

# ENTERING SERVICE LOCATIONS FOR SPECIALTY RX PRIOR AUTHORIZATION IN NAVINET®

As part of our Utilization Management efforts focused around specialty drugs, Highmark requires information on the location where these drugs were administered when submitting prior authorizations for specialty drugs.

Most specialty drugs are administered in providers' offices and/or facilities and hospitals. It's important that you enter the correct service location in NaviNet when submitting claims for specialty drugs.

Below are further details and instructions for claims for services performed in your office and in facilities/hospitals.

## SCENARIO 1: SERVICES PERFORMED IN-OFFICE

If performing services in your office:

Follow this direction in NaviNet to flow through to utilization and claims.

1. Select category: **INJECTABLE**
2. Proceed as usual.

| Referred from:   | Referred TO:   |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
|--|--|-------------------------------|--|-------------------------------------|--|----------------|------------------|-------------|--|--------------|--|--|-------------------------------------|--|----------------|------------------|
| <p>1 Service Provider:</p> <ul style="list-style-type: none"><li>• This is always the same as Referred to</li></ul>  | <p>3 Attending provider name:</p> <ul style="list-style-type: none"><li>• This is always the same as Service Provider</li><li>• When this is an injectable drug, this is always an office location</li></ul> |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| <p>1</p> <table border="1"><tr><td>Referred From:</td></tr><tr><td>Service Provider: ELLEN FIELD</td></tr><tr><td>Billing Provider Name: FIELD, ELLEN MERYL MD</td></tr><tr><td>Billing Provider Number: 1407823297</td></tr><tr><td>Billing Provider Telephone: 610-868-8460</td></tr><tr><td>Facility Name:</td></tr><tr><td>Facility Number:</td></tr><tr><td>Entered By:</td></tr></table> | Referred From:   | Service Provider: ELLEN FIELD | Billing Provider Name: FIELD, ELLEN MERYL MD | Billing Provider Number: 1407823297 | Billing Provider Telephone: 610-868-8460 | Facility Name: | Facility Number: | Entered By: | <table border="1"><tr><td>Referred To:</td></tr><tr><td>Service/Attending Provider Name: ELLEN FIELD</td></tr><tr><td>Billing Provider Name: FIELD, ELLEN MERYL MD</td></tr><tr><td>Billing Provider Number: 1407823297</td></tr><tr><td>Billing Provider Telephone: 610-868-8460</td></tr><tr><td>Facility Name:</td></tr><tr><td>Facility Number:</td></tr></table> <p>3</p> | Referred To: | Service/Attending Provider Name: ELLEN FIELD | Billing Provider Name: FIELD, ELLEN MERYL MD | Billing Provider Number: 1407823297 | Billing Provider Telephone: 610-868-8460 | Facility Name: | Facility Number: |
| Referred From:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Service Provider: ELLEN FIELD  |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Billing Provider Name: FIELD, ELLEN MERYL MD   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Billing Provider Number: 1407823297  |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Billing Provider Telephone: 610-868-8460   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Facility Name:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Facility Number:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Entered By:  |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Referred To:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Service/Attending Provider Name: ELLEN FIELD   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
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| Facility Name:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |
| Facility Number:   |  |                               |  |                                     |  |                |                  |             |  |              |  |  |                                     |  |                |                  |

## SCENARIO 2: SERVICES PERFORMED IN FACILITY OR HOSPITAL

*If performing services in a facility or hospital:*

Follow this direction in NaviNet to flow through to utilization and claims.

1. Select category: **Outpatient / Planned Medical**
2. Proceed as usual.
3. In this option, you **MUST** submit the facility where the service will be performed.

Requested Service: Outpatient - Planned Medical  
Proposed Date of Service: 12/01/2018

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**Referred To Provider:**

ⓘ While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.

Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.

Billing Provider:  Preferred Providers

Description: AGH INTERNAL MEDICINE - 1497755888

Service Provider:

Description:

Add Preferred Provider:

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**Referred To Facility:**

ⓘ While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.

Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.

Facility:   Preferred Facilities

Description: THE WESTERN PENNSYLVANIA HOSPITAL - 1194744805

Add Preferred Facility:

### SCENARIO 3: HOME INFUSION/SPECIALTY PHARMACY PROVIDING DRUG

If performing home infusion service:

Follow this direction in NaviNet to flow through to utilization and claims.

1. Select category: **Outpatient / Planned Medical**
2. Proceed as usual.
3. In this option, you MUST submit the specialty pharmacy providing the drug for home infusion.

|                |                |
|----------------|----------------|
| Gender: Female | Date of Birth: |
| Group #:       |                |
| Member ID #:   |                |

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**Service Details:**  
Requested Service: Outpatient - Planned Medical  
Proposed Date of Service: 12/01/2018

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**Referred To Provider:**  
ⓘ While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.  
Please enter a provider ID, search for a provider, or select a preferred provider from the dropdown.  
Billing Provider:  Preferred Providers   
Description: AGH INTERNAL MEDICINE - 1497755888  
Service Provider:   
Description:   
  
Add Preferred Provider:

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**Referred To Facility:**  
ⓘ While an authorization request may be approved for medical necessity, such approval does not mean that the service will be processed as an In-Network benefit.  
Please enter a facility ID, search for a facility, or select a preferred facility from the dropdown.  
Facility:   Preferred Facilities   
Description: ACCREDO HEALTH GROUP INC. - 1417915653  
Add Preferred Facility: