



Effective August 1, 2021, Highmark is expanding its Advanced Imaging and Cardiology Services program (managed by eviCore) to include Out-Of-Area (OOA)¹ and Out-Of-Network (OON)² 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.

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The program includes prior authorization for elective or non-emergency outpatient radiology or cardiac imaging services (Prior authorization does not apply to services that are performed in the emergency room or during an inpatient stay.) Services include:

Radiology	Cardiac Imaging
<ul style="list-style-type: none">• Magnetic resonance imaging (MRI)• Magnetic resonance angiograms (MRAs)	<ul style="list-style-type: none">• Cardiac CT• Cardiac MRI• Diagnostic heart catheterization

- Positron emission tomography (PET) scans
- Positron emission tomography – computed tomography (PET-CT)
- Computerized tomography (CT) scans
- Computed tomography angiography (CTA) scans
- Nuclear medicine

- Myocardial perfusion imaging (SPECT and PET)
- Nuclear cardiac imaging
- Stress echocardiogram
- Stress testing
- Transesophageal echocardiogram
- Transthoracic echocardiogram

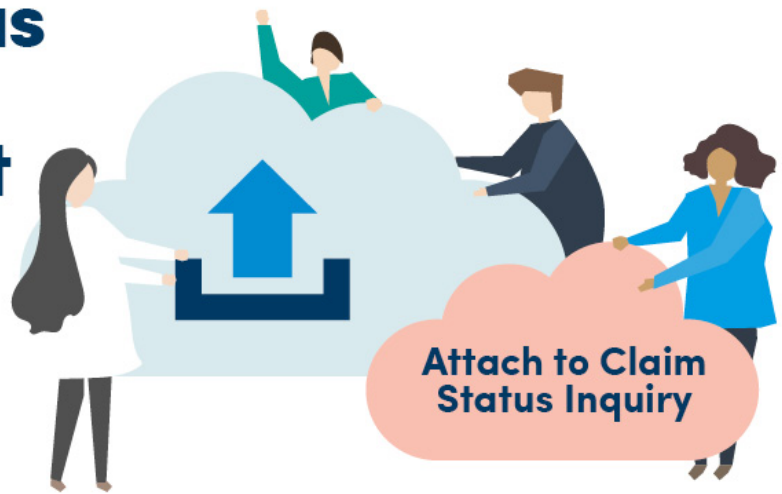
For more information on this change and for guidance on submitting a prior authorization for OOA or OON providers/services, see the [AUTHORIZATIONS SOON REQUIRED FOR OUTOF-AREA AND OUT-OF-NETWORK ADVANCED IMAGING AND CARDIOLOGY SERVICES eBulletin](#)  published on the Provider Resource Center.

¹OOA services are those performed by a provider outside of the Highmark health plan footprint of Pennsylvania, Delaware, and West Virginia and who is participating with their local Blue Plan.

²OON services are those performed by a provider who is not contracted with Highmark or any other blue plan or is excluded from certain benefit plans. These services can occur within Highmark’s footprint or OOA.



Claim Status Inquiry Attachment Feature Coming Soon to NaviNet®



Highmark is making it easier for our providers to submit supporting documentation to a Claim Status Inquiry.

Soon, providers will be able to attach those documents online through NaviNet®. This will streamline the claim status inquiry process and eliminate the need to fax supporting documents or print them out and send them through the mail.

The changes will help to ensure that Highmark receives the right supporting documentation to make more informed and timely claim decisions, simplify and expedite the overall process and reduce administrative burden.

Providers will be able to attach four types of documents to a claim status inquiry:

1. **PWK (additional documentation to support an electronic claim)**
2. **Out of Area Medical Records-Including Barcoded Request Letter (as coversheet)**
3. **Medical Record Request**
4. **General Provider / Facility Inquiry**

If you have not yet signed up for NaviNet, visit www.NaviNet.net and click the **Providers: Sign Up for NaviNet** tab.

A specific launch date and step-by-step instructions on the new workflow will be communicated via Plan Central in NaviNet and Special Bulletins on the Provider Resource Center.





The global pandemic has caused many patients to miss their preventive exams and screenings since March 2020. This problem has persisted into 2021 and could have long-term effects on your patients, but there is still time to catch your patients up.

To aid in this effort, Public-Health compiled a [lifetime health care schedule](#) organized by age and covering both vaccines and preventive exams and screenings as recommended by the National Institute of Health (NIH). You can find Highmark's recommended care schedule on the **Preventive Health Guidelines** page under **Education/Manuals** on the **Provider Resource Center**.

Why Keeping Your Patients Up To Date With Their Preventive Health Is Important

Early detection of health issues helps you to prevent diseases, gets your patients the care they need before conditions become life-threatening, and increases your patients' life expectancy.

According to the Centers for Disease Control (CDC), seven out of 10 U.S. deaths are caused by chronic disease, with roughly half of the country's population diagnosed with a chronic illness including: heart disease, cancer, diabetes, AIDS, or other conditions classified by the medical community as preventable. According to [Healthy People 2020](#), a federal program administered by the United States Department of Health and Human Services:

- **Routine cardiovascular exams alone save tens of thousands lives each year**
- **Vaccines save the lives of roughly 42,000 children each year**

- Preventive health screenings and primary care consultations have also been found to significantly increase life expectancy, particularly among 30-to-49 year olds.

