



Important Provider Notice



February 2022

Removal of Select Authorization Requirements for Medicare and Medicaid

Dear Provider:

Beginning Feb. 1, 2022, Highmark Wholecare is removing authorization requirements for home nursing visits, aide visits and social worker visits from a contracted provider for both our Medicaid and our Medicare products. Authorization of these services were entered as codes: G0299, G0300, G0156 and G0155.

Please note that physical, occupational, or speech therapy, and pediatric shift care/private duty nursing services delivered in the home setting will continue to require prior authorizations. Also, home health care being delivered by a non-contracted provider will continue to require prior authorization.

Claims submitted for home nursing visits for dates of service starting Feb. 1, 2022 will not require an authorization for payment. Highmark Wholecare will continue to review post payment claims through our Payment Integrity program.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").