

PROVIDER UPDATE

JANUARY 2019: NEW PERMANENT PROCEDURE CODE ASSIGNED, EFFECTIVE JANUARY 01, 2019

RITUXAN

The procedure code for Rituxan, J9310, has been discontinued. As of 01/01/2019, the effective procedure code is J9312. This code should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description
J9312	Rituxan (rituximab)

Authorizations previously obtained under the discontinued Jcode will be honored through the original authorization end date. All future authorization requests (initial and reauthorization) for Rituxan should be requested with the effective procedure code, J9312. When submitting a request for reauthorization, please reference original authorization number.

FASENRA, LUXTURNA, BRINEURA

As of 01/01/2019, permanent procedure codes have been assigned for Fasenra, Luxturna, and Brineura. These codes should be utilized for all dates of service after 01/01/2019.

Procedure Code	Description	Procedure Code	Description
J0517	Fasenra (benralizumab)	J3398	Luxturna (voretigene neparvovec-rzyl)
J0567	Brineura (cerliponase Alfa)		

ADDITIONAL INFORMATION

- Any decision to deny a prior authorization or to authorize a service is made by a licensed pharmacist based on individual member needs, characteristics of the local delivery system, and established clinical criteria.
- NaviNet is the most efficient means to request authorization. A new NaviNet form with autofill functionality will be added to the Authorization Request Forms to make completing and submitting your online requests easier and faster.
- Authorization does not guarantee payment of claims. Medications listed above will be reimbursed by Highmark Health Options only if it is medically necessary, a covered service, and provided to an eligible member.
- Non-covered benefits will not be paid unless special circumstances exist. Always review member benefits to determine covered and non-covered services.
- The procedure codes you have previously been notified of will continue to require pre-service authorization. The complete list of procedure codes that require pre-service authorization can be found at: <https://highmarkhealthoptions.com/providers/MedicalAndPaymentPolicy>.

If you have questions regarding the authorization process and/or how to submit authorizations electronically, please contact your Highmark Health Options Provider Relations Representative directly or call the Provider Services Department using the phone number 1-844-325-6251.