

HIGHMARK - LIST OF PROCEDURES/DME REQUIRING AUTHORIZATION
Effective 11/1/2022

Some authorization requirements vary by member plan. For information regarding authorizations required for a member's specific benefit plan, providers may 1) call the number on the back of the member's card, 2) check the member's eligibility and benefits via NaviNet, or 3) search BlueExchange® through the provider's local provider portal.

West Virginia Commercial Fully Insured, ACA, ASO Opt-In, Medigap and Medifil members may qualify for an Episode of Care

Managed By	Benefit Category	CODE	TERMINOLOGY
Highmark Managed	Ambulance	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS1)
Highmark Managed	Ambulance	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)
Highmark Managed	Ambulance	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)
Highmark Managed	Ambulance	A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS
Highmark Managed	Ambulance	A0999	UNLISTED AMBULANCE SERVICE
Highmark Managed	Durable Medical Equipment	E0187	WATER PRESSURE MATTRESS
Highmark Managed	Durable Medical Equipment	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
Highmark Managed	Durable Medical Equipment	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
Highmark Managed	Durable Medical Equipment	E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
Highmark Managed	Durable Medical Equipment	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS
Highmark Managed	Durable Medical Equipment	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS
Highmark Managed	Durable Medical Equipment	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS
Highmark Managed	Durable Medical Equipment	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
Highmark Managed	Durable Medical Equipment	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
Highmark Managed	Durable Medical Equipment	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
Highmark Managed	Durable Medical Equipment	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
Highmark Managed	Durable Medical Equipment	E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING
Highmark Managed	Durable Medical Equipment	E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING
Highmark Managed	Durable Medical Equipment	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH
Highmark Managed	Durable Medical Equipment	0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM (TRANSVENOUS PLACEMENT OF RIGHT OR LEFT STIMULATION LEAD, SENSING LEAD, IMPLANTABLE PULSE GENERATOR)
Highmark Managed	Durable Medical Equipment	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Durable Medical Equipment	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING
Highmark Managed	Durable Medical Equipment	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS
Highmark Managed	Durable Medical Equipment	E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS
Highmark Managed	Durable Medical Equipment	E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS
Highmark Managed	Durable Medical Equipment	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES
Highmark Managed	Durable Medical Equipment	E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC
Highmark Managed	Durable Medical Equipment	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS
Highmark Managed	Durable Medical Equipment	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS
Highmark Managed	Durable Medical Equipment	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS
Highmark Managed	Durable Medical Equipment	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL
Highmark Managed	Durable Medical Equipment	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; 6 FOOT PANEL
Highmark Managed	Durable Medical Equipment	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION

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Highmark Managed	Durable Medical Equipment	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS
Highmark Managed	Durable Medical Equipment	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE
Highmark Managed	Durable Medical Equipment	E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM
Highmark Managed	Durable Medical Equipment	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE
Highmark Managed	Durable Medical Equipment	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
Highmark Managed	Durable Medical Equipment	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT
Highmark Managed	Durable Medical Equipment	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
Highmark Managed	Durable Medical Equipment	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
Highmark Managed	Durable Medical Equipment	E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)
Highmark Managed	Durable Medical Equipment	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH
Highmark Managed	Durable Medical Equipment	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH
Highmark Managed	Durable Medical Equipment	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE
Highmark Managed	Durable Medical Equipment	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGREST, SWING AWAY DETACHABLE
Highmark Managed	Durable Medical Equipment	E1083	HEMI-WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE ELEVATING LEG REST
Highmark Managed	Durable Medical Equipment	E1100	SEMI-RECLINING WHEELCHAIR; FIXED FULL LENGTH ARMS, SWING AWAY, DETACHABLE, ELEVATING LEGRESTS
Highmark Managed	Durable Medical Equipment	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED. (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION
Highmark Managed	Durable Medical Equipment	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR
Highmark Managed	Durable Medical Equipment	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR
Highmark Managed	Durable Medical Equipment	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
Highmark Managed	Durable Medical Equipment	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
Highmark Managed	Durable Medical Equipment	E1295	HEAVY DUTY WHEELCHAIR; FIXED FULL LENGTH ARMS, ELEVATING LEGREST
Highmark Managed	Durable Medical Equipment	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
Highmark Managed	Durable Medical Equipment	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM
Highmark Managed	Durable Medical Equipment	E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATION MOVEMENT OF MULTIPLE POSITIONING FEATURES
Highmark Managed	Durable Medical Equipment	E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING
Highmark Managed	Durable Medical Equipment	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT
Highmark Managed	Durable Medical Equipment	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL
Highmark Managed	Durable Medical Equipment	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
Highmark Managed	Durable Medical Equipment	K0005	ULTRALIGHTWEIGHT WHEELCHAIR
Highmark Managed	Durable Medical Equipment	K0050	RATCHET ASSEMBLY
Highmark Managed	Durable Medical Equipment	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER

