

News for all provider types

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Always Check Prior Authorization Code List Before Caring for Member

In-network providers can utilize [NaviNet®](#) to check eligibility and benefits for Highmark Blue Cross Blue Shield of Western New York members. The following message or similar may appear when you view a member's benefits within NaviNet or HEALTHeNET — indicating that authorizations are required for every outpatient/inpatient service (screenshot below).

However, prior authorizations are not required of every service, procedure and/or durable medical equipment, prosthetics, orthotics, and supplies (DMPOS). Please check the "[Prior Authorization Code Lists](#)" to ensure an authorization is needed prior to performing the procedure or service.*

Diagnostic X-Ray		
	In-Network:	Out-of-Net
Co-Pay:	\$15 Individual • APPLY ONLY 1 COPAYMENT, PER DATE OF SERVICE, PER PROVIDER	--
Co-Insurance:	0% Individual	20% Individual • OUT-OF-POCKET

UTILIZATION MANAGEMENT ORGANIZATION
HIGHMARK MEDICAL MANAGEMENT & POLICY
Phone: 800-452-8507
• AUTHORIZATION FOR OUTPATIENT SERVICES YES FOR IN AREA OUT OF AREA AND OUT OF NETWORK SERVICES.

"AUTHORIZATION FOR OUTPATIENT SERVICES YES FOR IN AREA OUT OF AREA AND OUT OF NETWORK SERVICES."

***NOTE:** Authorization requirements can vary by member contract (some groups do not require every authorization this list). You may check a member's specific authorization requirements by calling the precertification number on the back of their card.

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