

Unit 2 Authorization and Pre-Certification

Authorization and pre-certification

Authorizations are used by health plans to coordinate and evaluate the medical care needs of a managed care member. For members with indemnity or PPO coverage, the term “**pre-certification**” is synonymous with “authorization” and is typically required only for inpatient services.

How Authorization is obtained

A member’s PCP or attending physician requests an authorization from Healthcare Management Services or Highmark Blue Shield Behavioral Health Services. HealthCare Management Services or Highmark Blue Shield Behavioral Health Services evaluates whether the particular service or admission meets Highmark Blue Shield’s criteria for medical necessity and appropriateness. When a request has been approved, an authorization number is provided.

How authorizations and pre-certifications are communicated to facilities

Facilities may receive notification of an authorization and/or pre-certification in a number of ways:

- Via the Referral/Authorization Inquiry function of the NaviNet System. **This resource typically provides the most current information on authorization/pre-certifications for Highmark Blue Shield members.**
 - Via Telephone
 - Via Written Approval Letter
-

Authorization is not a guarantee of payment

When an authorization number is provided to the hospital, it serves as a statement about medical necessity and appropriateness; it is not a guarantee of payment. Payment is dependent upon whether the patient has coverage at the time the service is rendered and the type of coverage available under the member’s benefit plan. Some benefit plans may also impose deductibles, coinsurance, co-payments and/or maximums, which may impact the payment provided. Benefit information should be obtained via NaviNet. If NaviNet is unavailable, benefit information can be obtained by calling Facility Customer Service at (866) 803-3708, option 4, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

Continued on next page

Unit 2 Authorization and Pre-Certification, continued

Services requiring pre-certification or authorization

The table below identifies the types of inpatient and outpatient services which require pre-certification or authorization under Highmark Blue Shield's indemnity and managed care products:

	ClassicBlue	PPOBlue	DirectBlue
Authorization or Pre-certification	Pre-certification for inpatient admissions to a hospital, rehabilitation hospital, SNF or long-term acute care hospital, inpatient behavioral health and substance abuse services	Authorization for inpatient admissions to a hospital, rehabilitation hospital, SNF or long-term acute care hospital, inpatient behavioral health and substance abuse services	Authorization for inpatient admissions to a hospital, rehabilitation hospital, SNF or long-term acute care hospital, inpatient behavioral health and substance abuse admissions, *outpatient behavioral health services, selected outpatient surgery procedures; selected durable medical equipment, home health care, hospice, cardiac rehabilitation, outpatient diabetic education, enteral formula, neuropsychiatric testing, therapeutic drugs

Continued on next page

Unit 2 Authorization and Pre-Certification, continued

If the authorization or pre-certification is not in place at the time of service

Ordinarily, the member's PCP or attending physician should have requested any required authorization or pre-certification for elective or planned services before the member's arrival at the hospital. However, if a Highmark Blue Shield member presents him- or herself for non-emergency services and the required authorization or pre-certification does not appear to be in place, the facility has the following options:

- Call the ordering physician or PCP to inquire about the status of the authorization or pre-certification, then make a decision based on this conversation.
- Contact Healthcare Management Services or Highmark Blue Shield Behavioral Health Services on behalf of the ordering physician or PCP to seek the authorization. However, the facility must be prepared to provide all relevant clinical information that will be required to complete the authorization request. Healthcare Management Services can be reached at (866) 803-3708, Monday through Friday, from 8:30 a.m. to 7:00 p.m., and from 8:30 a.m. to 4:30 p.m. on Saturdays and Sundays. For urgent admissions, Highmark Blue Shield Behavioral Health Services can be reached at (866) 803-3708, option 2, between the hours of 8:30 a.m. and 4:45 pm., Monday through Friday.

Failure to obtain authorization

Failure to pre-authorize or pre-certify a service or admission may result in claim denial and retrospective review. **In the event of a claim denial, the facility may not bill the patient.**

More Information



All Highmark Blue Shield indemnity and managed care products have defined precertification/authorization requirements. *For a table of services requiring authorization or pre-certification for each product, please see Authorization and Pre-Certification page 2-3 of this manual.*
