



DETERMINING IF OUTPATIENT SERVICES REQUIRE AUTHORIZATION FOR PPO BLUE AND EPO BLUE MEMBERS

As a reminder, Highmark's list of outpatient procedures/services requiring authorization began to apply to our *PPO Blue* and *EPO Blue* products effective June 1, 2012, for outpatient non-emergent procedures and services included on the list.

Confirming if a *PPO Blue* or *EPO Blue* Member is Impacted

The authorization requirement for outpatient services will be in effect for the majority of *PPO Blue* and *EPO Blue* members. However, some employer groups may choose to opt out of this requirement. You must confirm if the requirement is applicable to the member.

You can use the NaviNet® Eligibility and Benefits transaction or the applicable HIPAA electronic transaction to do so. Within NaviNet, the authorization requirements will display in the "Product Provisions" category. Click on the Product Provisions, and scroll down until you locate "In Network" and then look for "Authorization." Below is an example of the description that will appear:

Authorization	If Designated Outpatient Services are performed by a Highmark contracted PPO Provider otherwise Authorization is not required
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When this verbiage is listed, authorization is required for the member for those procedures and services included on the list of outpatient procedures/services requiring authorization when they are being performed by a Highmark-contracted PPO provider.

Procedures/Services Requiring Authorization

To view the all-inclusive and most up-to-date version of Highmark's list of outpatient procedures/services requiring authorization, please look under *Administrative Reference Materials* on the Provider Resource Center. Please note that, in the absence of a waiver or pre-service denial form signed by the patient, claims for services provided without authorization will be rejected and the member will be held harmless.

Remember to Verify Benefits

Highmark recommends that you always verify benefits prior to providing service to our members. Because member benefits can vary, you are reminded to be sure to verify benefits via the Eligibility and Benefits feature in NaviNet or the HIPAA 270/271 Health Care Eligibility Benefit Inquiry Request and Response transactions.