

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

NOV. 29, 2017

ELEVEN NEW CODES TO REQUIRE PRIOR AUTHORIZATION BEGINNING FEB. 1, 2018

Effective with dates of service of Feb. 1, 2018, and beyond, the 11 procedure codes outlined below will require prior authorization before providing services to Highmark members.

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

Procedure Code	Description
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
J2326	INJECTION, NUSINERSEN, 0.1 MG (SPINRAZA)
J2350	INJECTION, OCRELIZUMAB, 1 MG (OCREVUS)
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG (STELARA)
J9022	INJECTION, ATEZOLIZUMAB, 10 MG (TECENTRIQ)
J9023	INJECTION, AVELUMAB, 10 MG (BAVENCIO)
Q2040	TISAGENLECLEUCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER INFUSION (KYMRIAH)

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, Feb. 1, 2018.

THREE CODES TO BE DELETED FROM AUTHORIZATION LIST, EFFECTIVE JAN. 1, 2018

Effective Jan. 1, 2018, Highmark will delete three codes from its **List of Procedures/DME Requiring Authorization**. The three codes in the table on the next page will be deleted from the list, effective Jan. 1, 2018. (**Please note:** The codes to be deleted will still require authorization and will still appear on the authorization list until the effective date, Jan. 1, 2018.)



(Continued)

Procedure Code	Description
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG
Q9985	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
Q9986	INJECTION, HYDROXYPROGESTERONE CAPROATE (MAKENA), 10 MG

During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

For more information on obtaining prior authorization or viewing the current list, please visit the Provider Resource Center and look under **Claims, Payment & Reimbursement** for providers in central and northeastern Pennsylvania, West Virginia, and Delaware, or under **Administrative Reference Materials** for providers in western Pennsylvania. The Resource Center is accessible via our Highmark NaviNet® system or under **Helpful Links** on our website.

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

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.