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Highmark Managed	Durable Medical Equipment	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL
Highmark Managed	Durable Medical Equipment	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY
Highmark Managed	Durable Medical Equipment	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION
Highmark Managed	Durable Medical Equipment	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
Highmark Managed	Durable Medical Equipment	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
Highmark Managed	Durable Medical Equipment	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
Highmark Managed	Durable Medical Equipment	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
Highmark Managed	Durable Medical Equipment	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH
Highmark Managed	Durable Medical Equipment	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEGREST, PAIR
Highmark Managed	Durable Medical Equipment	E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
Highmark Managed	Durable Medical Equipment	E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE
Highmark Managed	Durable Medical Equipment	E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE
Highmark Managed	Durable Medical Equipment	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
Highmark Managed	Durable Medical Equipment	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
Highmark Managed	Durable Medical Equipment	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES
Highmark Managed	Durable Medical Equipment	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES
Highmark Managed	Durable Medical Equipment	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH ,
Highmark Managed	Durable Medical Equipment	E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH
Highmark Managed	Durable Medical Equipment	K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
Highmark Managed	Durable Medical Equipment	K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING
Highmark Managed	Durable Medical Equipment	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
Highmark Managed	Durable Medical Equipment	K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
Highmark Managed	Durable Medical Equipment	K0098	DRIVE BELT FOR POWER WHEELCHAIR
Highmark Managed	Durable Medical Equipment	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Highmark Managed	Durable Medical Equipment	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Highmark Managed	Durable Medical Equipment	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Highmark Managed	Durable Medical Equipment	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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Highmark Managed	Durable Medical Equipment	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Highmark Managed	Durable Medical Equipment	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Highmark Managed	Durable Medical Equipment	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Highmark Managed	Durable Medical Equipment	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
Highmark Managed	Durable Medical Equipment	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
Highmark Managed	Durable Medical Equipment	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Highmark Managed	Durable Medical Equipment	K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
Highmark Managed	Durable Medical Equipment	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)
Highmark Managed	Durable Medical Equipment	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY
Highmark Managed	Durable Medical Equipment	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM
Highmark Managed	Home Health	S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES
Highmark Managed	Home Health	S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION
Highmark Managed	Home Health	S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES
Highmark Managed	Home Health	S5111	HOME CARE TRAINING, FAMILY; PER SESSION
Highmark Managed	Home Health	S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES
Highmark Managed	Home Health	S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION
Highmark Managed	Home Health	S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM
Highmark Managed	Home Health	S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)
Highmark Managed	Home Health	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR
Highmark Managed	Hospital Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION
Highmark Managed	Hospital Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)
Highmark Managed	Inpatient Detoxification/Rehabilitation	H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)
Highmark Managed	Medical /Surgical	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL
Highmark Managed	Medical /Surgical	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE
Highmark Managed	Medical /Surgical	33289	TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING, INCLUDING DEPLOYMENT AND CALIBRATION OF THE SENSOR, RIGHT HEART CATHETERIZATION, SELECTIVE PULMONARY CATHETERIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND PULMONARY ARTERY ANGIOGRAPHY, WHEN PERFORMED
Highmark Managed	Medical /Surgical	33999	UNLISTED PROCEDURE, CARDIAC SURGERY
Highmark Managed	Medical /Surgical	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHEN

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Highmark Managed	Medical /Surgical	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEI
Highmark Managed	Medical /Surgical	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN
Highmark Managed	Medical /Surgical	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG
Highmark Managed	Medical /Surgical	36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED
Highmark Managed	Medical /Surgical	36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Medical /Surgical	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED
Highmark Managed	Medical /Surgical	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Medical /Surgical	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED
Highmark Managed	Medical /Surgical	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Medical /Surgical	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; FIRST VEIN TREATED
Highmark Managed	Medical /Surgical	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Medical /Surgical	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)
Highmark Managed	Medical /Surgical	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
Highmark Managed	Medical /Surgical	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN
Highmark Managed	Medical /Surgical	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW
Highmark Managed	Medical /Surgical	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA
Highmark Managed	Medical /Surgical	37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN, 1 LEG
Highmark Managed	Medical /Surgical	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG
Highmark Managed	Medical /Surgical	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS
Highmark Managed	Medical /Surgical	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS
Highmark Managed	Medical /Surgical	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLATEAL JUNCTION (SEPARATE PROCEDURE)
Highmark Managed	Medical /Surgical	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG
Highmark Managed	Medical /Surgical	S2202	ECHOSCLEROTHERAPY
Highmark Managed	Medical /Surgical	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (IE, MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED
Highmark Managed	Medical /Surgical	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE
Highmark Managed	Medical /Surgical	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION (LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)
Highmark Managed	Medical /Surgical	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL
Highmark Managed	Medical /Surgical	58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL
Highmark Managed	Medical /Surgical	58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR

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Highmark Managed	Medical /Surgical	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
Highmark Managed	Medical /Surgical	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Highmark Managed	Medical /Surgical	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS
Highmark Managed	Medical /Surgical	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS
Highmark Managed	Medical /Surgical	58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR
Highmark Managed	Medical /Surgical	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Highmark Managed	Medical /Surgical	58553	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN
Highmark Managed	Medical /Surgical	58554	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Highmark Managed	Medical /Surgical	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS
Highmark Managed	Medical /Surgical	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Highmark Managed	Medical /Surgical	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS
Highmark Managed	Medical /Surgical	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
Highmark Managed	Medical /Surgical	21899	UNLISTED PROCEDURE, NECK OR THORAX
Highmark Managed	Medical /Surgical	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS
Highmark Managed	Medical /Surgical	22899	UNLISTED PROCEDURE, SPINE
Highmark Managed	Medical /Surgical	27599	UNLISTED PROCEDURE, FEMUR OR KNEE
Highmark Managed	Medical /Surgical	29999	UNLISTED PROCEDURE, ARTHROSCOPY
Highmark Managed	Medical /Surgical	37799	UNLISTED PROCEDURE, VASCULAR SURGERY
Highmark Managed	Medical /Surgical	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
Highmark Managed	Medical /Surgical	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS
Highmark Managed	Medical /Surgical	58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS
Highmark Managed	Medical /Surgical	58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY
Highmark Managed	Medical /Surgical	67999	UNLISTED PROCEDURE, EYELIDS
Highmark Managed	Medical /Surgical	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM
Highmark Managed	Medical /Surgical	D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
Highmark Managed	Medical /Surgical	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED
Highmark Managed	Medical /Surgical	64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
Highmark Managed	Medical /Surgical	64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
Highmark Managed	Medical /Surgical	65760	KERATOMILEUSIS
Highmark Managed	Medical /Surgical	65765	KERATOPHAKIA
Highmark Managed	Medical /Surgical	65771	RADIAL KERATOTOMY
Highmark Managed	Medical /Surgical	S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)
Highmark Managed	Medical /Surgical	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
Highmark Managed	Medical /Surgical	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)
Highmark Managed	Medical /Surgical	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
Highmark Managed	Medical /Surgical	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL
Highmark Managed	Medical /Surgical	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)
Highmark Managed	Medical /Surgical	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)
Highmark Managed	Medical /Surgical	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)

