SPECIAL eBULLETIN

FOR PROFESSIONAL PROVIDERS

SEPTEMBER 1, 2022

AUTHORIZATION PERIOD FOR MOST OUTPATIENT SERVICES EXTENDED TO 180 DAYS

BEGINNING SEPTEMBER 1, 2022

Highmark has extended the authorization period from 90 days to 180 days for most approved outpatient services (including for eviCore and Tivity related services). There may be some circumstances when it is not medically appropriate to approve an authorization for 180 days; in those cases, the 90-day period will remain in place.

The goal of the new 180-day authorization period is to decrease your office's administrative burdens, as staff members will no longer need to call or fax Highmark to extend the authorization period if an outpatient service is not completed within 90 days.



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.