

# Special Bulletin

Updated November 30, 2022

For professional and facility providers

October 10, 2022

## Process and Authorization Requirement Changes Coming for MSK Procedures and Pain Management, Molecular and Genomic Testing, and Radiation Oncology

We are postponing the authorization changes listed below. We have delayed the start date of this program, which will be managed by eviCore, to late Q1 or early Q2 of 2023 to allow you more time to adjust to this change. For now, please continue to request authorization through your regular workflow.

**Effective January 1, 2023**, Highmark Blue Cross Blue Shield of Western New York is making changes to our preauthorization requirements for some musculoskeletal (MSK) procedures and interventional pain management, molecular and genomic testing, and radiation oncology. New and continuing authorization requirements for these types of services will be managed by [eviCore](#).

These programs will include services for Highmark members enrolled in our fully insured Commercial, Medicare Advantage, Affordable Care Act (ACA) plans, and members of select self-insured (Administrative Services Only) groups. Additionally, we will utilize eviCore's Claims Studio software for claims editing for Non- Molecular, Molecular and Genomic Testing, and Radiation Oncology.

These programs affect prior authorization for **elective or non-emergency outpatient services**. Prior authorization does not apply to services that are performed in the emergency room or during an inpatient stay.

**While there are new CPT codes being added to those requiring prior authorization in each of the programs described below, there are even more codes being removed as a result of adopting eviCore's programs. Please be sure to review the CPT code lists under each program that is relevant to your office's workflow.**

### **Musculoskeletal Surgery and Interventional Pain Management Services**

eviCore's Musculoskeletal program will add new codes and remove an even higher number of codes for MSK procedures requiring prior authorization. The program includes prior authorization reviews for:

- Large joint surgeries
- Spine surgeries
- Interventional pain management procedures

[Click here](#) to review a list of CPT codes included in the Musculoskeletal program.

### **Molecular and Genomic Testing Authorizations**

Highmark has contracted with eviCore to manage molecular and genomic testing and will adopt eviCore's molecular and genomic testing policies. eviCore's Laboratory Management program utilizes evidence-based policies, developed with trained genetic experts, to ensure that these lab services provided to Highmark's members support clinically appropriate care and are medically necessary, in accordance with their benefit policy.

Prior authorization through eviCore will be required for certain outpatient, non-emergent molecular and genomic testing, such as:

- Hereditary cancer screening
- Carrier screening
- Tumor marker/molecular profiling
- Hereditary cardiac disorders testing
- Cardiovascular disease and thrombosis risk variant testing
- Pharmacogenomic testing
- Neurologic disorders testing
- Mitochondrial disease testing
- Intellectual disability/developmental disorders testing

[Click here](#) to review a list of CPT codes included in the Laboratory Management program.

### **Radiation Oncology**

eviCore's Radiation Oncology program will include some new codes and many continuing codes for prior authorization review, including:

- Brachytherapy
- Stereotactic Radiation Therapy
- Intensity Modulated Radiation Therapy (IMRT)
- Neutron and Proton Beam Radiation Therapy
- Intraoperative Radiation Therapy
- Radiation Treatment Management, Planning, and Delivery

- Radiologic Guidance
- Hyperthermia Treatment
- Medical Radiation Physics, Dosimetry and Treatment Devices
- Therapeutic Radiopharmaceuticals
- Neuro Stereotactic Radiosurgery Associated Services with Radiation Therapy

[Click here](#) to review a list of CPT codes included in the Radiation Oncology program.

### **Requesting Authorization**

**For dates of service on or after January 1, 2023**, prior authorization requests for these services must be processed by eviCore. **On or prior to December 31, 2022**, eviCore will not yet be able to process these requests. Authorization requests received by eviCore prior to this date may be inaccurately processed as “no authorization is required” and risk a retrospective review after services have been rendered.

Providers who are [NaviNet](#)<sup>®</sup> enabled should use NaviNet to submit authorization requests. A new drop-down option will be added to the Authorization Submission transaction on NaviNet for providers to request authorization for the services included in the Musculoskeletal, Laboratory Management and Radiation Oncology programs.

If you are not NaviNet enabled, you may use the eviCore Web Portal to request authorizations. The eviCore Web Portal is available 24/7 at [evicore.com](http://evicore.com). Authorizations may also be requested by calling eviCore at **1-888-564-5492**. For the Musculoskeletal and Molecular and Genomic Testing programs, you can also fax authorization requests to eviCore at **1-800-540-2406**. Clinical worksheets for fax submissions can be accessed at [www.evicore.com](http://www.evicore.com).

**NOTE:** The Radiation Oncology program DOES NOT allow fax submissions – only portal or phone requests.

### **Out-of-Network and Out-of-Area Authorization Requirements**

The preauthorization requirements described above will also apply to all out-of-area (OOA) and out-of-network (OON) providers/services serving Highmark members enrolled in its fully insured Commercial, Medicare Advantage, Affordable Care Act (ACA) plans, and members of select self-insured (Administrative Services Only) groups.

Online submissions are the quickest and most efficient way to request prior authorization.

- Go to your local Blue Plan’s provider portal
- Go through your typical process for requesting prior authorizations
- Select Pre-Service Review for Out-of-Area Members

Please note that services performed without a prior authorization may be denied, and you may not seek reimbursement from members.

Webinars will be offered to help providers understand the new requirements and request process.

**eviCore Webpage/CPT Code Lists**

- [Laboratory Management Program \(PRC\)](#)
- [Musculoskeletal Program \(PRC\)](#)
- [Radiation Oncology \(PRC\)](#)

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