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Highmark Managed	Medical /Surgical	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)
Highmark Managed	Medical /Surgical	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH
Highmark Managed	Medical /Surgical	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH
Highmark Managed	Medical /Surgical	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)
Highmark Managed	Medical /Surgical	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)
Highmark Managed	Medical /Surgical	67911	CORRECTION OF LID RETRACTION
Highmark Managed	Medical /Surgical	G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY)
Highmark Managed	Medical /Surgical	20912	CARTILAGE GRAFT; NASAL SEPTUM
Highmark Managed	Medical /Surgical	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
Highmark Managed	Medical /Surgical	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP
Highmark Managed	Medical /Surgical	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
Highmark Managed	Medical /Surgical	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
Highmark Managed	Medical /Surgical	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
Highmark Managed	Medical /Surgical	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
Highmark Managed	Medical /Surgical	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT
Highmark Managed	Medical /Surgical	31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)
Highmark Managed	Medical /Surgical	37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT
Highmark Managed	Medical /Surgical	69300	OTOPLASTY PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION
Highmark Managed	Medical /Surgical	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATOR; WITHOUT MASTOIDECTOMY
Highmark Managed	Medical /Surgical	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY
Highmark Managed	Medical /Surgical	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Highmark Managed	Medical /Surgical	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT
Highmark Managed	Medical /Surgical	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION AND REPORT
Highmark Managed	Medical /Surgical	91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH INTERPRETATION AND REPORT
Highmark Managed	Medical /Surgical	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL
Highmark Managed	Medical /Surgical	92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, 2 OR MORE INDIVIDUALS
Highmark Managed	Medical /Surgical	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
Highmark Managed	Medical /Surgical	93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA ANALYSIS AND GREATER THAN 24 HOURS OF ACCESSIBLE ECG DATA STORAGE (RETRIEVABLE WITH QUERY) WITH ECG TRIGGERED AND PATIENT SELECTED EVENTS TRANSMITTED TO A REMOTE ATTENDED SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT FOR CONNECTION AND PATIENT INSTRUCTIONS FOR USE, ATTENDED SURVEILLANCE, ANALYSIS AND TRANSMISSION OF DAILY AND EMERGENT DATA REPORTS AS PRESCRIBED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL
Highmark Managed	Medical /Surgical	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST
Highmark Managed	Medical /Surgical	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST
Highmark Managed	Medical /Surgical	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST
Highmark Managed	Medical /Surgical	95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST
Highmark Managed	Medical /Surgical	V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE
Highmark Managed	Medical /Surgical	V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE

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Highmark Managed	Medical /Surgical	V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER
Highmark Managed	Medical /Surgical	V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED
Highmark Managed	Medical /Surgical	V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE
Highmark Managed	Medical /Surgical	V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE
Highmark Managed	Outpatient	H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)
Highmark Managed	Outpatient	H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)
Highmark Managed	Outpatient	H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM
Highmark Managed	Outpatient	H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NONHOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM
Highmark Managed	Outpatient	H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NONMEDICAL, NONACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITHOUT ROOM AND BOARD, PER DIEM
Highmark Managed	Outpatient	H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)
Highmark Managed	Outpatient	H0043	SUPPORTED HOUSING, PER DIEM
Highmark Managed	Outpatient	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED
Highmark Managed	Outpatient	H2001	REHABILITATION PROGRAM, PER 1/2 DAY
Highmark Managed	Outpatient	H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR
Highmark Managed	Outpatient	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM
Highmark Managed	Outpatient	H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM
Highmark Managed	Outpatient	H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM
Highmark Managed	Outpatient	T2048	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL TREATMENT PROGRAM WHERE STAY IS TYPICALLY LONGER THAN 30 DAYS), WITH ROOM AND BOARD, PER DIEM
Highmark Managed	Outpatient	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE
Highmark Managed	Prosthetics & Orthotics	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
Highmark Managed	Prosthetics & Orthotics	L1840	KNEE ORTHOSIS (KO), DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthotics	L1844	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthotics	L1846	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLY CENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOMER FABRICATED
Highmark Managed	Prosthetics & Orthotics	L2005	KNEE-ANKLE-FOOT ORTHOSIS (KAFO) ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED
Highmark Managed	Prosthetics & Orthotics	L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)
Highmark Managed	Prosthetics & Orthotics	L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthotics	L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthotics	L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthotics	L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ON OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
Highmark Managed	Prosthetics & Orthotics	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM
Highmark Managed	Prosthetics & Orthotics	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE (AK) UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthotics	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET
Highmark Managed	Prosthetics & Orthotics	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET
Highmark Managed	Prosthetics & Orthotics	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET

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Highmark Managed	Prosthetics & Orthotics	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET
Highmark Managed	Prosthetics & Orthotics	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE (AK), FLEXIBLE INNER SOCKET, EXTERNAL FRAME
Highmark Managed	Prosthetics & Orthotics	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE (BK)/ABOVE KNEE (AK), CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY
Highmark Managed	Prosthetics & Orthotics	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL (SAFETY KNEE)
Highmark Managed	Prosthetics & Orthotics	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL
Highmark Managed	Prosthetics & Orthotics	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthotics	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL
Highmark Managed	Prosthetics & Orthotics	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)
Highmark Managed	Prosthetics & Orthotics	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S) ANY TYPE
Highmark Managed	Prosthetics & Orthotics	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE
Highmark Managed	Prosthetics & Orthotics	L6020	PARTIAL HAND, NO FINGER REMAINING
Highmark Managed	Prosthetics & Orthotics	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF
Highmark Managed	Prosthetics & Orthotics	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF
Highmark Managed	Prosthetics & Orthotics	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)
Highmark Managed	Prosthetics & Orthotics	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)
Highmark Managed	Prosthetics & Orthotics	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION INTERNAL LOCKING ELBOW, FOREARM
Highmark Managed	Prosthetics & Orthotics	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)
Highmark Managed	Prosthetics & Orthotics	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthotics	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthotics	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL
Highmark Managed	Prosthetics & Orthotics	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED
Highmark Managed	Prosthetics & Orthotics	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK
Highmark Managed	Prosthetics & Orthotics	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE
Highmark Managed	Prosthetics & Orthotics	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR
Highmark Managed	Prosthetics & Orthotics	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR
Highmark Managed	Prosthetics & Orthotics	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW
Highmark Managed	Prosthetics & Orthotics	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER
Highmark Managed	Prosthetics & Orthotics	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE

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Highmark Managed	Prosthetics & Orthotics	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, 2 BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL
Highmark Managed	Prosthetics & Orthotics	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT
Highmark Managed	Prosthetics & Orthotics	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL
Highmark Managed	Prosthetics & Orthotics	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONT
Highmark Managed	Prosthetics & Orthotics	L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC
Highmark Managed	Prosthetics & Orthotics	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OR ELBOW AND TERMINAL DEVICE
Highmark Managed	Prosthetics & Orthotics	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR-EQUAL, SWITCH CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L7190	ELECTRONIC ELBOW, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L7191	ELECTRONIC ELBOW CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED
Highmark Managed	Prosthetics & Orthotics	L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED
Highmark Managed	Reconstructive /Possibly Cosmetic	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
Highmark Managed	Reconstructive /Possibly Cosmetic	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS
Highmark Managed	Reconstructive /Possibly Cosmetic	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS
Highmark Managed	Reconstructive /Possibly Cosmetic	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)
Highmark Managed	Reconstructive /Possibly Cosmetic	15781	DERMABRASION; SEGMENTAL, FACE
Highmark Managed	Reconstructive /Possibly Cosmetic	15782	DERMABRASION REGIONAL, OTHER THAN FACE
Highmark Managed	Reconstructive /Possibly Cosmetic	15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)
Highmark Managed	Reconstructive /Possibly Cosmetic	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
Highmark Managed	Reconstructive /Possibly Cosmetic	15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Reconstructive /Possibly Cosmetic	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL
Highmark Managed	Reconstructive /Possibly Cosmetic	15789	CHEMICAL PEEL, FACIAL; DERMAL
Highmark Managed	Reconstructive /Possibly Cosmetic	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL
Highmark Managed	Reconstructive /Possibly Cosmetic	15793	CHEMICAL PEEL, NONFACIAL; DERMAL
Highmark Managed	Reconstructive /Possibly Cosmetic	15819	CERVICOPLASTY
Highmark Managed	Reconstructive /Possibly Cosmetic	15820	BLEPHAROPLASTY, LOWER EYELID;
Highmark Managed	Reconstructive /Possibly Cosmetic	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
Highmark Managed	Reconstructive /Possibly Cosmetic	15822	BLEPHAROPLASTY, UPPER EYELID;

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Highmark Managed	Reconstructive /Possibly Cosmetic	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXTENSIVE SKIN WEIGHTING DOWN LID
Highmark Managed	Reconstructive /Possibly Cosmetic	15824	RHYTIDECTOMY; FOREHEAD
Highmark Managed	Reconstructive /Possibly Cosmetic	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)
Highmark Managed	Reconstructive /Possibly Cosmetic	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES
Highmark Managed	Reconstructive /Possibly Cosmetic	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK
Highmark Managed	Reconstructive /Possibly Cosmetic	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
Highmark Managed	Reconstructive /Possibly Cosmetic	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY
Highmark Managed	Reconstructive /Possibly Cosmetic	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; THIGH
Highmark Managed	Reconstructive /Possibly Cosmetic	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; LEG
Highmark Managed	Reconstructive /Possibly Cosmetic	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; HIPS
Highmark Managed	Reconstructive /Possibly Cosmetic	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; BUTTOCK
Highmark Managed	Reconstructive /Possibly Cosmetic	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; ARM
Highmark Managed	Reconstructive /Possibly Cosmetic	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY; FOREARM OR HAND
Highmark Managed	Reconstructive /Possibly Cosmetic	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD
Highmark Managed	Reconstructive /Possibly Cosmetic	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREAS
Highmark Managed	Reconstructive /Possibly Cosmetic	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
Highmark Managed	Reconstructive /Possibly Cosmetic	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
Highmark Managed	Reconstructive /Possibly Cosmetic	15877	SUCTION ASSISTED LIPECTOMY; TRUNK
Highmark Managed	Reconstructive /Possibly Cosmetic	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
Highmark Managed	Reconstructive /Possibly Cosmetic	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
Highmark Managed	Reconstructive /Possibly Cosmetic	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM
Highmark Managed	Reconstructive /Possibly Cosmetic	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 - 50 SQ CM
Highmark Managed	Reconstructive /Possibly Cosmetic	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50 SQ CM
Highmark Managed	Reconstructive /Possibly Cosmetic	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE
Highmark Managed	Reconstructive /Possibly Cosmetic	19318	REDUCTION MAMMOPLASTY
Highmark Managed	Reconstructive /Possibly Cosmetic	19325	MAMMOPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT
Highmark Managed	Reconstructive /Possibly Cosmetic	19355	CORRECTION OF INVERTED NIPPLES
Highmark Managed	Reconstructive /Possibly Cosmetic	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT
Highmark Managed	Reconstructive /Possibly Cosmetic	G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (E.G., AS A RESULT OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY)
Highmark Managed	Specialty Surgeries	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)
Highmark Managed	Specialty Surgeries	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
Highmark Managed	Specialty Surgeries	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM
Highmark Managed	Specialty Surgeries	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH
Highmark Managed	Specialty Surgeries	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (E.G., GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)
Highmark Managed	Specialty Surgeries	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS

