SPECIAL BULLETIN

MARCH 2013

ATTENTION NETWORK PROVIDERS:

HIGHMARK TO UPDATE ITS LIST OF OUTPATIENT PROCEDURES/SERVICES REQUIRING AUTHORIZATION

- **11 Codes to be Added to Authorization List, Effective 5/27/13**
- **267 Codes to be Deleted from Authorization List, Effective 4/15/13**

CODES TO BE ADDED:

Effective May 27, 2013, Highmark will revise its list of outpatient procedures/services requiring authorization to add 11 codes. The procedure codes in the table below will be **added** to the authorization list, effective May 27, 2013. (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, May 27, 2013.)

Code Description	Procedure Code
Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode	0319T
Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	37211
Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode	0321T
Insertion of subcutaneous defibrillator electrode	0320T
Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	37212
Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed	37213
Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (e.g., for chronic migraine)	64615
Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), open; initial vessel	37207
Each additional vessel (List separately in addition to code for primary procedure)	37208
Repair of blepharoptosis; conjunctivo-tarso-muller's muscle-levator resection (e.g., fasanella-servat type)	67908
Penile revascularization, artery, with or without vein graft	37788

CODES TO BE DELETED:

Effective April 15, 2013, Highmark will **delete** 267 codes from its list of outpatient procedures/services requiring authorization. Click here to view a list of these codes. (Please note, the codes to be deleted will still require authorization and will still appear on the authorization list until the effective date, April 15, 2013.)

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Remember, during the year, Highmark makes 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 NaviNet® or through the *Providers* tab at **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, NaviNet-enabled providers should use NaviNet to obtain authorization for services. Providers who don't have NaviNet can use the HIPAA Health Services Review (278) electronic transactions or call Highmark Medical Management and Policy, toll-free, at 1-800-547-3627, Option 2.

ADDITIONAL SERVICES THAT CONTINUE TO REQUIRE PREAUTHORIZATION*

In addition to the listing of procedures, the following items also require preauthorization:

- all inpatient admissions
- potentially experimental, experimental and cosmetic procedures
- home health
- selected injectable drugs
- oxygen
- physical medicine services
- all therapies for *Security Blue* HMO and *Freedom Blue* PPO in-network
- outpatient, non-emergency imaging procedures
- cardiac rehabilitation and pulmonary rehabilitation
- selected radiation therapy procedures

IMPORTANT NOTE:** Authorization for these and other products/services, including those on Highmark's list of outpatient procedures/services requiring authorization, may not be required for all Highmark members. Please be sure to check members' benefits before delivering care to verify if authorization is required. ***Reminder: Certain procedures require benefit verification prior to performing the procedure. To verify benefits, providers should use NaviNet or the applicable HIPAA electronic transactions. Providers who don't yet have NaviNet access should call, toll-free, 1-800-547-3627, Option 6. For *Security Blue*, call, toll-free, 1-866-517-8585. For *Freedom Blue* PPO, call, toll-free, 1-866-588-6967. If you have any questions about this information, contact your Provider Relations representative.