

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

DECEMBER 15, 2021

## HIGHMARK'S PRIOR AUTHORIZATION LIST TO BE UPDATED ON MARCH 15, 2022

### CODES TO BE ADDED TO THE PRIOR AUTHORIZATION LIST

Effective **March 15, 2022**, the twenty (20) Current Procedural Terminology (CPT) Codes listed below will be added to the **List of Procedures/DME Requiring Authorization**. The codes listed below will **not** appear on the All-Inclusive Authorizations list on the Provider Resource Center (PRC) until the effective date of **March 15, 2022**.

Procedure Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92526	Treatment of swallowing dysfunction and/or oral function for feeding
E1002	Wheelchair accessory, power seating system, tilt only
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair
K0005	Ultralightweight wheelchair
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated



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Procedure Code	Description
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
L8699	Prosthetic implant, not otherwise specified
S2202	Echosclerotherapy

## CODES TO BE DELETED FROM THE PRIOR AUTHORIZATION LIST

Effective **March 15, 2022**, the fifty-one (51) CPT Codes and HCPCS Drugs listed below will be deleted from the **List of Procedures/DME Requiring Authorization**. These codes will continue to require authorization until the effective date of **March 15, 2022**.

Procedure Code	Description
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
43620	Gastrectomy, total; with esophagoenterostomy
43621	Gastrectomy, total; with Roux-en-Y reconstruction
43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories
C1789	Prosthesis, breast (implantable)
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type

Procedure Code	Description
E0172	Seat lift mechanism placed over or on top of toilet, any type
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment
E0628	Separate seat lift mechanism for use with patient-owned furniture, electric
E0629	Seat lift mechanism, nonelectric, any type
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk
E0744	Neuromuscular stimulator for scoliosis
E0920	Fracture frame, attached to bed, includes weights
E0930	Fracture frame, freestanding, includes weights
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, four-poster)
E0947	Fracture frame, attachments for complex pelvic traction
E0948	Fracture frame, attachments for complex cervical traction
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0969	Narrowing device, wheelchair
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
L1001	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), immobilizer, infant size, prefabricated, includes fitting and adjustment
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L3211	Surgical boot, each, junior
L3455	Heel, new leather, standard
L3465	Heel, Thomas with wedge
L3470	Heel, Thomas extended to ball
L3500	Orthopedic shoe addition, insole, leather
L3520	Orthopedic shoe addition, insole, felt covered with leather
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter
L3595	Orthopedic shoe addition, March ba
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Procedure Code	Description
L6010	Partial hand, little and/or ring finger remaining
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power

**IMPORTANT:** While the codes will no longer require prior authorization after **March 15, 2022**, claims for the above provided services will continue to be reviewed for medical necessity. Additionally, **prior authorizations are always required for inpatient services.**

## **IMPORTANT INFORMATION FOR ACQUIRING PRIOR AUTHORIZATION**

The [List of Procedures/DME Requiring Authorization](#) for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

Providers should use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services before they are rendered.

Providers who don't have NaviNet or access to the HIPAA transactions should fax Clinical Services to obtain prior authorization for services.