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SPECIAL BULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

Dec. 28, 2016 REVISED JAN. 9, 2017

FOUR CHEMOTHERAPY CODES TO BE ADDED TO THE LIST OF PROCEDURES REQUIRING AUTHORIZATION, EFFECTIVE MARCH 1, 2017

Effective with dates of service of March 1, 2017, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add the four procedure codes below.

Codes to be added March 1, 2017 to Highmark's List of Outpatient Procedures/Services Requiring Authorization

Procedure Code	Description Brand (generic)
J9308 J9228	Yervoy (ipilimumab)
J9271	Keytruda (pembrolizumab)
J9299	Opdivo (nivolumab)
J9228 J9308	Cyramza (ramucirumab)

Please note: While prior authorization will be required for new patient treatment, for the above chemotherapy procedure codes; patients currently in this treatment therapy will **not** require prior authorization.

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 4, to obtain authorization for services.