

Changes to Prior Authorization Requirements for Habilitative and Rehabilitative Services

- Effective January 1, 2018, we now require prior authorization for some services rendered by acupuncturists and chiropractors. This includes **all modality and therapeutic codes billed as habilitative/rehabilitative/PT services starting on the first day of treatment.**
- Requests for prior authorization of all modality and therapeutic codes billed for habilitative/rehabilitative/PT services need to include:
 - ✓ Documentation that supports the use of habilitative/rehabilitative/PT services, which include but are not limited to a comprehensive evaluation, functional capacity assessment, short- and long-term goals, home exercise plan, and patient adherence to goals.
- Most member benefit plans do not provide coverage for massage therapy. Please verify coverage before submitting prior authorization requests for massage therapy.

More information about the new PA requirements is available on our Prior Authorization List, which can be found on our website at:

<http://www.mynmhc.org/prior-authorization-requests.aspx>. We also encourage you to refer to the current AMA CPT Coding Manual for specific coding requirements.



KEEP IN MIND: It is your responsibility to review prior authorization requirements and other information that is posted on our website.

Please share this information with your PA and billing staff. Thank you.