

# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

FEB. 27, 2015

## ATTENTION NETWORK PROVIDERS: EFFECTIVE 5/1/15, HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE TO ADD 11 CODES TO ITS LIST OF OUTPATIENT PROCEDURES/SERVICES REQUIRING AUTHORIZATION

Effective with dates of service of May 1, 2015, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add 11 procedure codes. The procedure codes listed in the following chart will be **added** to the authorization list, effective with dates of service of May 1, 2015, 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, May 1, 2015.)

CODE:	DESCRIPTION:
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION VARIANTS IN BRCA1 (I.E., EXON 13 DEL 3.835KB, EXON 13 DUP 6KB, EXON 14-20 DEL 26KB, EXON 22 DEL 510BP, EXON 8-9 DEL 7.1KB)
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DEL, 5385INS, 6174DEL VARIANTS
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS
81214	BRCA1 (BREAST CANCER 1) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION VARIANTS (I.E., EXON 13 DEL 3.835KB, EXON 13 DUP 6KB, EXON 14-20 DEL 26KB, EXON 22 DEL 510BP, EXON 8-9 DEL 7.1KB)
81215	BRCA1 (BREAST CANCER 1) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
81216	BRCA2 (BREAST CANCER 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81217	BRCA2 (BREAST CANCER 2) (E.G., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; VENOUS, OTHER THAN HEMORRHAGE (E.G., CONGENITAL OR ACQUIRED VENOUS MALFORMATIONS, VENOUS AND CAPILLARY HEMANGIOMAS, VARICES, VARICOCELES)

(continued)



**(continued)**

<b>CODE:</b>	<b>DESCRIPTION:</b>
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (E.G., CONGENITAL OR ACQUIRED ARTERIAL MALFORMATIONS, ARTERIOVENOUS MALFORMATIONS, ARTERIOVENOUS FISTULAS, ANEURYSMS, PSEUDOANEURYSMS)
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION
37244	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR ARTERIAL OR VENOUS HEMORRHAGE OR LYMPHATIC EXTRAVASATION

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.highmarkbcbsde.com](http://www.highmarkbcbsde.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 electronic transactions should call Medical Management and Policy, toll-free, at 1-866-731-8080, Option 2, to obtain authorization for services on the list for Highmark Delaware members.