HIGHMARK WESTERN NEW YORK

PROVIDER NEWS

A newsletter for Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) network providers

Issue 12, December 2023

Are you and your team prepared? Because **February 5, 2024**, will be here before you know it. That's the date of **General Availability** when all Highmark providers will have access to Availity®.

How to Get Ready

1. **Already Registered with Availity** – If you already have an account, that's great! Start using Availity now for your Highmark transactions in the regions where you are contracted.
2. **Not Sure If Your Organization Is Registered** – Ask your office manager. If your organization is registered, your Availity Essentials administrator can create an account for you.
3. **Not Registered** – If your organization doesn't have an account, register for Availity **today**. By signing up now, you and your team will be ready to start using Availity on February 5.

Please note that Availity takes the confidentiality of patient and provider data very seriously. It's one of the reasons Highmark chose to work with Availity. Before you can register your organization, Availity will first verify your identity with a few questions unique to you to prevent imposters from accessing protected health information (PHI) and financial data.

Registration Resources

- Availity.com/Highmark
- Register and Get Started
- Sign-Up Tips for Primary Administrators
- Data Privacy FAQs
- **Training**
  - *Live Session – Wednesday, January 3, 2024 @ 3:00 - 3:30 PM ET*
  - *Recorded Session – Go to the Get Started page and scroll to "I want to view a recording of the live session."*

For additional assistance, call **800-AVAILITY** (282-4548) Monday through Friday from 8 a.m. to 8 p.m. ET (excluding holidays).

Transition Checklist

Registration

- ✅ Does your provider office or facility have a registered organization in Availity?
- ✅ Have accounts been created for all team members in Availity?*
- ✅ Have all billing providers been added under your organization in Availity?

> ***Resource:***
>
> - *Availity Essentials: Register Your Provider Organization*

Training

- ✅ **Do you have team members who are unfamiliar with Availity?**
  After you get your Essentials account, join us for free training hosted by Availity and Highmark trainers. ***NOTE:*** *Registered users will receive an email invitation from Availity in January. Make sure to check your inbox.*
- ✅ **Unable to attend live training?**
  View recorded Training sessions in the Availity Learning Center. To access, log into

Availity, select **Help & Training** | **Get Trained** and the Availity Learning Center opens. Type "Highmark" into the search field.

- ✅ **Be sure to review the Crosswalk from Highmark to Availity Essentials topic.**
  This helpful resource will show you how to find all the tools and functions you need to work with Highmark on Essentials. To access, log into Availity, select **Help & Training** | **Find Help** and the Provider Help Center will open. Type "Highmark Crosswalk" into the search field.

Systems and Vendors

- ✅ Have you updated any internal systems connected to the NaviNet portal?
- ✅ Do you work with a third party, such as a billing service, clearinghouse, or service bureau?
- ✅ If yes, the vendor should register its own account by following the instructions listed here.

HEALTHeNET Applications to Be Decommissioned in Q1 of 2024

Highmark Blue Cross Blue Shield will discontinue the use of the HEALTHeNET portal and related applications in the new year. Providers are encouraged to start using Availity to access this information going forward. To register for Availity, go here.

In addition, access to several applications — including Risk Manager and Best Practice reports — will migrate from HEALTHeNET to Availity.

Please review the upcoming changes below:

- Access to these HEALTHeNET applications for Highmark members will be ending in the first quarter of 2024:
  - **Late February 2024**
    - Provider Inquiry
  - **Late March 2024**
    - Claim Status Inquiry
    - Eligibility and Benefits
    - NETeXCHANGE – Eligibility and Benefits batch transactions
    - Provider Inquiry Summary
    - Referral / Authorization Status Inquiry
    - Referral Request

Risk Manager and Best Practice — Only Available via Availity Starting on April 1, 2024

Access to these applications via the WNYHEALTHeCOMMUNITY website for Highmark Blue Cross Blue Shield providers will end on **March 31, 2024**:

- Risk Manager
  - Available via the Risk Manager tile on the Availity Payer Spaces page.
- Best Practice / Pay for Performance / Pending Claims reports
  - Available via the Provider Facing Analytics tile on the Availity Payer Spaces page.

