



PROVIDER UPDATE

The policies and HCPCS codes below have been updated:

Effective October 1, 2025

Prior authorization is required for **all oncology medications**. Failure to obtain authorization will result in a claim denial. The prior authorization process will apply to **all Highmark Health Options Duals D-SNP (Medicare) members starting 10/1/2025**. This has been in place for Highmark Health Options (Medicaid) since 8/1/2025.

HealthHelp® will be managing oncology prior authorization requests for Highmark Health Options (HHO) Duals D-SNP and Highmark Health Options (HHO) Medicaid in Delaware. Previously, prior authorization was not required for all medical oncology services and Highmark Health Options (HHO) D-SNP managed the pharmacy oncology prior authorizations. HealthHelp has implemented Single Sign-On (SSO) capability within NaviNet. If you do not already have a NaviNet account for other health plans, you will need to register to access HealthHelp SSO for prior authorization requests. [Get started with NaviNet today.](#)

Prior authorization requests for your HHO patients can also be submitted to HealthHelp **by fax at 877-637-6934 or by phone at 877-761-1444.**

Prior authorization is also 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
J9999*	Emrelis (Telisotuzumab Vedotin-tllv)
J8999	Nilotinib D-Tartrate
J9999*	Lynozytic
J8999	Ibtrozi
Q9996	Pyzchiva (ustekinumab-ttwe)
Q5098	Imuldosa (ustekinumab-srlf)
J3590	Osenvelt (denosumab-bmwo)
J3590	Stoboclo (denosumab-bmwo)
J3590	Bomynta (denosumab-bnht)
J3590	Conexence (denosumab-bnht)
J3590*	Zevaskyn
J9342	Tepadina
J1747	Spevigo

**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
J9999*	Emrelis (Telisotuzumab Vedotin-tllv)
J8999	Nilotinib D-Tartrate
J9999*	Lynozytic
J8999	Ibtrozi
Q9996	Pyzchiva (ustekinumab-ttwe)
Q5098	Imuldosa (ustekinumab-srlf)
J3590	Osenvelt (denosumab-bmwo)
J3590	Stoboclo (denosumab-bmwo)
J3590	Bomynta (denosumab-bnht)
J3590	Conexence (denosumab-bnht)
J3590*	Zevaskyn
J9342	Tepadina
J1747	Spevigo

**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.

Opt Out - To unsubscribe from these messages, please reply "UNSUBSCRIBE" to governmentpolicynotifications@highmark.com

For questions or information regarding these change or general policy and procedures, contact a Highmark provider representative at **844-325-6251 for Highmark Health Options** or at **833-841-8075 for Highmark Health Options Duals (D-SNP)**. Representatives are available 8 a.m. to 4:30 p.m., Monday - Friday. TTY users call 711.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

HealthHelp is a separate company that offers education and guidance from specialists in sleep, cardiology, radiation oncology, musculoskeletal, diagnostic imaging, and physical medicine for Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield such as routine eligibility, benefits and claims status inquiries.

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

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NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Health Options such as routine eligibility, benefits and claims status inquiries.

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.