



September 17, 2021

Web Announcement 2583

## Prior Authorization Requirements No Longer Bypassed for Emergency Medicaid Only (EMO) Claims Related to COVID-19 Treatment

Update to [Web Announcement 2312](#): Effective September 21, 2020, the Medicaid Management Information System (MMIS) was updated to waive prior authorization (PA) requirements when the diagnosis is related to COVID-19 treatment for dates of service on or after March 1, 2020, through the official end of the pandemic period. PAs are being waived for the treatment of COVID-19 when billed with diagnosis code U07.1 (Virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing). **Effective September 20, 2021, Emergency Medicaid Only (EMO) claims will no longer be included in this prior authorization bypass effort. Providers must obtain PA for services billed with diagnosis code U07.1 provided to EMO recipients.**

Professional EMO claims that denied and have the following criteria will be automatically reprocessed: Claims submitted for EMO recipients with dates of service on or after March 1, 2020, through September 20, 2021, that denied with error code 4224 (No inpatient PA for non-emergent non-citizen services) and had an inpatient paid claim corresponding to the date of service or a valid inpatient PA for the date of service. A future web announcement will notify providers when the claims are reprocessed.

The impacted provider types are:

Provider Type	Provider Type Description
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
33	Durable Medical Equipment (DME), Disposable, Prosthetics
34 specialty 176	Respiratory Therapy
75	Critical Access Hospital (CAH), Inpatient