



October 9, 2017

Web Announcement 1457

Attention Provider Types 12 (Outpatient, Hospital) and 17 (Special Clinics):

Notification Regarding Claims for Therapy Evaluation Codes

Claims for new therapy evaluation codes 97161, 97162, 97163, 97164, 97165, 97166, 97167 and 97168 submitted by provider types (PTs) 12 (Hospital, Outpatient) and 17 (Special Clinics) have denied in error if the primary diagnosis on the claim differs from the primary diagnosis code on a paid claim in history.

Claims for the above codes submitted by PTs 12 and 17 with dates of service on or after January 1, 2017, and processed before November 6, 2017, that have denied in error with edit codes 0760 (Initial Evaluation Previously Paid) or 0761 (Only 1 re-evaluation allowed per 90 days) will be automatically reprocessed.

Claims for the above codes submitted by PTs 12 and 17 with dates of service on or after January 1, 2017, and processed before November 6, 2017, that paid more than the limit will be voided and will also be automatically reprocessed.

Providers do not need to resubmit or appeal the denied or voided claims. A future web announcement will notify providers when the claims will be reprocessed.