Cook Children's Health Plan

October 1, 2018

Dear Provider,

Effective immediately, Therapy Re-evaluations that are completed greater than or at 180 days will no longer require prior authorization (procedure codes 97164, 97168, S9152). Documentation in the Member's medical record must include a signed and dated prescribing provider's order for the re-evaluation and support a medical need for the therapy re-evaluation.

Requests for re-evaluations that are completed prior to 180 days will require prior authorization due to billing limitations as outlined in the Texas Medicaid Providers Procedure's Manual (TMPPM). Re-evaluations should include clinically sound objective documentation that demonstrates a medical need for the increase in frequency.

Prior to providing care to Members, providers are responsible for verifying a Member's eligibility, verifying covered services, and whether services require a prior authorization.

If you have any questions regarding this prior authorization update, please email CCHPPriorauthorizations@cookchildrens.org.

Sincerely,

Cook Children's Health Plan

Note: Authorization will continue to be required for all out of network providers.

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