

Special Bulletin

For professional and facility providers

April 28, 2023

Upcoming Prior Authorization Changes

In support of our Living Health strategy, the Highmark Utilization Management (UM) Transformation team continues to identify opportunities to reduce administrative burden, while increasing efficiency and convenience for providers and members.

The following prior authorization changes will occur on **May 1, 2023**:

- Two cardiac implantable codes will move from eviCore to Highmark management
- 19 eviCore-managed codes will no longer require prior authorization
- CPT code 77049 for breast MRI will transition to auto approve status

In addition, three specialty medical injectable codes will no longer require prior authorization effective **June 1, 2023**.

Two Cardiac Implantable Codes Moving from eviCore to Highmark Management

Effective May 1, 2023, the Current Procedural Terminology (CPT) codes below will be transitioned from eviCore management to Highmark management. Authorizations should be submitted directly to Highmark for the following services.

Procedure Code	Description
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed

19 eviCore-Managed Codes Will No Longer Require Prior Authorization

Effective May 1, 2023, the 19 services — represented by the CPT/HCPCS* codes below — will no longer require prior authorization for Highmark members. Highmark will revise its [List of Procedures/DME Requiring Authorization](#) by removing the following codes, currently managed by eviCore, on **May 1, 2023**:

Procedure Code	Description
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study
93325	Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography)
93352	Use of echocardiographic contrast agent during stress echocardiography (list separately in addition to code for primary procedure)
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (list separately in addition to codes for echocardiography imaging)
93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)
C8921	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete
C8922	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study
C8923	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography
C8924	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation, and report
C8928	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
C8929	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography
C8930	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

Note: These procedures will continue to require authorization via eviCore and appear on the all-inclusive authorization list on the Provider Resource Center **until May 1, 2023**.

CPT Code 77049 Breast MRI To Be Auto Approved

Effective May 1, 2023, CPT code 77049 — the procedure most frequently ordered for Breast MRI — will be automatically approved by eviCore.

Procedure Code	Description
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

Three Specialty Medical Injectable Codes Will No Longer Require Prior Authorization

Highmark will revise its [List of Procedures/DME Requiring Authorization](#) by removing the following codes, currently managed by Highmark, on **June 1, 2023**:

Procedure Code	Description
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg
J9037	Injection, belantamab mafodotin-blmf, 0.5 mg (Blenrep)

Note: These procedures will continue to require authorization and will appear on the all-inclusive authorization list on the Provider Resource Center **until June 1, 2023**.

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 [NaviNet](#)[®] 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.

Providers who don't have NaviNet or access to the HIPAA transactions should call or fax Highmark's [Clinical Services](#) to obtain authorization for services.

**HCPCS is an acronym for Healthcare Common Procedure Coding System.*

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