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Highmark Managed	Specialty Surgeries	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)
Highmark Managed	Specialty Surgeries	43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY
Highmark Managed	Specialty Surgeries	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY
Highmark Managed	Specialty Surgeries	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)
Highmark Managed	Specialty Surgeries	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY
Highmark Managed	Specialty Surgeries	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
Highmark Managed	Specialty Surgeries	43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE PROCEDURE)
Highmark Managed	Specialty Surgeries	43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN
Highmark Managed	Specialty Surgeries	43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY
Highmark Managed	Specialty Surgeries	43999	UNLISTED PROCEDURE, STOMACH
Highmark Managed	Specialty Surgeries	62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD UTILIZING NEEDLE BASED TECHNIQUE TO REMOVE DISC MATERIAL UNDER FLUOROSCOPIC IMAGING OR OTHER FORM OF INDIRECT VISUALIZATION, WITH DISCOGRAPHY AND/OR EPIDURAL INJ
Highmark Managed	Transplant	32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS
Highmark Managed	Transplant	32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS
Highmark Managed	Transplant	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL DEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS
Highmark Managed	Transplant	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL DEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS
Highmark Managed	Transplant	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS
Highmark Managed	Transplant	38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST
Highmark Managed	Transplant	33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY
Highmark Managed	Transplant	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY
Highmark Managed	Transplant	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR
Highmark Managed	Transplant	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION
Highmark Managed	Transplant	38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS
Highmark Managed	Transplant	44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR
Highmark Managed	Transplant	44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR
Highmark Managed	Transplant	47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE
Highmark Managed	Transplant	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT
Highmark Managed	Transplant	50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY
Highmark Managed	Transplant	50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY
Highmark Managed	Transplant	S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS
Highmark Managed	Transplant	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS
Highmark Managed	Transplant	S2060	LOBAR LUNG TRANSPLANTATION
Highmark Managed	Transplant	S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION
Specialty Medical Injectable Drugs and Biologics			
Managed By	Category	Code	Terminology
Highmark Managed	Oncology	C9142	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG
Highmark Managed	Oncology	J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG (ENJAYMO)

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Highmark Managed	Oncology	J1448	INJECTION, TRILACICLIB, 1 MG (COSELA)
Highmark Managed	Oncology	J1930	INJECTION, LANREOTIDE, 1 MG (SOMATULINE DEPOT)
Highmark Managed	Oncology	J1932	INJECTION, LANREOTIDE, (CIPLA), 1 MG
Highmark Managed	Oncology	J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
Highmark Managed	Oncology	J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG
Highmark Managed	Oncology	J2860	INJECTION, SILTUXIMAB (SYLVANT)
Highmark Managed	Oncology	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU
Highmark Managed	Oncology	J9021	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1 MG
Highmark Managed	Oncology	J9022	INJECTION, ATEZOLIZUMAB, 10 MG (TECENTRIQ)
Highmark Managed	Oncology	J9023	INJECTION, AVELUMAB, 10 MG (BAVENCIO)
Highmark Managed	Oncology	J9032	INJECTION, BELINOSTAT, 10 MG (BELEODAQ)
Highmark Managed	Oncology	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG (TREANDA)
Highmark Managed	Oncology	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG
Highmark Managed	Oncology	J9035	INJECTION, BEVACIZUMAB 10 MG (AVASTIN)
Highmark Managed	Oncology	J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, 1 MG (BELRAPZO)
Highmark Managed	Oncology	J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG (BLENREP)
Highmark Managed	Oncology	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM (BLINCYTO)
Highmark Managed	Oncology	J9041	INJECTION, BORTEZOMIB, 0.1 MG (VELCADE)
Highmark Managed	Oncology	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG (ADCETRIS)
Highmark Managed	Oncology	J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG
Highmark Managed	Oncology	J9047	INJECTION, CARFILZOMIB, 1 MG (KYPROLIS)
Highmark Managed	Oncology	J9055	INJECTION, CETUXIMAB, 10 MG (ERBITUX)
Highmark Managed	Oncology	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG (RYBREVA)
Highmark Managed	Oncology	J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG (DEPOCYT)
Highmark Managed	Oncology	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS (ASPARLAS)
Highmark Managed	Oncology	J9119	INJECTION, CEMIPILIMAB-RWLC, 1 MG (LIBTAYO)
Highmark Managed	Oncology	J9144	INJECTION, DARATUMUMAB, 10MG AND HYALURONIDASE-FIHJ (DARZALEX FASPRO)
Highmark Managed	Oncology	J9145	INJECTION, DARATUMUMAB, 10 MG (DARZALEX)
Highmark Managed	Oncology	J9173	INJECTION, DURVALUMAB, 10 MG (IMFINZI)
Highmark Managed	Oncology	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG (PADCEV)
Highmark Managed	Oncology	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG (ONIVYDE)
Highmark Managed	Oncology	J9210	INJECTION, EMAPALUMAB-LZSG, 1MG (GAMIFANT)
Highmark Managed	Oncology	J9225	HISTRELIN IMPLANT (VANTAS), 50 MG
Highmark Managed	Oncology	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG (SARCLISA)
Highmark Managed	Oncology	J9228	INJECTION, IPILIMUMAB, 1 MG (YERVOY)
Highmark Managed	Oncology	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG (BESPOUSA)
Highmark Managed	Oncology	J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1 MG (PEPAXTO)
Highmark Managed	Oncology	J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL (ONCASPAR)
Highmark Managed	Oncology	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MCG (ELZONRIS)

