

# Special Bulletin

For professional and facility providers

May 18, 2023

## Prior Authorization List Update: Code 97799 to Be Removed

In support of our Living Health strategy, the Utilization Management (UM) Transformation team continues to identify opportunities to reduce administrative burden and give time back to providers and members.

### Code Managed by Tivity to be Removed from Prior Authorization List

Effective June 1, 2023, the Current Procedural Terminology (CPT) below will be removed from the Prior Authorization list:

Procedure Code	Description
97799	Unlisted physical medicine/rehabilitation service or procedure

**Note:** This procedure will continue to require authorization via Tivity and will appear on the all-inclusive authorization list on the Provider Resource Center until **June 1, 2023**.

### 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 its 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](#)<sup>®</sup> 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 call or fax Highmark's [Clinical Services](#) to obtain authorization for services.

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