



# PROVIDER UPDATE

The policies and HCPCS codes below have been updated:

## Effective July 7, 2025

Prior authorization is required for all of the HCPCS codes listed in the appropriate table below. Failure to obtain authorization will result in a claim denial. The prior authorization process will apply to **all Highmark Health Options members or Highmark Health Options Duals members.**

Medical necessity criteria for each of the medications listed below are outlined in the specific medication policies available online. Review Highmark Health Options prior authorization policies online at [Medicaid Prior Authorization Code Lookup](#). To access Highmark Health Options Duals medication policies, please paste the following link in your internet browser: <https://www.highmarkhealthoptions.com/providers/prior-auth-lookup>.

## Highmark Health Options Procedure Codes Requiring Authorization:

HCPCS	DRUG NAME
J3590*	Encelto (revakinagene taroretcel-lwey)
J3490*	Qfitlia (fitusiran)
J3590*	Imaavy (nipocalimab-aahu)
Q5136	Wyost/ Jubbonti (denosumab-bbdz)

*\*These medications will be reviewed under the applicable miscellaneous procedure code (NOC) until a permanent HCPCS code is assigned.*

## Highmark Health Options Duals (HMO SNP) Procedure Codes Requiring Authorization:

HCPCS	DRUG NAME
J3590*	Encelto (revakinagene taroretcel-lwey)
J3490*	Qfitlia (fitusiran)
J9999*	Tepylute (thiotepa)
J3590*	Imaavy (nipocalimab-aahu)
Q5136	Wyost/ Jubbonti (denosumab-bbdz)
J9361	Ryzneuta (efbemalenograstim alfa-vuxw)

*\*These medications will be reviewed under the applicable miscellaneous procedure code until a permanent HCPCS code is assigned.*

Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on:

- Characteristics of the local delivery system.
- Established clinical criteria.
- Individual member needs.

Authorization does not guarantee payment of claims. Any medication listed above will be reimbursed by us only if it is:

- Medically necessary.
- A covered service.
- Provided to an eligible member

Providers must follow the policy guidelines when submitting claims.

**Review the updated policy and procedure codes** by using the link. [Medical & Reimbursement Policies](#)

**Check if a code requires Prior Authorization** by using our Lookup Tool [Prior Authorization Lookup Tool](#)

**We're here to help.** If you have specific questions or comments related to a Medicaid or Reimbursement policy, email [GovernmentPolicy@highmark.com](mailto:GovernmentPolicy@highmark.com).

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For other questions or concerns, call Provider Services at 1-844-325-6251, Monday through Friday, 8 a.m. – 5 p.m. or contact your Provider Account Liaison.

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