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Highmark Managed	Oncology	J9271	INJECTION, PEMBROLIZUMAB, 1 MG (KEYTRUDA)
Highmark Managed	Oncology	J9272	INJECTION, DOSTARLIMAB--GXLY, 10 MG (JEMPERLI)
Highmark Managed	Oncology	J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG (TIVDAK)
Highmark Managed	Oncology	J9274	INJECTION, TEBENTASFUSP-TEBN, 1 MCG (KIMMTRAK)
Highmark Managed	Oncology	J9295	INJECTION, NECITUMUMAB, 1 MG (PORTRAZZA)
Highmark Managed	Oncology	J9298	INJECTION, NIVOLUMAB AND RELATIMAB-RMBW, 3MG/1MG (OPDUALAG)
Highmark Managed	Oncology	J9299	INJECTION, NIVOLUMAB, 1 MG (OPDIVO)
Highmark Managed	Oncology	J9301	INJECTION, OBINUTUZUMAB, 10 MG (GAZYVA)
Highmark Managed	Oncology	J9303	INJECTION, PANITUMUMAB, 10 MG (VECTIBIX)
Highmark Managed	Oncology	J9306	INJECTION, PERTUZUMAB, 1 MG (PERJETA)
Highmark Managed	Oncology	J9308	INJECTION, RAMUCIRUMAB, 5 MG (CYRAMZA)
Highmark Managed	Oncology	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG (POLIVY)
Highmark Managed	Oncology	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE (RITUXAN HYCELA)
Highmark Managed	Oncology	J9312	INJECTION, RITUXIMAB, 10 MG (RITUXAN)
Highmark Managed	Oncology	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10MG (PHESGO)
Highmark Managed	Oncology	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG (TRODELVY)
Highmark Managed	Oncology	J9330	INJECTION, TEMSIROLIMUS, 1 MG (TORISEL)
Highmark Managed	Oncology	J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG (FYARRO)
Highmark Managed	Oncology	J9349	INJECTION, TAFASITAMAB-CXIX, 2MG (MONJUVI)
Highmark Managed	Oncology	J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG (MARGENZA)
Highmark Managed	Oncology	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG (KADCYLA)
Highmark Managed	Oncology	J9355	INJECTION, TRASTUZUMAB, 10 MG (HERCEPTIN)
Highmark Managed	Oncology	J9356	INJECTION, TRASTUZUMAB, AND HYALURONIDASE-OYSK (HERCEPTIN HYLECTRA) 10 MG
Highmark Managed	Oncology	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG (ENHERTU)
Highmark Managed	Oncology	J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG (ZYNLONTA)
Highmark Managed	Oncology	J9395	INJECTION, FULVESTRANT, 25 MG (FASLODEX)
Highmark Managed	Oncology	J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
Highmark Managed	Oncology	Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (YESCARTA)
Highmark Managed	Oncology	Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (KYMTRIAH)
Highmark Managed	Oncology	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION (PROVENGE)
Highmark Managed	Oncology	Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANIT-CD 19 CAR POSITIVE VIABLE T-CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (TECARUS)
Highmark Managed	Oncology	Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (BREYANZI)
Highmark Managed	Oncology	Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (ABCEMA)
Highmark Managed	Oncology	Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE (CARVYKTI)
Highmark Managed	Oncology	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG
Highmark Managed	Oncology	Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG

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Highmark Managed	Oncology	Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG
Highmark Managed	Oncology	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG
Highmark Managed	Oncology	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG
Highmark Managed	Oncology	Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG
Highmark Managed	Oncology	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG
Highmark Managed	Oncology	Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Highmark Managed	Oncology	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG
Highmark Managed	Oncology	Q5123	INJECTION, RETUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG
Highmark Managed	Other	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR USE, 50 MG, EACH (SYNAGIS)
Highmark Managed	Other	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
Highmark Managed	Other	J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG (ADUHELM)
Highmark Managed	Other	J0178	INJECTION, AFLIBERCEPT, 1 MG (EYLEA)
Highmark Managed	Other	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG (BEOVU)
Highmark Managed	Other	J0202	INJECTION, ALEMTUZUMAB, 1 MG (LEMTRADA)
Highmark Managed	Other	J0223	INJECTION, GIVOSIRAN, 0.5 MG (GIVLAARI)
Highmark Managed	Other	J0224	INJECTION, LUMASIRAN, 0.5 MG (OXLUMO)
Highmark Managed	Other	J0480	INJECTION, BASILIXIMAB, 20 MG (SIMULECT)
Highmark Managed	Other	J0517	INJECTION, BENRALIZUMAB, 1 MG (FASENRA)
Highmark Managed	Other	J0565	INJECTION, BEZLOTUXUMAB, 10 MG (ZINPLAVA)
Highmark Managed	Other	J0567	INJECTION, CERLIPONASE ALFA, 1 MG (BRINEURA)
Highmark Managed	Other	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT BOTULINUM TOXIN TYPE A, PER UNIT (BOTOX)
Highmark Managed	Other	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS (DYSPORE)
Highmark Managed	Other	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS BOTULINUM TOXIN TYPE B, PER 100 UNITS (MYOBLOC)
Highmark Managed	Other	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT (XEOMIN)
Highmark Managed	Other	J0593	INJECTION, LANADELUMAB-FLYO, 1 MG (TAKHZYRO)
Highmark Managed	Other	J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), HAEGARDA, 10 UNITS
Highmark Managed	Other	J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS (MIACALCIN)
Highmark Managed	Other	J0638	INJECTION, CANAKINUMAB, 1 MG (ILARIS)
Highmark Managed	Other	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED) (CIMZIA)
Highmark Managed	Other	J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (H.P. ACTHAR GEL, REPOSITORY CORTICOTROPIN INJECTION)
Highmark Managed	Other	J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG (REBLOZYL)
Highmark Managed	Other	J0897	INJECTION, DENOSUMAB, 1 MG (PROLIA)
Highmark Managed	Other	J0897	INJECTION, DENOSUMAB, 1 MG (XGEVA)
Highmark Managed	Other	J1290	INJECTION, ECALLANTIDE, 1 MG (KALBITOR)
Highmark Managed	Other	J1302	INJECTION, SUTIMLIMAB-JOME, 10 MG (ENJAYMO)
Highmark Managed	Other	J1306	INJECTION, INCLISIRAN, 1 MG (LEQVIO)
Highmark Managed	Other	J1325	INJECTION, EPOPROSTENOL, 0.5 MG (FLOLAN)
Highmark Managed	Other	J1325	INJECTION, EPOPROSTENOL, 0.5 MG (VELETRI)

