

L.A. Care Communication



News

L.A. Care Removes the Prior Authorization Requirement for Long Term Care (LTC) Service Codes:

- **0101** – LTC (Custodial) and Intermediate Care Facilities for Developmentally Disabled (ICF/DD) Room and Board
- **0190** – LTC Subacute (General)

L.A. Care Health Plan (L.A. Care) is excited to announce updates to our Prior Authorization Matrix (codes requiring authorization) for Skilled Nursing Facilities and ICF/DD Homes **in our network**. We will no longer require prior authorization for LTC and ICF/DD service codes **0101 and 0190** starting on **[Date]**.

This change will avoid delays in transitions to lower level of care and decrease administrative burden, all while striving for increased member and provider satisfaction.

It is important to note that this change does NOT apply to facilities who are NOT CONTRACTED with L.A. Care.

The following service codes **still require Prior authorization**:

- **0101:** LTC and ICF/DD Room and Board *for NON-CONTRACTED facilities only*
- **0190:** LTC Subacute *for NON-CONTRACTED facilities only*
- **0191- 0194:** Skilled level of care
- **0199:** Pediatric Subacute with Rehabilitation Therapy and Ventilator Weaning Services

Key Changes to Note:

1. Currently, the UM process is to send an approval to our providers and members. L.A. Care will no longer provide an approved authorization letter for LTC Custodial or ICF/DD requests for contracted facilities.
2. When L.A. Care receives a request that does not require authorization, we will fax back a notification to the REQUESTING provider, to the fax number on the request form, indicating no authorization is required. **Example:**

INFORMATIONAL NOTICE Referral Acknowledgement Letter

Date

Member Name or
(Parents of) Member's Name
Member's Address
City, State, Zip

Member Name:
Member ID:
Line of Business: MCLA
IPA/PPG:
Date of Service:
Provider:

Dear <Member Name (or Parent's Name) if Member is a minor, or Guardian Name if Member has an AOR>,

This letter shows that L.A. Care Health Plan got a referral from your doctor for you to see a specialist. You do not need our approval if the specialist is our network.

Your doctor asked for a request to:
Servicing Provider:
Servicing Provider Specialty:
Servicing Provider Address:
Servicing Provider Phone Number:
Code & Description:
Requested Unit:

3. **IMPORTANT:** All **NON-CONTRACTED facilities** are still required to request Prior Authorization for LTC and ICF/DD Room and Board services using the current **Prior Authorization Fax Request Form**
4. The Provider Prior Authorization Tool located on the L.A. Care website under “For Providers”: **Provider Prior Authorization Tool | L.A. Care Health Plan** **has been updated to reflect these changes.**

Contact:

- For any questions on the referenced form or tips, please reach out to your account manager.
- **For questions regarding a submitted authorization, please contact our Utilization Management Department 877-431-2273, Option 4 (MLTSS-LTC)**
- For LTC program questions, send secure email to: MLTSS@lacare.org
 - LTC Liaison: Dawn, MLTSS SNF Manager
 - ICF/DD Liaison: Maricris, MLTSS Clinical Manager