Special Bulletin

For professional and facility providers

November 1, 2022

New Go-Live Date! Authorizations Required for OOA and OON Musculoskeletal, Genetic Testing, and Radiation Oncology Services

Effective **December 1, 2022**, authorizations will be required for out-of-area (OOA) and out-of-network (OON) musculoskeletal (MSK), genetic testing, and radiation oncology services managed by eviCore.

Highmark's prior authorization requirements ensure that our members receive the most appropriate care delivery in alignment with nationally accepted evidence-based guidelines. These requirements for OOA/OON providers will assure that the care our members receive while living and traveling outside of Highmark's service areas is managed consistently as it is within our service areas.

Prior authorization will now be required for the following OOA/OON services:

Musculoskeletal	Genetic Testing	Radiation Oncology
Inpatient and Outpatient	Outpatient only	Outpatient only
Large joint replacement surgery	Heredity cancer screening	Radiation therapy/treatment
Spine Surgery	Carrier screening	
Interventional pain management	Neurologic disease testing	

For dates of service on or after December 1, 2022:

- OOA prior authorization requests: They must be submitted for the services listed above to eviCore either online via <u>NaviNet</u>[®] or by calling 1-888-564-5492. eviCore is available for telephonic case initiation Monday through Friday, 7 a.m. 7 p.m. CST.
- OON prior authorization requests: These may be requested by calling eviCore at 1-888-564-5492.

Submitting Online OOA Authorization Requests

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

To accommodate electronic submission of authorization requests, Highmark is enabling our NaviNet portal functionality, so providers may utilize the pre-service review for out-of-area members in their local Plan's portal. Providers will need to enter the Highmark member's 3-character prefix, and then will be

routed to the pre-service review capabilities available to Highmark's local providers.

Once you are directed to Highmark's NaviNet portal, you will first see a welcome screen. Click on Authorization Submission to begin the authorization request.

- Go through your typical process for requesting prior authorizations.
- Select Pre-Service Review for Out-of-Area Members to arrive at the screen below.

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HIGHMARK. Pre-Service Review for Out-of-Area Members		
Highmark Blue Shield		
	Log Off	
You have been routed from Highmark BCBS WV to Highmark Blue Shield to conduct pre-service review for a Highmark Blue Shield member.		
Please choose from the following options:		
Authorization Submission Request eviCore Medically Managed Service		
For assistance, please see a help guide below:		
Help Guide for Out of Area Prior Authorization		
Please be advised that referrals do not substitute for pre-certification and are not a guarantee of benefits as benefits are contingent upon the services the member's health plan as well as the member being insured at the time services are rendered.	being covered by	
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