



Important Provider Notice



Nov 2022

Provider Notification for Post Service Authorization Requests

Dear Provider:

Beginning December 15, 2022, authorization requests made after the care has been completed (post service/post discharge) must be submitted as an appeal once a claim denial has been received. Post service authorization requests will not be accepted by Utilization Management.

Post service claim denials based on lack of prior authorization must be appealed within 180 days of the denied claim. Medical necessity denials, must be appealed within 60 days of the denied authorization. Please submit the appeal request with all supporting documentation through the Highmark Wholecare provider portal, via NaviNet, by fax at 1-855-501-3904, or by mail at the following address:

Highmark Wholecare
Attn: Clinical Provider Appeals
PO Box 22278
Pittsburgh, PA 15222

Authorization requests, inpatient notifications, and continued stay clinical updates are encouraged to be submitted 24 hours/7 days a week through the Highmark Wholecare provider portal, via NaviNet, or through fax to one of the numbers below. Telephonic requests may also be submitted by calling Utilization Management at 1-800-392-1147 for Medicaid members and 1-800-685-5209 for Medicare members, Monday – Friday from 8:30 – 4:30pm.

Utilization Management Fax Numbers:

1-888-245-2034 – Acute Inpatient Care
1-888-245-2063 – Chiropractic Care
1-888-245-2015 – Scheduled Inpatient/Outpatient/Special Procedure Unit Care
1-855-888-8252 – Inpatient Surgeries/Maternity Care
1-866-263-0324 – Durable Medical Equipment

As a reminder, please utilize NaviNet to check the status of your claims, verify benefits and submit pre-service authorization requests or clinical updates.

Additional information regarding Highmark Wholecare policies and procedures can be found in our provider manuals located on the provider page of our website at www.highmarkwholecare.com.

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 14 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 14 counties in northeastern Pennsylvania, 12 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as routine eligibility, benefits and claims status inquiries.

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”).