

Musculoskeletal Surgery and Interventional Pain Management Services Program Authorization Process

For Highmark Providers: How To Submit a Prior Authorization Request Through NaviNet

December 2018

When submitting musculoskeletal (MSK) surgery or interventional pain management (IPM) services authorization requests via NaviNet[®], it is important to follow the specific entry requirements so your request is processed correctly and without delay.

1. Per the usual process, remember to check the member's eligibility and benefits for both inpatient and outpatient requests.

- If the Musculoskeletal Interventional Pain Management indicator = **Yes**, then the group requires **prior authorization** by eviCore or Highmark.

The screenshot shows a member's profile in NaviNet. At the top, it indicates the member is 'Active' from 01/01/2018 to 12/31/9999, with a service date of 10/09/2018. The profile is divided into three columns: 'INSURANCE DETAILS', 'PRIMARY CARE PROVIDER', and 'CB Premier Flex HDHP EPO Provisions'. Under 'INSURANCE DETAILS', there is a link to 'View Current Member ID Card' and a section for 'Group Information' with the following details: Plan Area: 363, Alpha Prefix: HBE, Advanced Imaging Ind: YES, Radiation Therapy Management: YES, Physical Medicine Management: YES, Genetic Testing: NO, and Musculoskeletal Interventional Pain Management: YES. A red arrow points to the 'Musculoskeletal Interventional Pain Management: YES' line, which is also enclosed in a red rectangular box. Below this, the 'Product' is listed as 'CB Premier Flex HDHP EPO' and the 'Type' as 'Preferred Provider Organization (PPO)'. The right column contains links for 'View Previous Coverage', 'Additional Benefit Provisions', and 'Benefit Accumulator'.

- If the Musculoskeletal Interventional Pain Management indicator = **NO** and the procedure or service is being performed outpatient, then the group **does not require prior authorization** by eviCore or Highmark.

Important reminder: ALL inpatient admissions require authorization.

Active from 01/01/2017 to 12/31/9999 Member ID: Group: Service Date: 10/09/2018

INSURANCE DETAILS
[View Current Member ID Card](#)

Group Information
Plan Area: 378
Alpha Prefix: HYR
Advanced Imaging Ind: YES
Radiation Therapy Management: NO
Physical Medicine Management: NO
Genetic Testing: NO
Musculoskeletal Interventional Pain Management: NO
Product:
PPO BLUE

PRIMARY CARE PROVIDER

[PPO BLUE Provisions](#)
[HRA Coverage Details](#)
[View Previous Coverage](#)
[Additional Benefit Provisions](#)
[Benefit Accumulator](#)

2. Use the below chart to check the status of your preauthorization.

MSK/IPM = Yes or No	How was the authorization requested?	Where can I check the status of the request?
Yes	Request entered in NaviNet and routed to eviCore	<ul style="list-style-type: none"> • Pended and finalized authorizations will show in NaviNet • Call eviCore to check the status of your pended authorization
Yes	Request entered in NaviNet and routed to Highmark	In NaviNet
Yes	Request was called or faxed to eviCore	<ul style="list-style-type: none"> • Only finalized authorizations will show in NaviNet • Pended authorizations can be checked by calling eviCore at 1-888-564-5492 from 7 a.m. - 7 p.m. (EST), Monday through Friday.
Yes	Request was called or faxed to Highmark	In NaviNet
No	<p>When the MSK procedure does not require preauthorization, but the request is for inpatient admission, follow your usual process.</p> <p>When the Musculoskeletal Interventional Pain Management indicator = NO, a facility or professional provider can submit an inpatient authorization by selecting “Planned Medical” or “Planned Surgical” as the service type via NaviNet, or they can call or fax the request to Highmark.</p>	In NaviNet
No	Request is outpatient ; No authorization is required	N/A

Entering authorizations via NaviNet

When submitting authorization requests via NaviNet, the appropriate **service type** must be selected from the options in the dropdown list so that the authorization request is processed correctly and without delay.

For Inpatient Place of Service: When submitting a case for MSK surgical procedures that require prior authorization through NaviNet, select the appropriate service:

- Spine Surgery Procedures
- Large Joint Procedures

Highmark Blue Shield | Auth Submission | Selection Form

Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider:

Proposed Date of Service:

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: Member Date of Birth:

Member First Name: Member Last Name:

Step 3. Please select a Category and then a Service from the selections below:

Category: Service:

Category	Service
Inpatient	Spine Surgery Procedures
	Large Joint Procedures

Important: Even when an MSK surgical procedure authorization is not required by eviCore per eligibility and benefit check, remember that **all** inpatient requests require authorization.

For Outpatient Place of Service: When submitting a case for MSK surgical procedures or IPM services that require prior authorization through NaviNet, select the appropriate service:

- Spine Surgery Procedures
- Large Joint Procedures
- Pain Management Procedures

Selection Form

Step 1. Please select a Referred from Service Provider and enter the Proposed Date of Service (both are required):

Service Provider:

Proposed Date of Service:

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID: Member Date of Birth:

Member First Name: Member Last Name:

Step 3. Please select a Category and then a Service from the selections below:

Category: Service:

Category and Services Added:

Category	Service
	Planned Medical
	Planned Surgical
	Chemotherapy
	Speech Therapy
	Rehab/Therapies
	Spine Surgery Procedures
	Large Joint Procedures
	Pain Management Procedures

3. **Procedure Codes field:** You may enter or search for up to 12 procedure codes. Use the Add Procedure Codes button to add additional codes. Complete the remaining fields.

Highmark Blue Shield | Auth Submission | Selection Form | Request Form

Diagnosis Codes:
You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: ICD-10 ▾

Diagnosis Code: Description:

Procedure Codes:
You may enter or search for up to 12 procedure codes. To add additional procedure codes, click the "Add Procedure Codes" button.

Procedure Code: Description:

Referred From Provider Information:

Billing Provider Name:

Address: ▾

Service Provider:

Contact Name: Contact Phone:

Comments:
History/Symptoms:

Important: The **provider** is responsible for submitting MSK surgery or IPM services authorization requests. Facilities should direct MSK surgery or IPM services authorization requests back to the provider.