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SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS **OCT. 30, 2015**

FOUR CODES TO BE ADDED TO LIST OF PROCEDURES REQUIRING AUTHORIZATION, EFFECTIVE 1/1/16

Effective with dates of service of Jan. 1, 2016, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add four procedure codes. The procedure codes are listed in the chart below. (Please note: The codes will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center until the effective date, Jan. 1, 2016.)

CODE	DESCRIPTION
J0894	INJECTION, DECITABINE, 1 MG
J9025	INJECTION, AZACITIDINE, 1 MG
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY, (E.G., SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE

Remember, during the year, we make several adjustments to the full list of outpatient procedures/services requiring authorization. To view the current list, please look under *Administrative Reference Materials* on the Provider Resource Center, which is accessible via our NaviNet® system or under *Helpful Links* at **highmarkbcbs.com**. As a reminder, providers should use NaviNet or the applicable HIPAA electronic transactions to check member benefits and eligibility to verify if an authorization is required and also to obtain authorization for services. Providers who don't have NaviNet or access to the HIPAA transactions should call Medical Management & Policy, toll-free, at 1-800-547-3627, Option 2, to request authorization for services on the list.