Additional Resources

Registration Guides

- Availity Essentials Registration for Health Care Providers
- Availity Essentials Registration for Billing Services

Reference Guides

- Availity Essentials Reference Guide for Users
- Availity Essentials Reference Guide for Administrators

PRC Resources

- Availity page on the Provider Resource Center (PRC)
- FAQs on the PRC

Transition Timeline

The transition to Availity will occur in stages. Here's what you can expect going forward:

1. **February 5, 2024**

   Availity will be available for all Highmark providers.

2. **March 2024**

   Providers will no longer have access to NaviNet or HEALTHeNET (NY).*

   More information on the retiring of existing portal(s) will be distributed as it becomes available. If you don't already receive emails for our provider newsletters, join our **eSubscribe list today.*

*(**Note:** Highmark Wholecare and Highmark Health Options will not transition to Availity; providers should continue to use their current portals for transactions related to these plans.)*

Availity is an independent company that contracts with Highmark to offer provider portal services.

NaviNet is a registered trademark of NaviNet Inc., which is an independent company that provides a secure, web-based portal between providers and health insurance companies.

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Professional Providers Moving to GROUP CONTRACTS

Highmark Blue Cross Blue Shield (BCBS) is beginning the process of moving professional providers in its New York markets onto Highmark Professional Agreements — which are group contracts that match the structure that is in place in the other Highmark service regions.

Provider groups with newly contracted individual practitioners began receiving Highmark Professional Agreements(s) on **December 4, 2023**. Practices without newly contracted individual practitioners should start seeing the new contracts in their email inboxes in the second quarter of 2024.

Key Information

Here are some things to know:

- The Highmark Professional Agreements apply to all professional providers who want to participate in our networks and will apply to both group practices and individual practitioners. The agreements govern all providers affiliated with a specific Tax Identification Number (TIN). Each individual practitioner is no longer required to sign his/her own agreement. Highmark uses this structure for ease of administration for the provider group and for Highmark.
- You may receive two contracts: one for Medicare Advantage plans and another for all non-Medicare health plans.
    - ***Note:*** *If Highmark has delegated management of any product to a third party, the terms of the contract in place with any such management contractor will control.*
- Your reimbursement rates will not change. The process of moving from individual to group contracts is not an opportunity to renegotiate your rates with Highmark.
- Participating professional providers can view the standard allowances on the Provider Resource Center (PRC) through Availity® or NaviNet®. From the secure PRC home page, click **CLAIMS, PAYMENT & REIMBURSEMENT** in the left-hand menu and then **Fee Schedule Information**.

For more information, read the recent Special Bulletin.

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Acute Care Facilities: Itemized Bills Required for Local and Host Claims Starting at $50,000

Providers will be required to submit itemized bills for high-dollar, inpatient care (costing $50,000 or more) at acute care facilities, effective **February 6, 2024**, for both local and host (out of area) claims. This new requirement — the previous threshold was $100,000 — is part of an initiative by Highmark to reduce billing and/or payment errors on high-dollar claims that occur both in-network (INN) and out-of-network (OON). For more information, click here.

Access to PaySpan Ending in April 2024

Effective April 30, 2024, you will no longer have access to Highmark/Health Now Electronic Funds Transfer (EFT) information or Electronic Remittance Advices (ERAs) in PaySpan. This includes all claims payments with dates of service prior to January 1, 2023 — when we moved from our legacy Health Now systems onto Highmark systems.

Prior to **April 30, 2024**, please download all historical data you would like to retain for your records. To read the entire **Special Bulletin**, go here.

Medicare Part D: Most Generics Available for 100-Day Supply in 2024

Effective January 1, 2024, Highmark is making some changes to the medications on our Medicare Part D formularies. These changes will ensure the safe and effective use of prescription medications while ensuring they are affordable for our members.

Most members with Medicare Part D coverage will be able to receive up to a 100-day supply for generic medications on Tier 1 and Tier 2 of Highmark's formularies. When appropriate, roviders are encouraged to write prescriptions for this higher day supply. Some examples of Tier 1 or Tier 2 drugs eligible for a 100-day supply include Lisinopril, Metformin, and Atorvastatin.

To read the **Special Bulletin**, click here.

Claims Culprit: Sequela Code Errors Lead to Increased Denials

Highmark is seeing an uptick in claims with sequela code errors, resulting in increased denials for providers. To avoid this type of error, it is necessary to include both the original injury code that precipitated the sequela as well as the sequela code. **Reminder:** The sequela code can never serve as the primary or only diagnosis code; it must always be accompanied by the original injury or condition code. To learn more, go here.

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New Clinical Support Programs for 2024

In support of our Living Health strategy, we're providing a preview of our new and expanded clinical support programs for eligible Highmark members in 2024.

These programs are intended to address unmet need, help with self-management, and offer timely access to care for specific conditions and in-demand specialties, so your patients can get high-quality, convenient care after hours and in between office visits.

New programs for 2024 include:

Highmark Mental Well-Being Powered by Spring Health

Highmark Mental Well-Being, powered by Spring Health, is a high-quality mental and behavioral health care solution. The program offers expanded and timely access through customized interventions for eligible Highmark members (and their dependents ages 6+) from low-acuity wellness needs to high-acuity conditions.

Highmark Mental Well-Being provides access to an expanded network of over 6,000 behavioral health providers who use evidence- and measurement-based care to develop a customized care plan for each member based on a digital assessment. Appointments for therapy and medication

management are typically available within three business days. Members will also have access to a 24/7 crisis line. A digital referral form to the program will be available by January 1 on the Provider Resource Center.

CHF and COPD Management Powered by Vida

CHF and COPD Management, powered by Vida, is a virtual, personalized health program for patients with congestive heart failure (CHF) and/or chronic obstructive pulmonary disorder (COPD). The program is designed to support patients between office visits through self-management and prioritizes medication adherence and improving health outcomes. Eligible Highmark members can engage through a smartphone, tablet, or computer to receive self-guided education and virtual one-on-one health coaching when it's convenient for them. The program may also provide your eligible patients with monitored, no-cost devices.

Virtual Physical Care Program Powered by Sword Health

Highmark's Virtual Physical Care Program, powered by Sword Health, helps your patients manage musculoskeletal pain. Patient care is provided by licensed physical therapists and members receive wearable sensors and personalized exercise program. The program applies to all major joints including lower back, shoulder, neck, elbow, hip, knee, ankle, and wrist and can address acute, chronic, pre- and post-surgery pain and rehabilitation needs at no cost to members. **This program will expand eligibility to fully insured commercial patients starting January 1**.

Well360 Virtual Health Powered by Amwell – Dermatology Clinic

In addition to our current Well360 Virtual Health Urgent, Behavioral Health and (new for 2024) Primary Care clinics, Well360 Virtual Health Dermatology clinic provides eligible patients with expanded access to high-quality providers for dermatological care. The virtual dermatology clinic lets patients share skin, hair, and nail concerns with one of more than 160 certified dermatologists with multi-state licensures and coverage in all 50 states, including Washington, D.C. Your Highmark patients can seek treatment for chronic conditions, new diagnoses, or follow-ups with a Well360 dermatologist (up to 30 days) for nearly 3,000 skin, hair, and nail conditions.

Well360 Virtual Health Powered by Amwell – Women's Health Clinic

Well360 Virtual Women's Health clinic allows patients to seek treatment, prescriptions, and consultations for a variety of acute and chronic conditions from endometriosis to urinary tract infections and sexually transmitted infections. Your patients can also seek therapy services (ages 10+) for pregnancy and postpartum needs as well as lactation counseling (ages 16+).

