



MEMORANDUM

TO: STAR & CHIP Therapy Providers

FROM: El Paso Health

DATE: 07/28/2023

RE: Physical, Occupational & Speech Therapy Re-Evaluations Change

Effective August 1, 2023, El Paso Health will no longer require a prior authorization for Therapy Re-Evaluations.

PT/OT/ST Re-Evaluation NO Prior Auth Required

Re-Evaluation procedure codes: 97164, 97168, and S9152

- Any prior authorization requests including the CPT code for Therapy Re-Evaluation will be removed from the prior authorization request.
- Re-evaluation documentation must be kept in the client's record and include a signed and dated prescribing provider's order for the re-evaluation, support a medical need for the therapy re-evaluation, and be available when requested.
- El Paso Health will continue to require a physician order with therapy frequency and duration post-dating the Re-Evaluation OR a physician signed POC (Plan of Care).

Reminder: Initial Evaluation No Prior Auth Required:

Procedure codes include: 92521, 92522, 92523, 92524, 92610, 97161, 97162, 97163, 97165, 97166, and 97167

A Therapy Evaluation and Re-Evaluation are considered current when they are performed within 60 days before the prior authorization request is received.

PT/OT/ST Prior Authorization Submission Reminders:

- Therapy services, regardless of place or provider, occurring after the initial evaluation and re-evaluation, require prior authorization



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- Therapy re-evaluations should be dated within 60 days of authorization submission
- Therapy re-evaluations continue to require a physician signed POC or a physician order with therapy frequency and duration that postdates the re-evaluation
- Therapy Authorization requests should include CPT codes for therapy only; *initial evaluation or re-evaluation CPT codes should not be included on the request*
- Initial Evaluations and Re-Evaluations should continue to follow timely filing claims processes

The utilization and quality of services provided to EPH Members are periodically monitored as part of our comprehensive Quality Improvement Program.

References:

[EPH PA Tool CPT checker](#)

[EPH List of Services Requiring Prior Authorizations](#)

[EPH Therapy Request Checklist](#) click on Health Services Forms tab

[TMPPM](#)

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at

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