



Employee Health Plan

The 2019 Prior-Authorization list has a few changes for the new year. One of the changes involves the deletion of the requirement for providers to obtain prior-authorization for outpatient physical, occupational or speech therapy services. Beginning on 1/1/2019, these services will **NOT** require prior-authorization from the plan. We do intend to review plan experience specific to these services six months into the year to assure appropriate utilization.

		<u>Evaluation and visit 4-6 covered to PA review and approval</u>		
Physical, Occupational, or Speech Therapy	01/01/96		Briefly March 2006	Not Applicable
420, 421, 422, 423, 424, 429, 430 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 64550, 92507, 92508, 92520, 92524, 92526, 92597, 92606, 92609, 95831, 95832, 95833, 95834, 95851, 95852, 96105, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97597, 97598, 97602, 97750, 97755, G0283, G0329, S9152, T1015, V5362, V5363, V5364 (Prior authorization for codes 97597, 97598 and 97602 is only required when performed in an Outpatient Rehab setting. They do not require prior authorization when billed by other providers whose services are non-Rehab related.)				