Disclaimer: You should determine the appropriate treatment and follow-up with your patient based on their current situation and health records. This informational article is based upon a search of literature, as such there may be other recommendations or suggested practices that you may find more suitable for your patients.

Footnotes:

Resources Used for This Article:

www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Clinical-Preventive-Services 

www.healthypeople.gov/2020/About-Healthy-People 

www.publichealth.org/public-awareness/preventive-care-schedule 



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Provider Resource Center Home Page Changes

Highmark's Provider Resource Center Home Page has a new look to make it easier for health care professionals, facilities, and staff to find the latest news and updates. Special Bulletins are now front-and-center on the homepage allowing easy access to some of the most recent changes and communications. Our latest Provider News and Medical Policy Update publications are also featured on the homepage.

Hot Topic articles are discontinued, and the information formerly posted as a Hot Topic will now be posted as a Special Bulletin. You may search past Hot Topics under Newsletters/Notices in the left menu.



Notifications for Providers

Several times a year, Highmark notifies providers of important policies and guidelines. The following notification is for your information and reference.

Reimbursement, Claims & Billing

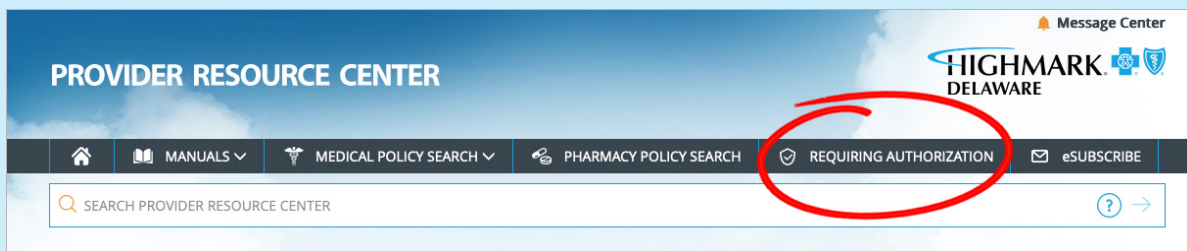
New and updated reimbursement policies

Highmark regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center Home Page for eBulletins announcing new policies and the Reimbursement Policy page for policy updates.

To access Highmark reimbursement policy bulletins, select **CLAIMS, PAYMENT & REIMBURSEMENT** from the Provider Resource Center main menu, and then click on **Reimbursement Policy**.

Watch for Updates to Highmark's List of Procedures Requiring Authorization

During the year, Highmark adjusts the List of Procedures and Durable Medical Equipment (DME) Requiring Authorization, which includes outpatient procedures, services, DME, and drugs that require authorization for our members. These changes are announced in the form of Special eBulletins that are posted on Highmark's Provider Resource Centers (PRC). To view the List of Procedures/DME Requiring Authorization, click Requiring Authorization in the gray bar near the top of the PRC homepage.






Please note that the Highmark member must be eligible on the date of service and the service must be a covered benefit for Highmark to pay the claim. You may use NaviNet or the applicable HIPAA electronic transactions to:

- Check member benefits and eligibility

- Verify if an authorization is needed
- Obtain authorization for services

If you are not signed up for NaviNet or do not have access to the HIPAA electronic transactions, please call Clinical Services to obtain an authorization for services:

- [Highmark Delaware Contact Information for Providers](#) 
- [Highmark Contact Information for Pennsylvania Providers](#) 
- [Highmark West Virginia Contact Information for Providers](#) 



Quarterly Formulary Updates Available Online



Highmark regularly updates our prescription drug formularies and related pharmaceutical management procedures. To keep our network physicians apprised of these changes, we provide quarterly formulary updates in the form of Special eBulletins that can be found on the home page of Highmark's Provider Resource Center.

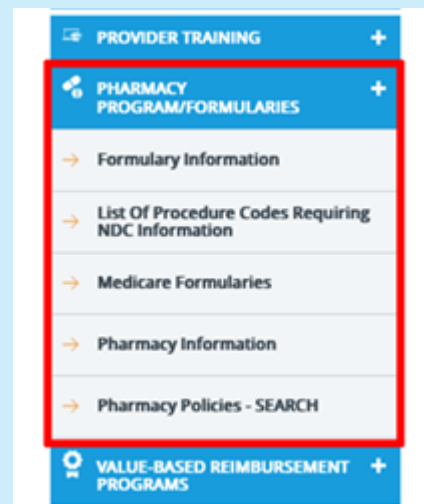
Providers who do not have internet access or do not use NaviNet® may request paper copies of the formulary updates by calling our Pharmacy area toll-free at 1-800-600-2227.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures refer to the **Pharmacy Program/Formularies** pages, accessible from the main menu on the Provider Resource Center (PRC).

This page includes information on:

- Providing information for exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange, and step-therapy protocols



Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

The FEP specific drug formularies are available [online](#). Providers who don't have internet access may obtain formulary information via phone by using the below toll-free numbers and following the prompts for *Pharmacy*:

- Delaware: 1-800-721-8005
- Pennsylvania: 1-866-763-3608
- West Virginia: 1-800-535-5266

To learn more about the FEP exception request processes for non-formulary drugs, click [here](#).



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Staying Up to Date with the Highmark Provider Manual



Ensure you are regularly reviewing the [Highmark Provider Manual](#) for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage

