalization for Substance Use Disorder and Mental Health	Services beyond a 30-day period following the first date of service	Authorizations must be for no less than 30 days. MCOs shall have a consistent protocol for provider notification at the time provider first initiates services.
Peer Support Services (H0038)	Services exceeding 800 units (200 hours) per calendar year	
Psychiatric Residential Treatment Facilities Level I and II	PA not allowed for children's services	MCOs shall have a consistent protocol for provider notification at the time provider admits enrollee.
Psychoeducation (H2027)	Services exceeding 500 units (125 hours) per calendar year	
Targeted Case Management	Services exceeding 3 months	Authorizations must be for a minimum of 3 months.
Therapeutic Rehabilitation Program	Prior to service delivery	Authorizations must be for a minimum of 3 months.

***PA is not allowed for any behavioral health services to children. PA is also not allowed for any crisis or emergency services. This includes but is not limited to crisis stabilization services and mobile crisis.***

If a member is in a course of treatment before May 1, 2025 for services that will cross that date, the PA will be required based on that service's authorization period. For example, if someone is receiving Targeted Case Management before May 1, 2025 but will continue after that date, a PA will be required for services on or after a 3-month period or August 1, 2025. If a provider is unsure if a PA is required, they should direct questions to the MCO.

As part of the resumption of PA for the above behavioral health services, MCOs and providers may enter into an agreement that eliminates a PA based on provider performance.

The Department will post Frequently Asked Questions to assist providers with navigating the resumption of PA for the above services. The document will be posted no later than April 1, 2025 on the Behavioral Health Initiatives website at <https://www.chfs.ky.gov/agencies/dms/Pages/bhi.aspx>.

The Department has requested that the MCOs provide training opportunities for providers to understand how to navigate the PA process.

Please direct any questions regarding this letter to [DMS.Issues@ky.gov](mailto:DMS.Issues@ky.gov).