SPECIAL eBULLETIN

MARCH 28, 2014

ATTN: NETWORK PROVIDERS

EFFECTIVE 3/24/14, HIGHMARK TO UPDATE ITS LIST OF OUTPATIENT PROCEDURES/SERVICES REQUIRING AUTHORIZATION

- **FOUR OBSOLETE CODES TO BE REPLACED ON LIST**
- **TWO OBSOLETE CODES TO BE REMOVED FROM LIST**
- **FOUR CODES TO RECEIVE UPDATED DESCRIPTIONS**

Due to 2014 alpha numeric and Healthcare Common Procedure Coding System (HCPCS) code revisions, Highmark will make the following changes to our list of outpatient procedures/services requiring authorization, effective March 24, 2014.

OBSOLETE CODES TO BE REPLACED

Effective March 24, 2014, the following four obsolete procedure codes will be replaced by the corresponding four procedure codes:

Obsolete Code	Replacement Code
37205 – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT CORONARY, CAROTID, VERTEBRAL, ILIAC, AND LOWER EXTREMITY ARTERIES), PERCUTANEOUS; INITIAL VESSEL	**37236** – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL ARTERY
37206 – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT CORONARY, CAROTID, VERTEBRAL, ILAC, AND LOWER EXTREMITY ARTERIES), PERCUTANEOUS; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	**37237** – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID, INTRACRANIAL, OR CORONARY), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

(continued)

Camp Hill, PA 17089

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37207 – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT CORONARY, CAROTID, VERTEBRAL, ILIAC, AND LOWER EXTREMITY ARTERIES), OPEN; INITIAL VESSEL	**37238** – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL VEIN
37208 – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT CORONARY, CAROTID, VERTEBRAL, ILIAC, AND LOWER EXTREMITY ARTERIES), OPEN; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	**37239** – TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

OBSOLETE CODES TO BE REMOVED

Effective March 24, 2014, the following codes will be **obsolete with no replacements** and will no longer be included on our list of outpatient procedures/services requiring authorization:

- **J0718** – INJECTION, CERTOLIZUMAB PEGOL, 1 MG
- **Q2027** – INJECTION, SCULPTRA, 0.1 ML

CODES TO RECEIVE UPDATED DESCRIPTIONS

Effective March 24, 2014, the following codes will have **updated descriptions** and will continue to be included on our list of outpatient procedures/services requiring authorization:

- **A9272** – WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COMPONENTS, ANY TYPE, EACH
- **E2300** – WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
- **E2301** – WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE
- **L0160** – CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PRE-FABRICATED, OFF-THE-SHELF

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.highmarkblueshield.com**.

The list of outpatient procedures/services requiring authorization applies to members enrolled in *PPO Blue*, *EPO Blue, Direct Blue*® (group only), *Community Blue Premier Flex* (available in nine Central Region counties only), Freedom Blue PPO (only available in our 21-county Central Region and in the 13-county Blue Cross of Northeastern Pennsylvania [BCNEPA] service area) and *PPO Plus*. 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 1-866-731-8080, Option 2, to obtain authorization for services for commercial members. For Medicare Advantage members, providers may call the Freedom Blue PPO Provider Service Center, toll-free, at 1-866-588-6967.

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