



An Independent Licensee of the Blue Cross and Blue Shield Association

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## ***Attn: PremierBlue<sup>SM</sup> Shield Network Providers***

### **Additions to List of Procedures Requiring Authorization**

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Highmark Blue Shield has revised the list of procedures requiring authorization to include additional codes. The procedure codes on the following page have been *added* to the authorization list, effective Aug. 1, 2005.

Remember, during the year, Highmark makes several adjustments to the full list of procedures requiring authorization. To view the all-inclusive and most up-to-date list, please look under *Administrative Reference Materials* on the Provider Resource Center.

The list of procedures requiring authorization applies to members enrolled in SelectBlue<sup>®</sup>, DirectBlue<sup>®</sup> (group only) and FreedomBlue<sup>SM</sup> (Highmark's new Medicare Advantage PPO that is now being launched). As a reminder, NaviNet<sup>SM</sup>-enabled providers should use NaviNet to obtain authorization for services. Providers who don't yet have NaviNet should continue to call HMS Care Management at 1-866-731-8080 to obtain authorization for services.

#### **Additional Services That Continue to Require Preauthorization**

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

- all inpatient admissions
- investigational, experimental and cosmetic procedures
- home health
- diabetic education/nutritional counseling
- selected injectable drugs

**Reminder:** Certain procedures require benefit verification prior to performing the procedure. To verify benefits, NaviNet-enabled providers should use NaviNet. Providers who don't yet have NaviNet should call 1-866-731-2045 and select Option 1.

*(continued)*

(continued)

Effective Aug. 1, 2005

<b>ADDITIONAL PROCEDURES THAT REQUIRE AN AUTHORIZATION, EFFECTIVE Aug. 1, 2005</b>	
<b>CPT CODE</b>	<b>DESCRIPTION</b>
J0180	Injection, agalsidase beta, 1mg
J1325	Injection, epoprostenol, 0.5 mg
J1931	Injection, laronidase, 0.1 mg
J2357	Injection, omalizumab, 5 mg
J2430	Injection, pamidronate disodium, per 30 mg
J3487	Injection, zoledronic acid, 1 mg
Q4077	Injection, treprostinil, 1 mg
Q4080	Iloprost, inhalation solution, administered through DME
S0114	Injection, treprostinil sodium, 0.5 mg
S0118	Injection, ziconotide, for intrathecal infusion
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision of gastric restrictive procedure for morbid obesity (separate procedure)
90378	Respiratory syncytial virus immune globulin (RSV-IVIG), for intramuscular use, 50 mg, each

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