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Highmark Managed	Other	J1426	INJECTION, CASIMERSEN, 10 MG (AMONDYS 45)
Highmark Managed	Other	J1427	INJECTION, VILTOLARSEN, 10 MG (VILTEPSO)
Highmark Managed	Other	J1428	INJECTION, ETEPLIRSEN, 10 MG (EXONDYS 51)
Highmark Managed	Other	J1429	INJECTION, GOLODIRSEN, 10 MG (VYONDYS 53)
Highmark Managed	Other	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
Highmark Managed	Other	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG
Highmark Managed	Other	J1559	INJECTION, IMMUNE GLOBULIN 100 MG (HIZENTRA)
Highmark Managed	Other	J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
Highmark Managed	Other	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNOGLOBULIN
Highmark Managed	Other	J1632	INJECTION, BREXANOLONE, 1 MG (ZULRESSO)
Highmark Managed	Other	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, 10 MG (MAKENA)
Highmark Managed	Other	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
Highmark Managed	Other	J1744	INJECTION, ICATIBANT, 1 MG (FIRAZYR)
Highmark Managed	Other	J1746	INJECTION, IBALIZUMAB-UIYK, 1- MG (TROGARZO)
Highmark Managed	Other	J2182	INJECTION, MEPOLIZUMAB, 1 MG (NUCALA)
Highmark Managed	Other	J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)
Highmark Managed	Other	J2326	INJECTION, NUSINERSEN, 0.1 MG (SPINRAZA)
Highmark Managed	Other	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)
Highmark Managed	Other	J2356	INJECTION, TEZEPelumab-EKKO, 1 MG (TEZSPIRE)
Highmark Managed	Other	J2357	INJECTION, OMALIZUMAB, 5 MG (XOLAIR)
Highmark Managed	Other	J2469	INJECTION, PALONOSETRON HCL, 25 MCG (ALOXI)
Highmark Managed	Other	J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG (MACUGEN)
Highmark Managed	Other	J2506	INJECTION, PEGFILGRASTIM, 6 MG (NEULASTA)
Highmark Managed	Other	J2507	INJECTION, PEGLOTICASE, 1 MG (KRYSTEXXA)
Highmark Managed	Other	J2777	INJECTION, FARICIMAB-SVOA, 0.1 MG (VABYSMO)
Highmark Managed	Other	J2778	INJECTION, RANIBIZUMAB, 0.1 MG (LUCENTIS)
Highmark Managed	Other	J2779	INJECTION, RANIBIZUMAB, VIA INTRVITREAL IMPLANT (SUSVIMO), 0.1 MG
Highmark Managed	Other	J2786	INJECTION, RESLIZUMAB, 1 MG (CINQAIR)
Highmark Managed	Other	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)
Highmark Managed	Other	J2941	INJECTION, SOMATROPIN, 1MG
Highmark Managed	Other	J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG (RYPLAZIM)
Highmark Managed	Other	J3111	INJECTION, ROMOSUZUMAB-AQG, 1 MG (EVENITY)
Highmark Managed	Other	J3285	INJECTION, TREPROSTINIL, 1 MG (REMODULIN)
Highmark Managed	Other	J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG (TRIPTODUR)
Highmark Managed	Other	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG (STELARA)
Highmark Managed	Other	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)
Highmark Managed	Other	J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOME (LUXTURNA)
Highmark Managed	Other	J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X1015 VECTOR GENOMES (ZOLGENSMA)
Highmark Managed	Other	J3590	UNCLASSIFIED BIOLOGICS

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Highmark Managed	Other	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG
Highmark Managed	Other	J7316	INJECTION, OCRIPLASMIN, 0.125 MG (JETREA)
Highmark Managed	Other	J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG
Highmark Managed	Other	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG
Highmark Managed	Other	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Highmark Managed	Other	J7325	HYALURONAN OR DERIVATIVE, SYNVISIC OR SYNVISIC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG
Highmark Managed	Other	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Highmark Managed	Other	J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE
Highmark Managed	Other	J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG
Highmark Managed	Other	J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
Highmark Managed	Other	J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS (KITABIS, TOBI, BETHKIS)
Highmark Managed	Other	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG (TYVASO)
Highmark Managed	Other	Q5108	INJECTION, PEGFILGRASTIME-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG
Highmark Managed	Other	Q5109	INJECTION, INFLIXIMAB-QBTX, BIOSILIMAR, (IXIFI), 10 MG
Highmark Managed	Other	Q5111	INJECTION PEGFILGRASTIME-CBQV, BIOSIMILAR (UDENYCA), 0.5 MG
Highmark Managed	Other	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG
Highmark Managed	Other	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG
Highmark Managed	Other	Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSILIMAR, (BYOOVIZ), 0.1 MG
Highmark Managed	Site of Care	J0129	INJECTION, ABATACEPT, 10 MG (ORENCIA)
Highmark Managed	Site of Care	J0180	INJECTION, AGALSIDASE BETA, 1 MG (FABRAZYME)
Highmark Managed	Site of Care	J0219	INJECTION, AVALGLUCOSIDASE ALFA-NGPT, 4 MG (NEXVIAZYME)
Highmark Managed	Site of Care	J0221	INJECTION ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG
Highmark Managed	Site of Care	J0222	INJECTION, PATISIRAN, 0.1 MG (ONPATTRO)
Highmark Managed	Site of Care	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) (ARALAST)
Highmark Managed	Site of Care	J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) (ZEMAIRA)
Highmark Managed	Site of Care	J0256	INJECTION, ALPHA-1 PROTEINASE INHIBITOR (HUMAN) (PROLASTIN)
Highmark Managed	Site of Care	J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN) 10 MG (GLASSIA)
Highmark Managed	Site of Care	J0490	INJECTION, BELIMUMAB, 10 MG (BENLYSTA)
Highmark Managed	Site of Care	J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG (SAPHNELO)
Highmark Managed	Site of Care	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS
Highmark Managed	Site of Care	J0597	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS
Highmark Managed	Site of Care	J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS
Highmark Managed	Site of Care	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG (ADAKVEO)
Highmark Managed	Site of Care	J1300	INJECTION, ECULIZUMAB, 10 MG (SOLIRIS)
Highmark Managed	Site of Care	J1301	INJECTION, EDARAVONE, 1 MG (RADICAVA)
Highmark Managed	Site of Care	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG (ULTOMIRIS)
Highmark Managed	Site of Care	J1305	INJECTION, EVINACUMAB-DGNB, 5 MG (EVKEEZA)
Highmark Managed	Site of Care	J1322	INJECTION, ELOSULFASE ALFA, 1 MG (VIMIZIM)

