Highmark has contracted with CareCore National LLC to provide medical necessity review and authorization where applicable for select radiation oncology therapy services. Another article will be published in the future with more details about this new program that more clearly outlines program specifics not explained in this publication.

In an effort to help ensure that the radiation oncology therapy services provided to Medicare Advantage/FreedomBlue members are consistent with nationally recognized clinical guidelines, Highmark has partnered with CareCore National LLC (CareCore) to provide medical necessity review and authorization where applicable for select outpatient radiation oncology therapy services.

The addition of this new authorization requirement is due, in large part, to increasing demands from our employer group customers for products that promote quality, medically appropriate care and value for their employees. In addition, patient safety issues have also made this an important program to offer to our members.

For general information about CareCore, visit www.carecorenational.com.

Effective with dates of service of January 1, 2012 and beyond, medical necessity determinations will need to be established for all Highmark Medicare Advantage/FreedomBlue. An authorization will be required for select outpatient services performed in a facility setting.

The radiation oncologist will need to notify Highmark of any Medicare Advantage/FreedomBlue members whose episode of care is not completed prior to the program’s January 1, 2012 effective date. Specific instructions about this notification process will be provided in a future bulletin article.

Please note that claims for services provided without authorization will be rejected, and the member will be held harmless and will not be responsible for payment. Oncology specialists and urologists have also received a general announcement about this program and their role in obtaining authorization for these services.

In order to assist facilities providing radiation oncology therapy for select outpatient services, facilities may want to read the attached list of procedure codes that will be impacted by this particular authorization requirement by going to the Blue Cross of Northeastern Pennsylvania corporate website (www.bcnepa.com), selecting the “Provider” tab, click “Enter Our Providers Homepage” icon, click on “Medicare Advantage”, click on “Informational Mailings”, click on “Special Bulletins/Other Mailings”, click on “2011” and finally select “HBS Radiation Oncology Codes List”.

Beginning December 1, 2011, providers may begin to seek authorization for Highmark Medicare Advantage/FreedomBlue members that are anticipated to receive select outpatient radiation oncology therapy services on or after January 1, 2012.
Facilities should note that specialists providing outpatient radiation oncology therapy services to Highmark Medicare Advantage/FreedomBlue members (currently receiving treatment utilizing any of the procedure codes listed in this bulletin’s link), are required to forward all relevant member information to Highmark if treatment is expected to continue beyond January 1, 2012.

Questions regarding this article may be directed to the appropriate Facility Customer Service Unit, based upon the product under which the member has coverage:

<table>
<thead>
<tr>
<th>For members with coverage under…</th>
<th>Contact Facility Customer Service at…</th>
</tr>
</thead>
<tbody>
<tr>
<td>FreedomBlue PPO</td>
<td>1-866-588-6967</td>
</tr>
</tbody>
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**Inquiries About Eligibility, Benefits, Claim Status or Authorizations**

For inquiries about eligibility, benefits, claim status or authorizations, Highmark encourages providers to use the electronic resources available to them – NaviNet® and the applicable HIPAA transactions – prior to placing a telephone call to Facility Customer Service.

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