Diabetes Management – Expansion to Include Type 1 Diabetes

To complement our existing program for Type 2 Diabetes, we will be adding an option for members with Type 1 Diabetes to "bring your own device" for self-management and virtual support and remote monitoring between office visits. Please be sure to carefully code your patients with diabetes as either Type 2 or Type 1, so we can offer the appropriate program to our members.

More details will be provided around these new programs in 2024, as they begin to roll out to our eligible members.

Additional information about these programs can be found on the Provider Resource Center by clicking **Education/Manuals >** Clinical Support Programs.

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January is Cervical Cancer Awareness Month

Despite advances in prevention, cervical cancer remains way too prevalent. In 2020, 11,542 cervical cancer cases were diagnosed in the United States, and 4,272 women died from this disease, according to the latest statistics from the Centers for Disease Control and Prevention.

Cervical Cancer Awareness Month, which occurs during January, is an excellent opportunity to further educate patients about what can be done to fight this devastating disease.

The American College of Obstetricians and Gynecologists recommends using well visits to counsel patients on maintaining a healthy lifestyle while minimizing health risk. Vaccination administration and appropriate screenings can help female patients lower their risk of cervical cancer.

Vaccinations

The human papilloma virus (HPV) has been identified as a major cause of cervical cancer. The HPV vaccination can help protect women from multiple types of HPV infection.

The HPV vaccination is routinely recommended for preteens ages 11–12 (can start at age 9). Expanded guidelines for the HPV vaccine now include high-risk adults who are 27–45 years of age.

Screenings

Pap and HPV tests can help identify early signs of cervical cancer and prevent the disease from developing further, making it easier to treat.

HEDIS® Measures

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures for a variety of clinical procedures, including cervical cancer screenings. HEDIS measures promote excellent patient care, especially in the critical area of disease prevention.

The Cervical Cancer Screening (CCS) measure evaluates females, 21–64 years of age, who were screened for cervical cancer using any of the following criteria:

- 21–64 years who had cervical cytology performed within the last three years
- 30–64 years who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years
- 30–64 years who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.

HEDIS Exclusions for the CCS Measure

- Members with a history of a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.
- Members currently in hospice and/or have received hospice services during the measurement year.
- Members currently receiving palliative care any time during the measurement year.
- Members who died any time during the measurement year.

Tips

- **Exclusions** – Look back as far as possible in the member's history for exclusions.
- **Closing Gaps** – Be proactive by evaluating practice processes for opportunities to close care gaps every time a patient is seen.
    - Always document the date and result of the most recent exam.
- **Hysterectomies** – Documenting that a member had a hysterectomy does not exclude the member unless the cervix is totally removed.
    - If a member had their cervix removed, please indicate with the appropriate ICD-10 codes.

- **Biopsies** – Do not count biopsies as they are diagnostic and therapeutic only. These are not valid for primary cervical cancer screening.
- **Labs** – Lab results that indicate the sample contained "No Endocervical Cells" may be acceptable if a valid result is reported for the test.
- **Documentation** – The medical record must include the following:
    - A note indicating the date the procedure was performed.
    - The result or finding.

Annual gynecological exams can be a life-saving appointment — remind your patients about their importance!

Acknowledgement

This article is based in part on information from *HEDIS MY 2024 Volume 2: Technical Specifications.*

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

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New York State's End The Epidemic – HIV/AIDS Plan

The End the Epidemic program seeks to reduce the number of new HIV diagnoses by 55% to 1,515 and increase the number of individuals filling prescriptions for PrEP to 65,000.