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Highmark Managed	Site of Care	J1459	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG (PRIVIGEN)
Highmark Managed	Site of Care	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG
Highmark Managed	Site of Care	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
Highmark Managed	Site of Care	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G.LIQUID), 500 MG
Highmark Managed	Site of Care	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG

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Highmark Managed	Site of Care	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG (CARIMUNE NF)
Highmark Managed	Site of Care	J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG (GAMMAGARD S/D)
Highmark Managed	Site of Care	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
Highmark Managed	Site of Care	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), 500MG
Highmark Managed	Site of Care	J1572	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON- LYOPHILIZED (E.G. LIQUID), 500 MG
Highmark Managed	Site of Care	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
Highmark Managed	Site of Care	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE (SIMPONI ARIA)
Highmark Managed	Site of Care	J1743	INJECTION, IDURSULFASE, 1 MG (ELAPRASE)
Highmark Managed	Site of Care	J1745	INJECTION INFLIXIMAB, 10 MG (REMICADE)
Highmark Managed	Site of Care	J1786	INJECTION, IMIGLUCERASE, 10 UNITS (CEREZYME)
Highmark Managed	Site of Care	J1823	INJECTION, INEBILIZUMAB-CDON, 1MG (UPLIZNA)
Highmark Managed	Site of Care	J1931	INJECTION, LARONIDASE, 0.1 MG (ALDURAZYME)
Highmark Managed	Site of Care	J2350	INJECTION, OCRELIZUMAB, 1 MG (OCREVUS)
Highmark Managed	Site of Care	J2840	INJECTION, SEBELIPASE ALFA, 1 MG (KANUMA)
Highmark Managed	Site of Care	J3032	INJECTION, EPTINEZUMAB-JJMR, 1MG (VYEPTI)
Highmark Managed	Site of Care	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UNITS (ELEYSO)
Highmark Managed	Site of Care	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG (TEPEZZA)
Highmark Managed	Site of Care	J3262	INJECTION, TOCILIZUMAB, 1 MG (ACTEMRA)
Highmark Managed	Site of Care	J3380	INJECTION, VEDOLIZUMAB, 1 MG (ENTYVIO)
Highmark Managed	Site of Care	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS (VPRIV)
Highmark Managed	Site of Care	J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG (MEPSEVII)
Highmark Managed	Site of Care	J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG (VYVGART)
Highmark Managed	Site of Care	Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG
Highmark Managed	Site of Care	Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG
Highmark Managed	Site of Care	Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG
Highmark Managed	NOC Oncology	NOC**	BEVACIZUMAB-MALY (ALYMSYS)
Highmark Managed	NOC Oncology	NOC**	BEVACIZUMAB-ADCD (VEGZELMA)
Highmark Managed	NOC Other	NOC**	EFLAPEGRASTIM-XNST (RELVEDON)
Highmark Managed	NOC Other	NOC**	ELIVALDOGENE AUTOMTEMCEL (SKYSONA)
Highmark Managed	NOC Other	NOC**	ALIROCUMAB (PRALUENT)
Highmark Managed	NOC Other	NOC**	EVOLOCUMAB (REPATHA)
Highmark Managed	NOC Other	NOC**	PEGFILGRASTIM-PBBK (FYLNETRA)
Highmark Managed	NOC Other	NOC**	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUPANETA PACK)
Highmark Managed	NOC Other	NOC**	RISANKIZUMAB-RZAA (SKYRIZI)
Highmark Managed	NOC Other	NOC**	RANIBIZUMAB-EQURN (CIMERLI)
Highmark Managed	NOC Other	NOC**	OLIPUDASE ALFA (XENPOZYME)
Highmark Managed	NOC Other	NOC**	PEGFILGRASTIM-FPGK (STIMUFEND)
Highmark Managed	NOC Other	NOC**	SPESOLIMAB-SBZO (SPEVIGO)
Highmark Managed	NOC Other	NOC**	VUTRISIRAN (AMVUTTRA)

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Highmark Managed	NOC Other	NOC**	BETIBEGLOGENE AUTOTEMCEL (ZYNTEGLO)
Highmark Managed	NOC Other	NOC**	PARATHYROID HORMONE (NATPARA)
Highmark Managed	NOC Other	NOC**	PEGCETACOPLAN (EMPAVELI)
Highmark Managed	NOC Other	NOC**	CASIMERSEN (AMONDYS 45)
Highmark Managed	NOC Other	NOC**	PEGINTERFERON BETA-1A (PLEGRIDY)