SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS **December 14, 2020**

EXTENDED: OPEN AUTHORIZATIONS

Highmark has extended the timeframe for **new** prior authorization requests for ancillary/DME and inpatient planned surgeries submitted and approved by **March 31, 2021**. Any new authorizations approved as of the effective dates indicated in the chart below will automatically be given the extended timeframes as noted and no further action is required.

IMPORTANT: Highmark must be notified to extend authorization for existing authorized services.

QUICK REFERENCE CHART

Procedure	Effective Date	Timeframe Span	Notes
Non-urgent surgeries	12/04/2020	180 days	--
Ancillary/DME	12/04/2020	180 days	--
Elective outpatient planned surgeries	12/04/2020	180 days	--
Elective inpatient planned surgeries	12/04/2020	180 days	If the date of service changes from the original authorization, providers must contact Highmark with the new date of service for the procedure. 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 original authorization.
All authorizations for services submitted via **eviCore**	12/11/2020	180 days	--
Physical Medicine Program (submitted via **WholeHealth Networks, Inc.**, a subsidiary of Tivity Health Support, LLC.)	1/01/2021	120 days from initial authorization (to equal 180 days)	The extension is effective on all finalized authorizations with a start date of January 1, 2021 or later.

HIGHMARK

ADDITIONAL INFORMATION REGARDING AUTHORIZED SERVICES

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 experience for your patients.

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 will need 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 SHARING

If servicing providers need to make place of service/facility changes, this could result in a different level of cost share for patients than originally expected. If the place of service/facility is changed, please inform your patient to contact the member services number on the back of their insurance card to answer any questions they may have about changes to their cost sharing as a result.

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.