

# Special Bulletin

For professional and facility providers

June 24, 2024

## Prior Authorization Changes Occurring on Sept. 30, 2024

**Effective Sept. 30, 2024**, nearly 100 codes will be added to the prior authorization list, including codes related to the following procedures and/or treatments:

- Implantable defibrillator
- Insertion of new or replacement pacemaker; Removal of permanent pacemaker
- Mastectomy
- Nasal/sinus endoscopy
- Rhinoplasty
- Prostatectomy
- Revascularization
- Tonsillectomy and adenoidectomy
- Transcatheter aortic valve replacement

### Codes to be Added to Prior Authorization List

The codes below will not appear on the Prior Authorization list on the Provider Resource Center until the effective date of **Sept. 30, 2024**.

| Procedure Code | Description  |
|----------------|--|
| 19301          | Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy);  |
| 19303          | Mastectomy, simple, complete   |
| 30130          | Excision inferior turbinate, partial or complete, any method   |
| 30460          | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only  |
| 30462          | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies  |
| 30630          | Repair nasal septal perforations   |
| 31253          | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed |
| 31254          | Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)   |
| 31257          | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy  |
| 31259          | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus                        |
| 31295          | Nasal/sinus endoscopy, surgical, with dilation (e.g., balloon dilation); maxillary sinus ostium, transnasal or via canine fossa  |
| 33206          | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial   |

|       |   |
|-------|---|
| 33207 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular   |
| 33208 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular  |
| 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)  |
| 33216 | Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator   |
| 33217 | Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator   |
| 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)   |
| 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system  |
| 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system  |
| 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system  |
| 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads   |
| 33240 | Insertion of implantable defibrillator pulse generator only; with existing single lead  |
| 33249 | Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber   |
| 33262 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system  |
| 33263 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system  |
| 33264 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system  |
| 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed       |
| 33273 | Repositioning of previously implanted subcutaneous implantable defibrillator electrode  |
| 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation   |
| 33361 | Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach  |
| 33362 | Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach  |
| 33363 | Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach   |
| 33365 | Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy)  |
| 33366 | Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (e.g., left thoracotomy)   |
| 33418 | Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis   |
| 33875 | Descending thoracic aorta graft, with or without bypass   |
| 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass   |
| 33880 | Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin |
| 33881 | Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving   |

|       |  |
|-------|--|
|       | coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin  |
| 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta   |
| 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endographic extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)   |
| 34703 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)  |
| 34704 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) |
| 34705 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)   |
| 34706 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)  |
| 34830 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis  |
| 34831 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis  |
| 34841 | Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)   |
| 34844 | Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[ies])   |
| 34846 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[ies])  |

|       |  |
|-------|--|
| 34847 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[ies]) |
| 35301 | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision   |
| 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection   |
| 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection  |
| 37217 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation   |
| 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation   |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed   |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral; with transluminal angioplasty   |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed   |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed   |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed   |
| 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty  |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed  |
| 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road-mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction   |
| 42821 | Tonsillectomy and adenoidectomy; age 12 or over  |
| 42826 | Tonsillectomy, primary or secondary; age 12 or over  |
| 42830 | Adenoidectomy, primary; younger than age 12  |
| 42831 | Adenoidectomy, primary; age 12 or over   |
| 42835 | Adenoidectomy, secondary; younger than age 12  |
| 42836 | Adenoidectomy, secondary; age 12 or over   |
| 49250 | Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)  |
| 55810 | Prostatectomy, perineal radical;   |
| 55812 | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)  |
| 55815 | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes  |
| 55840 | Prostatectomy, retropubic radical, with or without nerve sparing;  |
| 55842 | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)   |
| 55845 | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes   |

|       |  |
|-------|--|
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed  |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch   |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch   |
| 92937 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel   |
| 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel   |
| 93580 | Percutaneous transcatheter closure of congenital interatrial communication (i.e., Fontan fenestration, atrial septal defect) with implant  |
| 93653 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry |
| 93656 | Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording, when performed   |
| C1721 | Cardioverter-defibrillator, dual chamber (implantable) (for facility claims only)  |
| C1722 | Cardioverter-defibrillator, single chamber (implantable) (for facility claims only)  |
| C1777 | Lead, cardioverter-defibrillator, endocardial single coil (implantable)  |
| C1785 | Pacemaker, dual chamber, rate-responsive (implantable) (for facility claims only)  |
| C1786 | Pacemaker, single chamber, rate-responsive (implantable) (for facility claims only)  |
| C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system  |
| C1895 | Lead, cardioverter-defibrillator, endocardial dual coil (implantable)  |
| C1896 | Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)   |
| C2621 | Pacemaker, other than single or dual chamber (implantable)   |

## 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 [Avality](#)<sup>®</sup> 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.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Avality is an independent company that contracts with Highmark to offer provider portal services.

