



Dear Provider,

Effective February 1, 2019, the outpatient speech therapy benefit will require prior authorization. There are no benefit coverage changes associated with this policy.

This change will affect all providers of outpatient speech therapy, including independent clinics, rehab agencies, outpatient hospitals, and early intervention providers. It will affect all places of service, including the home. It will not affect the School Health Services Program, the Home Health benefit, or the Skilled Nursing Facility benefit.

Prior authorization will be required from the outset of therapy; however, evaluations will not require prior authorization. A complete list of codes requiring prior authorization can be found in the [Outpatient Speech Therapy Fee-for-Service Policy and Billing Manual](#).

The prior authorization vendor, eQHealth Solutions, Inc., will be reviewing Prior Authorization Requests (PARs) via the online PAR portal, eQSuite®.

Refer to pages 8-9 of the [November 2018 Provider Bulletin \(B1800423\)](#) for further details. Additional guidance will be published in a future bulletin to address common questions and concerns before final implementation of the prior authorization requirement. Bulletins are published at the end of each month to the [Bulletins web page](#).

Thank you,

Department of Health Care Policy & Financing

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