

# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

AUG. 1, 2014

## ATTENTION NETWORK PROVIDERS: EFFECTIVE 9/15/14, HIGHMARK TO ADD NINE CODES TO ITS LIST OF OUTPATIENT PROCEDURES/SERVICES REQUIRING AUTHORIZATION

Effective with dates of service of Sept. 15, 2014, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add nine procedure codes. The procedure codes listed in the following chart will be **added** to the authorization list, effective with dates of service of Sept. 15, 2014, and beyond. (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, Sept. 15, 2014.)

CODE	DESCRIPTION
37217	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY BY RETROGRADE TREATMENT, VIA OPEN IPSILATERAL CERVICAL CAROTID ARTERY EXPOSURE, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION
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)
J1602*	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE)
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR-CONTROLLED FEATURE
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM

(continued)



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*(continued)*

### **Clarification Regarding Codes E0470 and E0601 (Respiratory Assist and CPAP Devices)**

Highmark medical policy requires that devices used for the treatment of obstructive sleep apnea in adults (including respiratory assist and continuous positive airway pressure [CPAP] devices) initially must be provided to members on a three-month rental basis to ensure their compliance with use and treatment. After the three-month rental period, if members are compliant, purchase of the device may be approved. This two-stage process — which requires two separate authorizations, one for the rental and one for the purchase — will continue for procedure codes E0470 and E0601. **Important note:** If either an initial three-month rental or a device purchase is requested prior to Sept. 15, 2014, authorization will not be required. However, if a request is made either for rental or purchase on or after Sept. 15, 2014, authorization will be required.

Remember, during the year, we make several adjustments to the full list of outpatient procedures/services requiring authorization. To view the all-inclusive and most up-to-date list, please look under *Administrative Reference Materials* on the Provider Resource Center, which is accessible via our NaviNet® system or under Helpful Links at [www.highmarkbcbs.com](http://www.highmarkbcbs.com).

The list of outpatient procedures/services requiring authorization applies to members enrolled in *PPO Blue, EPO Blue, Direct Blue®* (group only), *Keystone Blue, PPO Plus, Choice Blue, Community Blue, Security Blue HMO* and *Freedom Blue PPO*. As a reminder, providers should use NaviNet® or the applicable HIPAA electronic transactions to obtain authorization for services. Providers who don't have NaviNet or access to the HIPAA transactions should call Medical Management and Policy, toll-free, at 1-800-547-3627, Option 2.

\*A communication outlining a specific prior authorization process for procedure codes J0717 and J1602 will be issued at a later date.