

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

MAY 6, 2020

## PLACE OF SERVICE CHANGES FOR AUTHORIZED SERVICES

To address the evolving nature of the Covid-19 health crisis, providers may need to adjust the place of service for authorized services more than usual. Highmark is committed to assisting you in this important effort to ensure that our members have continued access to quality health care despite the challenging circumstances. Please review the following guidelines to ensure a seamless transition for your patients.

### PLACE OF SERVICE CHANGES

#### INPATIENT TO OUTPATIENT OR OUTPATIENT TO INPATIENT

If a procedure was previously authorized as outpatient and now needs to be performed on an inpatient basis or vice versa, then a new authorization needs to be secured per the normal Highmark utilization management process. ([NaviNet®](#) is the preferred method for submitting authorization requests to Highmark.) Medical records to support the change will need to be submitted for medical necessity review.

#### FACILITY CHANGES FOR ELECTIVE AND NON-URGENT PROCEDURES

For procedures moving to a different facility but still being performed as inpatient or outpatient (as originally authorized), Highmark must be notified of the new place of service and/or servicing provider. Once we receive the updated information, we will advise if a new authorization is needed.

To notify Highmark of these changes, please contact us at **1-800-452-8507**.

### MEMBER COST-SHARE

If the servicing provider makes a place of service change, this may result in a different level of cost-share for the member than originally expected. If the place of service changes, please inform your patient to contact the Member Services number on the back of their insurance card to understand any differences to their cost-sharing as a result.



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## AUTHORIZATION EXTENSIONS

All open authorizations from January 1, 2020 to the effective dates below were extended by Highmark to the timeframes listed on the grid. Any new authorizations approved as of the effective dates below were automatically given the extended timeframes as noted.

Procedure	Effective Date	Ext. Timeframe	Notes
Non-urgent surgeries	March 18, 2020	180 days	
Ancillary/DME	March 18, 2020	180 days	
Elective outpatient planned surgeries	March 18, 2020	180 days	
Elective inpatient planned surgeries	March 26, 2020	180 days	Providers must contact Highmark with the new date of service for these procedures. Highmark will update the authorization to reflect the new date of service if the procedure is performed within 180 days of the initial authorization. A new medical necessity review will be required only if the new date of service is more than 180 days from the initial authorization.
All authorizations for services submitted via <b>eviCore</b>	March 1, 2020	180 days	
Physical Medicine Program (submitted via <b>WholeHealth Networks, Inc.</b> , a subsidiary of Tivity Health Support, LLC.)	February 1, 2020	120 days from initial authorization	The extension is effective on all finalized authorizations with a start date of February 1, 2020 and beyond until further notice.

## COVID-19 INFORMATION

Visit the dedicated COVID-19 section on the **Provider Resource Center** to stay informed of the most up-to-date Highmark information relating to the public health emergency. Check back regularly as new guidance is available or any changes occur.