

Special Bulletin

For professional providers

April 19, 2024

Updated: PT, OT, and Home Health: Prior Auth Changes Occurring on May 1, 2024; Does Not Apply to Outpatient Chiro

Effective May 1, 2024, Highmark Blue Cross Blue Shield providers will need to request prior authorization for outpatient physical therapy (PT), occupational therapy (OT), and home health services.

PT and OT – Commercial Plans

For Highmark Blue Cross Blue Shield members in Commercial plans, outpatient physical therapy and occupational therapy will require prior authorization starting **May 1, 2024**; however, authorization is not required for the initial evaluation.

**Administrative Services Only (ASO), Federal Employee Program (FEP), and Medicare Advantage are excluded from the prior authorization requirement.*

Home Health – Commercial Plans and ASO Groups

For Highmark Blue Cross Blue Shield members in **Commercial plans and ASO groups**, providers will need to request authorization for home health services, now starting **May 1, 2024**.

Note: *Medicare Advantage is excluded from the prior authorization requirement; FEP prior authorization not required for initial visits, per the plan limit. If a member needs additional visits (beyond the plan limit), then prior authorization is required.*

Prior Authorization Requests

Providers will be able to submit electronic prior authorization requests beginning **April 26, 2024**, for services occurring on or after **May 1, 2024**.

Training

To help providers with this upcoming change to physical therapy, occupational therapy, and home health services, Highmark Blue Cross Blue Shield and Helion will offer additional free, live training sessions during these dates and times:

- [April 23 at 10 a.m.](#)
- [April 25 at 1 p.m.](#)

To register, click the session you would like to attend.

In addition, training videos are available on the Provider Resource Center by clicking [here](#). The recordings are listed under **Instructional Videos**.

Chiropractic CPT Codes Will Not Require Prior Authorization

Highmark has made the decision not to add chiropractic CPT codes to New York's prior authorization list; the following codes will *not* require prior authorization: 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942, and 98943. View the latest prior authorization list [here](#).

Providers are encouraged to always check a member's eligibility and benefits in [Avality Essentials](#) to ensure you are aware of their coverage and benefit limits.

If chiropractors are performing and billing for **non-chiropractic** CPT codes, they should check the [prior authorization list](#) to see if those codes require prior authorization.

Practitioners who perform and bill with *non-chiropractic* CPT codes, are encouraged to attend one of the upcoming training sessions:

- [April 23 at 10 a.m.](#)
- [April 25 at 1 p.m.](#)

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