

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

JULY 28, 2021

HIGHMARK IS CHANGING PRIOR AUTHORIZATION REQUIREMENTS FOR MUSCULOSKELETAL CODES

Beginning on **August 1, 2021**, Highmark will no longer require prior authorizations for the outpatient musculoskeletal codes listed [here](#) if the member's plan is not opted into the eviCore Musculoskeletal Management program.

If the member's plan is opted into eviCore, you can determine if a prior authorization is needed on [eviCore's Highmark policies page](#).

IMPORTANT: All inpatient stays will still require prior authorization whether the member's plan is opted into eviCore or not. For inpatient services not managed by eviCore, you will still need to contact Highmark for the inpatient authorization.

DETERMINING IF A PLAN IS OPTED INTO EVICORE

If a member's plan is opted into eviCore, you will see "Musculoskeletal Interventional Pain Management: Yes – eviCore" under their Group information. If they are not opted into eviCore it will say "Musculoskeletal Interventional Pain Management: No – Inpatient Auth Only Required".

INSURANCE DETAILS
[View Current Member ID Card](#)

Group Information
Plan Area: 363
Alpha Prefix: ZQN
Advanced Imaging Ind: NO
Radiation Therapy Management: NO
Physical Medicine Management: NO
Genetic Testing: NO
Musculoskeletal Interventional Pain Management: No - Inpatient Auth Only Required

Site of Care Specialty Drugs: NO
Oncology Specialty Drugs: NO
Other Specialty Drugs: NO

Product:
BLUE CARD

Type:
Preferred Provider Organization (PPO)

INSURANCE DETAILS
[View Current Member ID Card](#)

Group Information
Plan Area: 378
Alpha Prefix: HRF
Advanced Imaging Ind: YES
Radiation Therapy Management: YES
Physical Medicine Management: YES
Genetic Testing: YES
Musculoskeletal Interventional Pain Management: Yes - eviCore

Site of Care Specialty Drugs: YES
Oncology Specialty Drugs: YES
Other Specialty Drugs: YES

Product:
FREEDOM BLUE PPO

Type:
Other

