

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

MAY 17, 2022

REMINDER: PRIOR AUTHORIZATION REQUIRED FOR SPEECH THERAPY

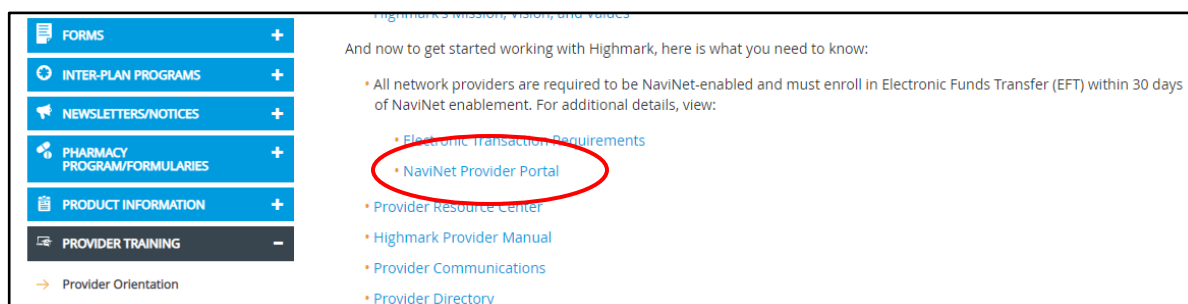
This is a reminder that the Current Procedural Terminology (CPT) Codes listed below were added to the [List of Procedures/DME Requiring Authorization effective March 15, 2022](#). Highmark announced the addition of these codes as well as other changes to the authorization list in the December 2021 eBulletin [Highmark's Prior Authorization List to be Updated on March 15, 2022](#).

Speech therapy services, including those for Medicare Advantage, require prior authorization. Submitting a claim using the following codes without prior authorization could result in a denial.

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

Continue to use [NaviNet](#)[®] as the primary method of authorization submission to have your request routed quickly and easily.

- For instructions on how to submit an authorization request, review the [NaviNet User Guide](#) which is available on the Provider Resource Center. Select **PROVIDER TRAINING** from the left-hand menu and then click on Provider Orientation.



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides secure, web-based portal between providers and health insurance companies.

NOTE: In Step 3 of the authorization request process in NaviNet for both professional and facility providers, Speech Therapy is located under the Outpatient category.

The screenshot shows the 'Selection Form' in NantHealth NaviNet. It is divided into three steps. Step 1 asks for 'Service Provider' and 'Proposed Date of Service'. Step 2 asks for 'Member ID', 'Member Date of Birth', 'Member First Name', and 'Member Last Name'. Step 3, which is circled in red, asks the user to 'Please select a Category and then Service from the selections below:'. The 'Category' dropdown is set to 'Outpatient'. The 'Service' dropdown is open, showing a list of services: 'Planned Medical', 'Planned Surgical', 'Chemotherapy', 'Speech Therapy', 'Rehab/Therapies', 'Spine Surgery Procedures', 'Large Joint Procedures', and 'Pain Management Procedures'. 'Speech Therapy' is highlighted in yellow, and a mouse cursor is pointing at it.

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 complete [THIS FORM](#) then fax the completed form to Clinical Services at **1-888-236-6321** to obtain prior authorization for services.

JOIN OUR ESUBSCRIBE LIST

Join Highmark's eSubscribe list to receive email notification of the latest Highmark news and updates including publication of Provider News, our bi-monthly newsletter, Medical Policy updates, and changes to the Highmark Provider Manual. You can sign up for eSubscribe on the Provider Resource Center. Just click on **eSUBSCRIBE** in the top website menu.