***End the Epidemic*'s three-point plan includes:**

1. Identifying persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain persons diagnosed with HIV in health care to maximize virus suppression, so they remain healthy and prevent further transmission.
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

About PrEP

PrEP is for people who **do not** have HIV. Individuals at risk for HIV infection take a daily pill that contains HIV antiretroviral medication to reduce their risk of becoming infected. Studies show significant reduction in HIV acquisition among HIV-negative persons who use PrEP and are offered a package of prevention, care, and support services.

For more information about PrEP and *End the Epidemic*, visit the **Provider Resource Center > EDUCATION/MANUALS >** New York State's End The Epidemic – HIV/AIDS Plan.

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January Coding Webinar: Acute vs. Chronic Conditions

"Outpatient Setting: Acute vs. Chronic Conditions" will be the topic for the Coding and Quality Knowledge College webinar on **Wednesday, January 10, 2024, at 12:15 p.m.**

Throughout the year, the college presents webinars aimed at providing education on the proper coding of medical diagnoses, along with the associated quality measurements that impact documentation. Starting in April 2024, the webinars will move from a quarterly schedule to a monthly one.

Continuing Medical Education (CME) Credits

Attendees are eligible to receive 0.5 CME credit. Preregistration is required and an Allegheny Health Network (AHN) CME account is needed to receive credit. You can learn more about the Coding and Quality Knowledge College on the Provider Resource Center (PRC) via Availity® or NaviNet®.

Availity

- Log in
- Under the **Payer Spaces** tab, select your Highmark plan.
- Once on the page, click the **Provider Resource Center** tile, which can be found under **Applications**.

NaviNet

- Log in
- Choose **Resource Center** from the left menu

For Both

After you are redirected to the PRC:

- Select **EDUCATION/MANUALS** from the left menu
- Click **Coding Education/HCC University**

Once there, you can find instructions to create an AHN CME account, register for the next class, or view past coding webinars. To register for the January webinar on **Outpatient Setting: Acute vs. Chronic Conditions**, go here.

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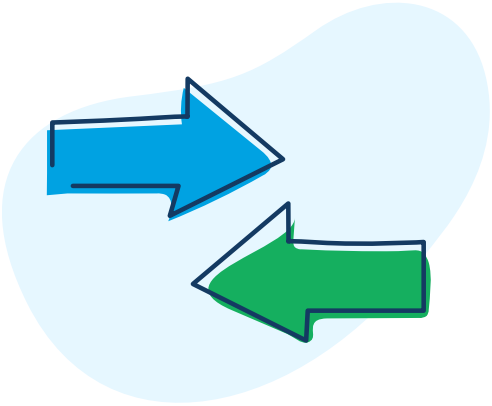
New and Updated Reimbursement Policies



Highmark regularly issues new or updated reimbursement policies. Keep an eye on this newsletter and the Provider Resource Center (PRC) homepage for announcements regarding upcoming policy changes. As specific policy changes go into effect, the updated policies can be found on the Reimbursement Policy page of the PRC.

Below is a list of recent and upcoming updates to Reimbursement Policies (RPs):

UPCOMING

January 1, 2024

MRP-006 Wrong Surgery
Effective **December 31, 2023**, this policy is being archived. The direction of this policy will be merged into a new version of RP-036 (see below), which takes effect **January 1, 2024**.

RP-019N Drugs and Biologicals
Effective **January 1, 2024**, Highmark will move the New York reimbursement direction in RP-019N to the reimbursement direction for Delaware, Pennsylvania, and West Virginia that is currently outlined in the policy. This change will streamline and standardize how the plan reimburses for these services across all regions, and reduce administrative costs associated with maintaining different reimbursement methods.

To view this reimbursement policy, access the PRC via the provider portal – either Availity® or NaviNet®. Once redirected to the PRC from the provider portal, select **CLAIMS, PAYMENT & REIMBURSEMENT** in the left-hand menu and then click **Reimbursement Policy**.

RP-036 Preventable Serious Adverse Events
This policy will be updated to include a Medicare Advantage section containing direction merged from MRP-006 (see above).

