

Part B Therapy SNF Prior Authorization (PA) Requirements and Part B Coinsurance for MyCare Ohio Health Plans

Health Plan	Part B Therapy Prior Authorization Requirements			Payment of Part B Therapy Coinsurance	
	Evaluation and physician order required?	PA needed for evaluation?	Number of <i>outpatient</i> * sessions without a PA	SNF resident <i>outpatient</i> session	Non-resident outpatient session
Aetna	Yes	No	0	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.
Buckeye	Yes	No	0	It is included in the Medicaid rate Note: we do follow the CMS therapy cap	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.
CareSource	Yes	No	Unlimited	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.
Molina	Yes	No	6	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.	Claims cross over to Medicaid for COB. Medicaid pays up to the Medicaid allowable.
UHC	Yes	No	Unlimited		

* *Outpatient* includes both SNF residents and non-residents receiving Part B therapy from the SNF.