

Special Bulletin

For all providers in DE, PA, and WV

May 14, 2025

Updated Quarterly Fee Schedules Including MID Reimbursement Changes

The standard professional quarterly fee schedules*, including new reimbursement rates for select Medical Injectable Drugs (MIDs), were published on May 5, 2025.

MID Update

Originally, the new MID rates were scheduled to be published on April 1 but were moved back based on Highmark receiving updated information from the Centers for Medicare and Medicaid Services (CMS). As a result, Highmark implemented the new rates retroactively on April 8 with an April 1 effective date.

Reimbursement rates for MIDs will increase or decrease to align with the average selling price (ASP); drugs lacking an ASP will use the average wholesale price (AWP). Drugs remain in the program once assigned an HCPCS code. **Note:** Changes in reimbursement rates do not impact the Site of Care rate.

The full list of injectables is below.

MID Claims Information

Claims processed April 8 or after will be reimbursed at the new rates. Claims processed prior to April 8 will be reimbursed at the former rates.

Accessing the Fee Schedules

To view the fee schedules on the Provider Resource Center (PRC), log into [Availity Essentials](#)®. Click **Payer Spaces > Your Highmark Plan > Provider Resource Center**. Once you arrive at the PRC, choose **Claims & Authorization > Reimbursement Programs > Fee Schedule Information**.

**Any changes to the commercial standard professional fee schedule and pricing methodology will comply with 18 Del. Code §§ 3342B and 3556A.*

List of Medical Injectable Drugs

Procedure Code	Drug Name
J3262	Actemra IV
J0801	Acthar
J1931	Aldurazyme

J2793	Arcalyst
Q3027	Avonex
Q5121	Avsola
J0490	Benlysta Iv
J1830	Betaseron/Extavia
J1556	Bivigam
J0585	Botox
J1786	Cerezyme
J0717	Cimzia
J3590*	Cosentyx
J7318	Durolane
J0586	Dysport
J1743	Elaprase
J3380	Entyvio
J7323	Euflexxa
J0177	Eylea HD
J0178	Eylea
J0180	Fabrazyme
J1572	Flebogamma DIF
J3110	Forteo/Teriparatide
J1569	Gammagard Liquid
J1557	Gammaplex
J1561	Gamunex-C, Gammaked
J7326	Gel-One
J7328	Gelsyn-3
J7320	Genvisc 850
J1595	Glatopa
J2941	Growth Hormones – Various
J1559	Hizentra
J7321	Hyalgan, Supartz, and Visco-3
J7322	Hymovis
J1575	Hyqvia
J0638	Ilaris
J3245	Ilumya
Q5103	Inflectra
J1566	Gammagard S/D
J1290	Kalbitor
J2840	Kanuma
Q2042	Kymriah
J0202	Lemtrada
J2778	Lucentis
J0221	Lumizyme
J1950	Lupron Depot
J3398	Luxturna
J7327	Monovisc
J0587	Myobloc

J1458	Naglazyme
J3590*	Natpara
J2796	Nplate
J2182	Nucala
J2350	Ocrevus
J1568	Octagam
J0129	Orencia IV
J7324	Orthovisc
J3590*	Plegridy
J3590*	Praluent
J1459	Privigen
Q3028	Rebif
J1745	Remicade
Q5104	Renflexis
J2794	Risperdal Consta
J0596	Ruconest
J3590*	Simponi
J1602	Simponi Aria
J1300	Soliris
J2326	Spinraza
J3358	Stelara IV
J3357	Stelara SC
J2860	Sylvant
90378	Synagis
J7325	Synvisc/Synvisc-One
Q2053	Tecartus
J3241	Tepezza
J3240	Thyrogen
J2323	Tysabri
J1322	Vimizim
J3396	Visudyne
J3385	Vpriv
J1558	Xembify
J0588	Xeomin
J2357	Xolair
Q2041	Yescarta
J3399	Zolgensma
J0225	Amvuttra
J1554	Asceniv
J0179	Beovu
J0597	Berinert
J2329	Briumvi
Q5124	Byooviz
Q5128	Cimerli
J2786	Cinqair
J0598	Cinryze

J1551	Cutaquig
J1555	Cuvitru
J0589	Daxxify
J2508	Elfabrio
J0177	Eylea HD
J0517	Fasenra
J1744	Various
J0599	Haegarda
J2782	Izervay
J0217	Lamzede
J3397	Mepsevii
J0219	Nexviazyme
J1576	Panzyga
J1203	Pombiliti
J2327	Skyrizi
J1747	Spevigo
J2779	Susvimo
J2781	Syfovre
J7331	Synjoynt
J2356	Tezspire
Q5133	Tofidence
J7332	Triluron
J7329	Trivisc
Q5134	Tyruko
J1303	Ultomiris
J2777	Vabysmo
J0218	Xenpozyme

***Not Otherwise Classified (NOC) Code:** When drugs with NOC or temporary codes are assigned a specific HCPCS code, they will remain part of the Highmark Medical Injectable Drug Program.

All reimbursement rates subject to change based on quarterly changes to the average wholesale price (AWP) or average sales price (ASP) when applicable.

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