Special Bulletin

For professional and facility providers

October 18, 2024

Eight Breast MRI Codes to be Removed from Prior Authorization List

Effective Nov. 1, 2024, the following eight breast MRI codes will be removed from the prior authorization list:

Procedure Code	Description
C8903	MRI breast with contrast, unilateral
C8905	MRI breast with and without contrast, unilateral
C8906	MRI breast bilateral with contrast
C8908	MRI breast bilateral with and without contrast
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral

Beginning Nov. 1, 2024, these eight procedures will no longer require prior authorization.

Important Information for Acquiring Prior Authorization

The List of Procedures/DME Requiring Authorization for Highmark is subject to change. During the year, Highmark makes several adjustments to its full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization. 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 Availity® or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services before they are rendered.

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