RP-057 Evaluation & Management Services
The note included under "Level based on Medical Decision Making (MDM)" will be updated.

RP-073 Performance Measurement
Several New York Medicare Advantage exception codes will be removed.

January 15, 2024

RP-037 Emergency Evaluation and Management Coding Guidelines
Outpatient surgery will be removed from the exclusion criteria.

April 1, 2024

RP-006 Multiple Endoscopy Procedures
New York Commercial products are being applied to this policy direction effective April 1, 2024.

RP-034 Prolonged Detention or Critical Care
Code 93598 will be added to the "Prolonged Detention or Critical Care" section of this policy.

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Authorization Updates

During the year, Highmark adjusts the List of Procedures and Durable Medical Equipment (DME) Requiring Authorization. For information regarding authorizations required for a member's specific benefit plan, providers may:

- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via Availity® NaviNet®, or
- Search BlueExchange through the provider's local provider portal.

These changes are announced in the form of Special Bulletins and other communications posted on Highmark's Provider Resource Center (PRC). The most recent updates regarding prior authorization are below:

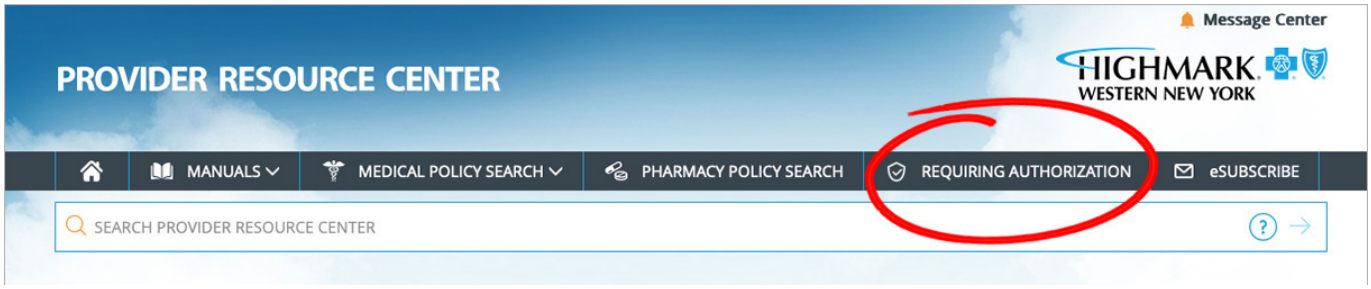
Advanced Imaging and Cardiology: Prior Auth Changes Occurring in the New Year

Federal Employee Program: High-Cost Drugs to Require Prior Authorization

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

Upcoming Prior Authorization Changes on March 1, 2024

To view the full List of Procedures/DME Requiring Authorization, click **REQUIRING AUTHORIZATION** in the gray bar near the top of the PRC homepage.



Once redirected to the **Procedures/Service Requiring Authorization** page, click **View the List of Procedures/DME Requiring Authorization** under **PRIOR AUTHORIZATION CODE LISTS**.

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.

Availity or NaviNet is the preferred method for:

- Checking member benefits and eligibility
- Verifying whether an authorization is needed
- Obtaining authorization for services

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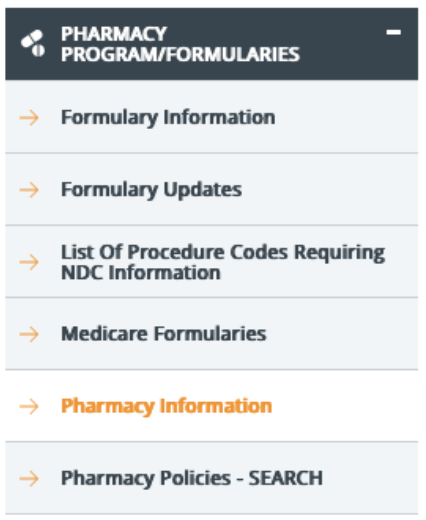
Quarterly Formulary Updates

View the August and October 2023 updates to Highmark's prescription drug formularies and related pharmaceutical management procedures at the Formulary Updates page on the **Provider Resource Center (PRC)**. From the left menu, select **PHARMACY PROGRAM/FORMULARIES** and then **Formulary Updates**.

