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SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

JULY 31, 2015

SIXTEEN CODES TO BE ADDED TO LIST OF PROCEDURES REQUIRING AUTHORIZATION, EFFECTIVE 10/1/15

Effective with dates of service of Oct. 1, 2015, and beyond, we will revise our list of outpatient procedures/services requiring authorization to add 16 procedure codes. The procedure codes are listed in the chart on the reverse side of this bulletin. (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 of Oct. 1, 2015.)

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 NaviNet[®] or under *Helpful Links* at highmarkbcswv.com. Please 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 yet have NaviNet or access to the HIPAA electronic transactions should continue to call Medical Management & Policy, toll-free, at 1-800-344-5245 to request authorizations for members of our commercial products. To request authorizations for Medicare Advantage Freedom Blue PPO members, providers without NaviNet or access to the HIPAA electronic transactions should call Medical Management & Policy, toll-free, at 1-800-269-6389.

(over, please)

(continued)

CODE:	DESCRIPTION:
22899	UNLISTED PROCEDURE, SPINE
28285	CORRECTION, HAMMERTOE (E.G., INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM
J0180	INJECTION, AGALSIDASE BETA, 1 MG
J1458	INJECTION, GALSULFASE, 1 MG
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG
J1743	INJECTION, IDURSULFASE, 1 MG
J1322	INJECTION, ELOSULFASE ALFA, 1 MG
J2562	INJECTION, PLERIXAFOR, 1 MG
J9041	INJECTION, BORTEZOMIB, 0.1 MG
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG
J9207	INJECTION, IXABEPILONE, 1 MG
J9301	INJECTION, OBINUTUZUMAB, 10 MG