



HOT TOPIC

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REMINDER: OUT-OF-AREA BLUE PLAN PROVIDERS REQUIRED TO OBTAIN PRIOR AUTHORIZATION FOR OUTPATIENT SERVICES

Effective November 1, 2020

Effective November 1, 2020, Highmark has expanded our prior authorization requirements for outpatient services to include those services provided by out-of-area providers participating with their local Blue Plans. This will assure that the care our members receive while living and traveling outside Highmark's service areas is medically necessary and managed consistently as it is throughout our service areas.

This was communicated in a [Special eBulletin posted on September 1, 2020](#), which was shared with out-of-area Blue Plans on October 2, 2020. To allow for electronic submission, Highmark has enabled our NaviNet® portal functionality to accept authorization requests for outpatient services from out-of-area Blue Plan providers when submitted through their local provider portals.