

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

MARCH 30, 2018

HCPCS CODE J7325 TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE JUNE 1, 2018

Effective with dates of service of June 1, 2018, and beyond, HCPCS procedure code J7325 will require prior authorization before administering the injection to Highmark members.

Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure code on June 1, 2018:

Procedure Code	Description
J7325	Synvisc or Synvisc-One, (hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg)

Note: The code will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, June 1, 2018.

FIVE CODES TO BE REMOVED FROM PRIOR AUTHORIZATION LIST, EFFECTIVE JUNE 1, 2018

Effective June 1, 2018, Highmark will remove the five codes in the below table from its **List of Procedures/DME Requiring Authorization**.

Note: The five codes to be removed will continue to require authorization and will appear on the authorization list until the effective date, June 1, 2018.

Procedure Code	Description
J7321	Supartz (hyaluronan or derivative, supartz, visco-3, or hyalgan, for intra-articular injection, per dose)
J7328	Gelsyn-3 (hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg)
J1725 [†]	Injection, hydroxyprogesterone caproate, 1 mg
Q9985 [†]	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
Q9986 [†]	Makena (Injection, hydroxyprogesterone caproate, 10 mg)

[†]Hydroxyprogesterone caproate products will continue to require prior authorization under codes J1726 – Injection, hydroxyprogesterone caproate, (Makena), 10 mg, and J1729 – Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg.

(Continued)



CODE Q5102 DISCONTINUED, REPLACED WITH TWO NEW CODES, EFFECTIVE APRIL 1, 2018

Effective for claims with dates of service on or after April 1, 2018, code Q5102 – Injection, infliximab, biosimilar, 10 mg – , which describes both currently available versions of infliximab biosimilars, will be replaced with two individual codes for each product, Q5103 and Q5104:

- Q5103 – Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
- Q5104 – Injection, infliximab-abda, biosimilar, (renflexis), 10 mg

The **List of Procedures/DME Requiring Authorization** for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

For more information on obtaining prior authorization or viewing the current list, please visit the Provider Resource Center and look for **Procedure/Service Requiring Prior Authorization** under the **Claims, Payment & Reimbursement** option. The Resource Center is accessible through Highmark's NaviNet® system or under **Helpful Links** on our website.

Providers should use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services.

Providers who don't have NaviNet or access to the HIPAA transactions should call Clinical Services to obtain authorization for services.