Pharmaceutical Management Procedures

To learn more about how to use these procedures, go to the **PHARMACY PROGRAM/FORMULARIES** section on the PRC. Click on **Pharmacy Information** from the sidebar and then **Pharmaceutical Management** from the list on the right.



This section includes information on:

- 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 also may obtain formulary information by calling **866-763-3608** and following the prompts for *Pharmacy*.

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

Recent noteworthy changes occurred in the following sections:

- Chapter 2, Unit 4: Benefit Plan Programs
- Chapter 5, Unit 2: Authorizations
- Chapter 5, Unit 5: Denials, Adverse Benefit Determinations, Grievances, and Appeals (Applicable to Pennsylvania Providers Only)
- Chapter 7, Unit 6: Professional Regulations (Applicable to Pennsylvania Providers Only)

To see the full list of recent changes, visit the Highmark Provider Manual Changes page.

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About This Newsletter

Provider News is a valuable resource for health care providers who participate in our networks. Published monthly on the last Monday of the month*, *Provider News* conveys important product, policy, and administrative information, including billing, claims, and program updates.

The publication also features the latest news, information, tips, and reminders about our products and services, as well as relevant interviews, articles, and stories, for health care professionals who serve Highmark members.

Regular topics include:

- New and Updated Reimbursement Policies
- Authorization Updates
- Staying Up to Date with the *Highmark Provider Manual*

*When a holiday falls on the last Monday of the month, *Provider News* will be published on the preceding Friday.

Another Valuable Resource

For medical policy and claims administration updates, including coding guidelines and procedure code revisions, please refer to the ***Medical Policy Update Newsletter***.

You can access both *Provider News* and the Medical Policy Update Newsletter on the Provider Resource Center from the **NEWSLETTERS/NOTICES** link on the sidebar. Email subscriptions are available via the **eSubscribe** button on the PRC taskbar.

Comments/Suggestions Welcome

We want *Provider News* to meet your needs for timely, effective communication. If you have any suggestions, comments, or ideas for articles in future issues, please email the *Provider News* team at ResourceCenter@Highmark.com.

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Legal Information

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Blue Shield and the Shield symbol are registered marks, and BlueCard and Blue Distinction are registered trademarks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. BlueCard, Blue Distinction, Blue Distinction Center, and the Federal Employee Program are registered marks and Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

Information on this website is issued by Highmark BCBSWNY, which serves the 8 counties in western New York.

NaviNet is a registered trademark of NaviNet, Inc., which is an independent company that provides a secure, web-based portal between providers and health care insurance companies.

Highmark BCBSWNY has adopted Highmark Inc. medical policies as its own policies applicable to Highmark BCBSWNY members who have moved to the "Highmark System" (i.e., *information systems of Highmark Health and/or its subsidiaries/affiliates*). Please note that for providers with Highmark BCBSWNY members who remain on the BCBSWNY Legacy System (i.e., have not yet moved to the Highmark System), certain BCBSWNY Legacy System medical protocols (found at bcbswny.com) shall apply and control until the earlier of such time as such member is no longer on the BCBSWNY Legacy System or Highmark BCBSWNY communicates otherwise to you.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. HEDIS and Quality Compass are registered trademarks of the National

Committee for Quality Assurance (NCQA). Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a registered trademark of the Agency for Healthcare Research and Quality. CORE is a registered trademark of CAQH. InterQual is a registered trademark of McKesson Health Solutions, LLC.

View the BCBSWNY Privacy Policy.

