

Special Bulletin

For professional and facility providers

November 16, 2023

Post-Acute Care for Landmark Members: Prior Auth Changes Occurring January 1

For members who are eligible for the Landmark Care at Home Program, Highmark Blue Shield (BS) is making changes to prior authorization requirements for the Post-Acute Care (PAC) Management Program.

eviCore's management of these services for providers in the Highmark BS network will sunset on **December 31, 2023**. Highmark BS will begin the utilization management of these services **effective January 1, 2024**. Providers should continue to submit prior authorization requests for post-acute care services through the provider portal — [Availity](#)® or [NaviNet](#)®. Electronic submissions are the fastest and most efficient way to submit authorizations. Fax and phone submission options are also available.

Prior authorization requirements for post-acute care services are applicable to all lines of business.

Medical Guidelines

Currently in use by eviCore, MCG™ evidence-based care guidelines® will continue to be utilized by Highmark BS **effective January 1, 2024**. For Medicare Advantage claims, Highmark utilizes Centers for Medicare and Medicaid Services (CMS) guidelines, in addition to MCG clinical criteria.

Resources

Leading up to the **January 1, 2024 implementation**, [Provider News](#) will continue to be your source for any additional information regarding these changes. If you're not currently receiving Highmark's monthly e-newsletter, you can sign up [here](#).

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