

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

JULY 8, 2021

ONE INJECTABLE DRUG TO REQUIRE PRIOR AUTHORIZATION BEGINNING SEPTEMBER 6, 2021

Effective with dates of service of **September 6, 2021** and beyond, the injectable drug below will require prior authorization before administering it to Highmark members.

Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure code on September 6, 2021:

Procedure Code	Description
J0800	Injection, Corticotropin, up to 40 Units (H.P. Acthar Gel, Repository Corticotropin Injection)

Note: The drug will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, September 6, 2021.

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 more information on obtaining prior authorization or viewing the current list, please visit the Provider Resource Center and look under the **Claims, Payment & Reimbursement** option. The Resource Center is accessible via NaviNet® or under **Helpful Links** on Highmark's 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.

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. If you don't have NaviNet or access to the HIPAA transactions, call Clinical Services to obtain authorization for services.

