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# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

PAGE 2 CHART UPDATED 7/13/15; ORIG. PUBLISHED 6/26/15

## FOURTEEN CODES TO BE ADDED TO LIST OF PROCEDURES REQUIRING AUTHORIZATION, EFFECTIVE 9/1/15

Effective with dates of service of Sept. 1, 2015, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add 14 procedure codes. The procedure codes listed in the chart on the reverse side of this Special Bulletin will be **added** to the authorization list, effective with dates of service of Sept. 1, 2015, and beyond. (Please note, the codes will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, Sept. 1, 2015.)

Remember, during the year, we make several adjustments to the full list of outpatient procedures/services requiring authorization. To view the current list, please look under *Administrative Reference Materials* on the Provider Resource Center, which is accessible via NaviNet<sup>®</sup> or under *Helpful Links* at [www.highmarkbcbswv.com](http://www.highmarkbcbswv.com). Please use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility to verify if an authorization is required and also to obtain authorization for services. Providers who don't yet have NaviNet should continue to call Medical Management & Policy, toll-free, at 1-800-344-5245 to request authorizations for members of our commercial products. To request authorizations for Medicare Advantage Freedom Blue PPO members, providers without NaviNet access should call Medical Management & Policy, toll-free, at 1-800-269-6389.

**(over, please)**

(continued)

<b>CODE:</b>	<b>DESCRIPTION:</b>
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER
J0178	INJECTION, AFLIBERCEPT, 1 MG
J1786	INJECTION, IMIGLUCERASE, 10 UNITS
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2778	INJECTION, RANIBIZUMAB, 0.1 MG INJECTION, ZICONOTIDE, 1 MCG (The original bulletin contained an incorrect code description.)
J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG