

SPECIAL eBULLETIN

Updated April 14, 2022

FOR PROFESSIONAL AND FACILITY PROVIDERS

March 30, 2022

ATTENTION: MEDICARE ADVANTAGE PROVIDERS ONLY ISSUE IDENTIFIED: PROVIDER APPEAL TIMELINES FOR MEDICAL REVIEW DETERMINATIONS

After Highmark reviews the medical necessity of a procedure, a determination letter is sent to Medicare Advantage members stating that they have 60 days to appeal the determination. However, **providers have 180 days from receipt of the denial notification** to appeal medical review determinations on behalf of the member regardless of the member's timeline.

A previous version of this bulletin stated that providers could view member determination letters in NaviNet®, however, that is incorrect. Providers will receive a copy via fax or postal mail.



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.

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