

REMINDER NOTICE

IlliniCare Health HealthChoice (Managed Medicaid) Prior Authorization Changes

Dear Provider:

Effective for dates of service on or after **January 1, 2020**, participating providers of IlliniCare Health HealthChoice (Managed Medicaid) will **no longer require** Prior Authorization for:

- Revenue code 657 Hospice, physician service

Effective for dates of service on or after **February 1, 2020**, IlliniCare Health HealthChoice (Managed Medicaid) will **require** Prior Authorization for:

- A4459 Manual pump-hyphenoperating enema system, including balloon, catheter and all accessories, reusable, any type [covered for chronic neurogenic bowel when initial management involving diet, bowel habit, laxatives or constipating medications have failed] [not covered for idiopathic constipation and treatment of fecal incontinence]

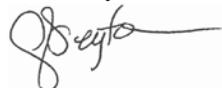
We encourage you to utilize our Medicaid Prior Auth Check Tool found at www.illinicare.com/providers.html. All procedure codes impacted by this change will be updated to reflect the above information as of January 1, 2020 for 657 Hospice physician service and February 1, 2020 for Manual pump-hyphenoperating enema system . As a reminder, Prior Authorization may be obtained in the following manner:

Provider Portal	www.provider.illinicare.com
Fax	HealthChoice Medical: 877-779-5234 Behavioral Health: 844-528-3453
Phone	HealthChoice Medical: 866-329-4701 Behavioral Health: 866-329-4701

If you have questions regarding this notice, please contact your Provider Relations Representative or the Provider Relations Department via phone at 866-329-4701 or via email at ProviderRelations_IL@centene.com.

As always, we thank you for providing excellent care to our members.

Sincerely,



April Bellamy-Peyton, MD
Interim Chief Medical Officer | IlliniCare Health