HIGHMARK West Virginia

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SPECIAL BULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **JUNE 22, 2017**

SIX DRUG CODES TO BE ADDED TO THE LIST OF OUTPATIENT PROCEDURES REQUIRING PRIOR AUTHORIZATION, EFFECTIVE SEPT. 1, 2017

Effective with dates of service of Sept. 1, 2017, and beyond, the six drugs listed below will require authorization before providing services to Highmark members.

Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure codes on Sept. 1, 2017:

Procedure Code	Description
J2182	Injection, mepolizumab, 1 mg (Nucala)
J2786	Injection, reslizumab, 1 mg (Cinqair)
J9034	Injection, bendamustine HCl, 1 mg (Bendeka)
J9145	Injection, daratumumab, 10 mg (Darzalex)
J9176	Injection, elotuzumab, 1 mg (Empliciti)
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (Imlygic)

(Continued)

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, Sept. 1, 2017.

Remember, during the year we make several adjustments to the full list of outpatient procedures, services, durable medical equipment, or drugs requiring authorization. For more information on obtaining prior authorization and 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 **Quicklinks** at **highmarkbcbswv.com**.

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit. 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 1-800-543-7822, Option 4, to obtain authorization for services.