

## WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

### SPEECH THERAPY SERVICES

**For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793**

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING	SPEECH THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 per 6 months	
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL (EXCLUDES AURAL AND REHABILITATION); INDIVIDUAL	SPEECH THERAPY	<b>REQUIRED</b>	No Restriction	PRICED	Adult - 20 visits per year	
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED		contraindicated to 92611 or 92700 (Package 4) only one of these codes can be provided in the authorization period
92521	EVALUATION OF SPEECH FLUENCY (EG STUTTERING, CLUTTERING)	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year	
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year	
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year	
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per calendar year	
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 6 months	
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED		Package 92610 and 92611 may not be provided in the same authorization period
92611	MOTION FLOUROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE. OR VIDEO RECORDING	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED		Contraindicated to 92611or 92700 (package 92520, 92611, 92700) only one of these codes can be provided in the authorization period
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT, INITIAL 60 MINUTES	SPEECH THERAPY	<b>REQUIRED</b>	No Restriction	PRICED	1 per 6 months	<b>PRIOR AUTHORIZATION REQUIRED</b> Package 92587 and 92588 and 92620 may not be provide in the same authorization period
92626	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); FIRST HOUR	SPEECH THERAPY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	1 per 6 months	

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92627	EVALUATION OF AUDITORY FUNCTION FOR SURGICALLY IMPLANTED DEVICE(S) CANDIDACY OR POSTOPERATIVE STATUS OF A SURGICALLY IMPLANTED DEVICE(S); EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SPEECH THERAPY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 requests per calendar year for 92627 AND 92626	
92700	UNLISTED OTORHINOLARYNGOLOGICAL	SPEECH THERAPY	REQUIRED	Age <= 20 years old	NOT PRICED		Child only - Lombard test requires documentation with description of service to be provided <b>COST INVOICE REQUIRED</b>
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING ACCESS BY PHYSICAL CONTACT WITH THE DEVICE.	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	Adults - 1 per lifetime Child - 1 per lifetime	Package 17: E2502; E2504; E2506; E2508; E2510 may not be authorized when another service in the package has been authorized.
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	SPEECH THERAPY	REQUIRED	No Restriction	NOT PRICED		<b>COST INVOICE REQUIRED</b>
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	SPEECH THERAPY	REQUIRED	No Restriction	NOT PRICED		<b>COST INVOICE REQUIRED</b>
L8500	ARTIFICIAL LARYNX, ANY TYPE	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 5 years	
L8501	TRACHEOSTOMY, SPEAKING VALVE	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per 2 months	
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY, ANY TYPE	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	2 per calendar year	

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L8510	VOICE AMPLIFIER	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	1 per lifetime	
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	SPEECH THERAPY	REQUIRED	Age <= 20 years old	PRICED	2 per lifetime	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	2 per year	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	2 per year	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	2 per year	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	2 per year	
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	SPEECH THERAPY	REQUIRED	No Restriction	PRICED	2 per lifetime	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	SPEECH THERAPY	Required - Beyond Service Limits	No Restriction	PRICED	90 per 3 months	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another service in the package has been authorized.
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	SPEECH THERAPY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	180 per 3 months	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another service in the package has been authorized.
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL	SPEECH THERAPY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per calendar year	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another service in the package has been authorized.
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	SPEECH THERAPY	Required - Beyond Service Limits	Age <= 20 years old	PRICED	4 per 3 years	Package 18 (L8621; L8622; L8623; L8624) may not be authorized when another service in the package has been authorized.
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	SPEECH THERAPY	REQUIRED	No Restriction	NOT PRICED	Maximum 1 per calendar year	COST INVOICE REQUIRED
EPSDT	EPSDT SERVICE	SPEECH THERAPY	REQUIRED	Age <= 20 years old	PRICED		For program requirements and additional resources, please visit the following website: <a href="https://dhhr.wv.gov/HealthCheck/Pages/default.aspx">https://dhhr.wv.gov/HealthCheck/Pages/default.aspx</a>
OON Service	OUT-OF-NETWORK SERVICE	SPEECH THERAPY	REQUIRED	No Restriction	NOT PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.