

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

APRIL 29, 2022

AUTHORIZATIONS WILL SOON BE REQUIRED FOR OUT-OF-AREA AND OUT-OF-NETWORK MUSCULOSKELETAL, GENETIC TESTING, AND RADIATION ONCOLOGY SERVICES

Effective August 1, 2022, Highmark is expanding its prior authorization requirements for Musculoskeletal, Genetic Testing, and Radiation Oncology services managed by eviCore to now include out-of-area (OOA)¹ and out-of-network (OON)² providers serving Highmark members enrolled in its fully insured Commercial, Medicare Advantage, Affordable Care Act (ACA) plans, and members of select self-insured (Administrative Services Only) groups.

Highmark's prior authorization requirements ensure that our members receive the most appropriate care delivery in alignment with nationally accepted evidence-based guidelines. By expanding to OOA/OON providers, it will assure that the care our members receive while living and traveling outside of Highmark's service areas is managed consistently as it is within our service areas.

The programs include prior authorization for elective or non-emergency outpatient services* (Prior authorization does not apply to services performed in the emergency room or during an inpatient stay.) Services include:

Musculoskeletal *Inpatient and Outpatient	Genetic Testing *Outpatient only	Radiation Oncology *Outpatient only
Large joint replacement surgery Spine surgery Interventional pain management	Heredity cancer screening Carrier screening Neurologic disease testing	Radiation therapy/treatment

For dates of service on or after August 1, 2022:

- **OOA prior authorization requests:** OOA prior authorization requests for the services listed above must be submitted to eviCore either online or by calling eviCore at **1-888-564-5492**. eviCore is available for telephonic case initiation Monday through Friday, 7 a.m. – 7 p.m. CST.
- **OON authorizations:** OON authorizations may be requested by calling eviCore at **1-888-564-5492**.



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.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides secure, web-based portal between providers and health insurance companies.

On or prior to July 31, 2022, eviCore will not yet be able to process these requests. OOA or OON authorization requests received by eviCore prior to this date may be inaccurately identified as “no authorization is required.” Providers are asked to hold requests for dates of service on or after August 1 until after July 31, 2022, to avoid the need for retrospective review post-service.

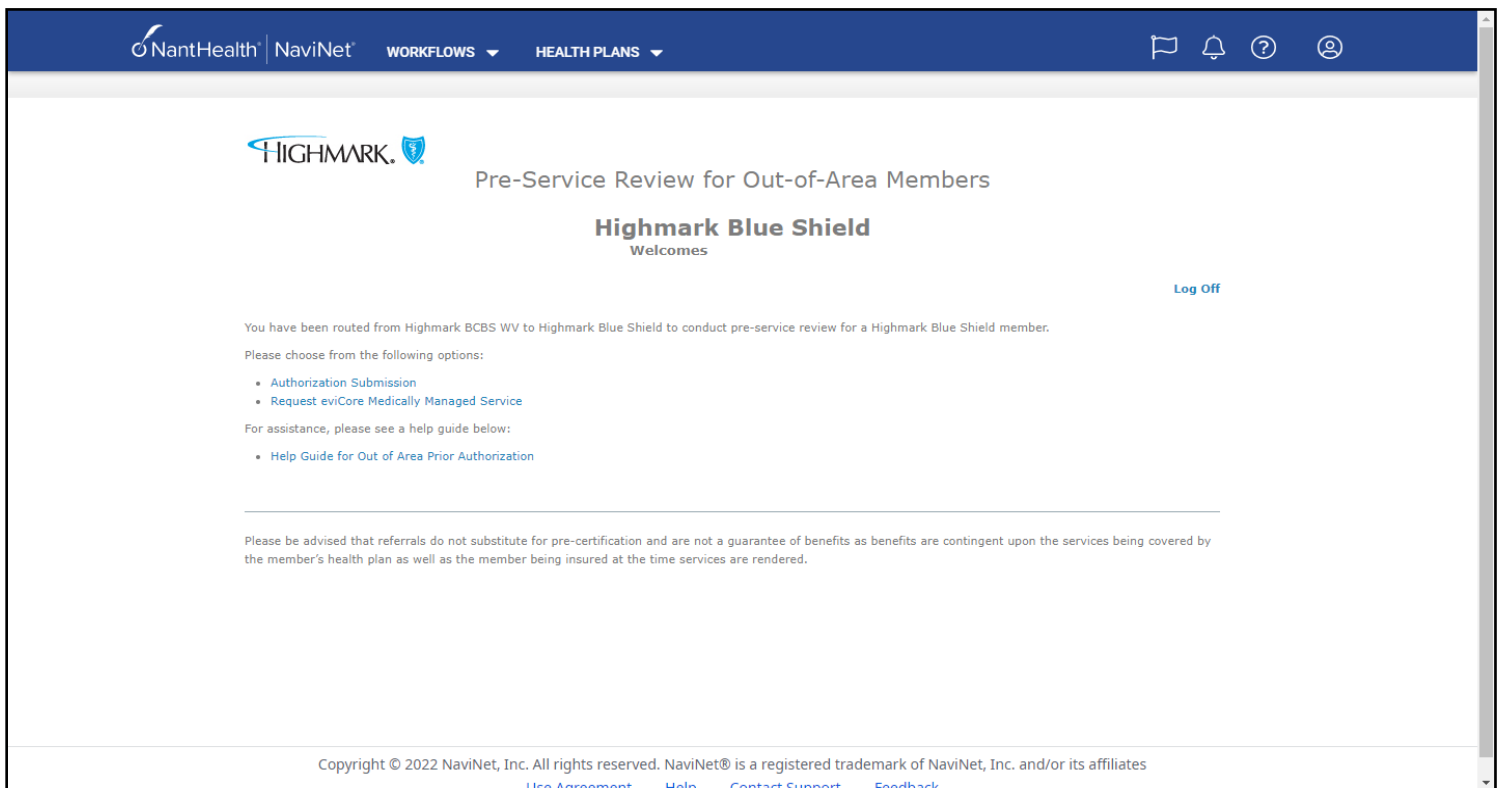
SUBMITTING ONLINE OOA AUTHORIZATION REQUESTS

Online submissions are the quickest and most efficient way to request prior authorization.

To accommodate electronic submission of authorization requests, Highmark is enabling our NaviNet® portal functionality so providers may utilize the pre-service review for out-of-area members in their local Plan’s portal. Providers will need to enter the Highmark member’s 3-character prefix, and then will be routed to the pre-service review capabilities available to Highmark’s local providers.

Once you are directed to Highmark’s NaviNet portal, you will first see a welcome screen. Click on **Authorization Submission** to begin the authorization request.

- Go through your typical process for requesting prior authorizations
- Select Pre-Service Review for Out-of-Area Members to arrive at the screen below



¹OOA services are those performed by a provider outside of the Highmark health plan footprint of Pennsylvania, Delaware, and West Virginia and who is participating with their local Blue Plan.

²OON services are those performed by a provider who is not contracted with Highmark, any other Blue Plan, or is excluded from a member's specific plan. These services can occur within Highmark’s footprint or OOA.