QUICK REFERENCE

HIGHMARK PROVIDER SERVICE CENTERS

Please use NaviNet® for all of your routine eligibility, benefit, and claim inquiries.
For non-routine inquiries that require analysis and/or research, contact Highmark's Provider Services.

What Is My Service Area?

PENNSYLVANIA:

- Western Region: Professional Providers **1-800-547-3627**; Facilities **1-800-242-0514**
  Hours of Availability: 8 a.m. to 5 p.m. EST, Monday through Friday
- Central & Northeastern Regions: Professional Providers **1-866-731-8080**; Facilities **1-866-803-3708**
  Hours of Availability: 8 a.m. to 5 p.m. EST, Monday through Friday
- Eastern Region **1-800-975-7290**
  Hours of Availability: 9 a.m. to 12 noon, 1 p.m. to 4:30 p.m. EST, Monday through Friday.
- Medicare Advantage:
  - Freedom Blue PPO: **1-866-588-6967**
  - Community Blue Medicare HMO: **1-888-234-5374**
  - Community Blue Medicare PPO: **1-866-588-6967**
  - Security Blue HMO (Western Region only): **1-866-517-8585**
- Behavioral Health:
  - Western & Northeastern Regions: **1-800-258-9808**
  - Central & Eastern Regions: **1-800-628-0816**

DELAWARE:

- Highmark Delaware Provider Services: **1-800-346-6262**
  Hours of Availability: 8:30 a.m. to 5 p.m. EST, Monday through Friday
- Behavioral Health: **1-800-421-4577**

WEST VIRGINIA:

- Highmark West Virginia Medical: **1-800-543-7822**
- Highmark Senior Solutions Medicare Advantage Freedom Blue PPO: **1-888-459-4020**
  Hours of Availability: 8 a.m. to 8 p.m. EST, Monday through Sunday
- Behavioral Health: **1-800-344-5245**

NEW YORK:

- Highmark Blue Cross Blue Shield of Western New York: **1-800-950-0051 or (716) 884-3461**
- Highmark Blue Shield of Northeastern New York: **1-800-444-4552 or (518) 220-5620**
  Hours of Availability: 8 a.m. to 8 p.m. EST, Monday through Sunday
- Behavioral Health: **1-844-946-6264**
  - Fax: Behavioral Health Outpatient: **1-822-581-1867;** Behavioral Health Inpatient **1-833-581-1866**

Please listen carefully to the available options to reach the appropriate area for your inquiry.

HIGHMARK CLINICAL SERVICES

NaviNet® is the preferred for authorization requests. Contact Clinical Services for inquiries that cannot be handled via NaviNet.® **Hours of Availability:** Monday-Friday 8:30 a.m.-7 p.m.; Saturday & Sunday 8:30 a.m.-4:30 p.m. for urgent issues.

PENNSYLVANIA:

- Western Region:
  - Medical Services: Professional Providers **1-800-547-3627**; Facilities **1-800-242-0514**
  - Behavioral Health: **1-800-258-9808**

- Central Region:
  - Medical Services: Professional Providers **1-866-731-8080**; Facilities **1-866-803-3708**
  - Behavioral Health: **1-800-628-0816**
- Northeastern Region: Medical Services **1-800-452-8507**; Behavioral Health **1-800-258-9808**
- Eastern Region: Call Independence Blue Cross at **1-800-862-3648**

DELAWARE:

- Medical Services **1-800-572-2872**; Behavioral Health **1-800-421-4577**

WEST VIRGINIA:

- Highmark West Virginia Products for Medical and Behavioral Health Services: **1-800-344-5245**
- Medicare Advantage Freedom Blue PPO: **1-800-269-6389**

NEW YORK:

- Medical Services: **1-844-946-6263**
  - Fax: Medical Outpatient **1-833-619-5745**; Medical Inpatient **1-833-581-1868**

Please see the *Highmark Provider Manual's* Chapter 1.2 for additional contact information.