HIGHMARK. WESTERN NEW YORK

PROVIDER NEWS

A newsletter for Highmark Blue Cross Blue Shield providers in western New York

Issue 2, February 2024

The ability to submit new Claim Investigations in NaviNet will end after February 29, 2024.

You will continue to have view access to pending Claim Investigations in NaviNet up until complete shutdown on **March 29**. After this date, the outcome of any NaviNet Claim Investigations will be provided to you via a letter. Any new Claim Investigations should be submitted in the Availity® portal, so that responses may be viewed within Availity after access to NaviNet ends.

Get Trained Now on Availity

NaviNet will be decommissioned for Highmark providers on **March 29**.

With access to NaviNet ending in little over a month, now is the time for you and your team get trained on using Availity. Don't wait until the last minute!

To get started, sign in to Availity and click the **Help & Training** in the top website menu bar on the home page. Click **Get Trained** from the drop-down menu to view recorded demos and webinars. You can also sign up for future live webinars in Availity.

Administrators – Get Your Organization Ready

In Availity Essentials, access the **Manage My Organization** page to do the following:

- Register a new organization.
- Search for and check the status of registrations you have submitted.
- View and edit business information for existing organizations.
- Add new providers to your organization(s), or edit existing ones, for easy data entry when submitting transactions.

Risk Manager and Best Practice

You are able to complete all transactions, including accessing Risk Manager and Best Practice reporting and submitting batch 270 Eligibility Benefit Inquiries in Availity.

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

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For Highmark Blue Cross Blue Shield members in commercial plans, providers will need to request authorization for outpatient physical medicine and home health services, effective **April 1, 2024**.

This change was announced in our October 2023 *Provider News*. Originally, the new prior authorization requirements were scheduled to be implemented Jan. 1, 2024, but were postponed due to the transition to Highmark's new provider portal.

The following outpatient services — for members in **commercial** plans — will require prior authorization starting **April 1, 2024**:

- Physical therapy (PT)
- Occupational therapy (OT)
- Chiropractic (Chiro)
- Home health (HH)

Beginning **March 21, 2024**, providers will be able to submit electronic preauthorization requests for services occurring **on or after** April 1, 2024.

Speech Therapy

On February 1, 2024, Highmark integrated Helion Arc into the Predictal workflow for UM of outpatient speech therapy. See the recent **Special Bulletin** for more information. Since **April 1, 2023**, prior authorization has been required for commercial plans for speech therapy (ST) in the Highmark Blue Cross Blue Shield service area.

Training

To help providers with this upcoming change, Highmark and Helion will offer free, live training sessions during these dates and times:

PT/OT/Chiro/ST

- March 12 at 1 p.m.
- March 18 at 1 p.m.

Home Health

- March 14 at 10 a.m.
- March 21 at 10 a.m.

To register, click the session you would like to attend.

Submitting Auth Requests Electronically – Faster Approvals

Availity® is where you will submit electronic prior authorization requests via the Predictal™ Auth Automation Hub, which will connect you seamlessly to Helion Arc. These applications enable offices to submit, update, and query medical authorization requests. *Submitting prior authorization requests electronically leads to **faster approvals**.*

Accessing Predictal

From Availity's main page, there are two ways to reach Predictal:

> **OPTION 1:** Click **Payer Spaces** on the task bar and choose your Highmark plan. From Highmark Blue Cross Blue Shield Payer Spaces, scroll down to **Applications** and click the **Predictal** tile.

OPTION 2: Click **Patient Registration** from the task bar, choose **Authorizations & Referrals** from the drop-down menu, and then select **Authorization Request**. You will need to fill in the requested information before being routed to **Predictal**.

Authorization Checklist

The checklist below will help you and your staff prepare for the change occurring on April 1:

- **Are you and your team registered with Availity?**

  To register, go here. For more information about the transition to Availity, see the links below:

  - Provider Portal Transition
  - Frequently Asked Questions

- **Have you signed up for any training sessions on how to use Availity?**

  To get started, log in to Availity:

  - Access the **Help & Training** tab on the homepage:
  - Click **Get Trained** from the drop-down menu to view recorded demos and webinars.

- **Have you used Predictal to submit an authorization request?**

  The PRC has resources on the Procedures/Service Requiring Prior Authorization page that will walk you through the electronic auth submission process.

What is Helion?

Helion is a health care technology and services company that helps payers cultivate high-performing networks while empowering providers to operate at their best — and in doing so, help patients heal better. You can learn more about Helion here.

Have you and your team signed up for one of the live training sessions offered by Highmark?

See the list of training sessions for physical medicine and home health providers mentioned above.

Have more questions?

Visit the **Procedures/Service Requiring Prior Authorization** page on the PRC.

If you need assistance regarding electronic authorization workflows, you can email us at ElecAuthSubmit@highmark.com.

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Effective **April 1, 2024**, Highmark Blue Cross Blue Shield is integrating Helion Arc into the utilization management (UM) process for the following services and lines of business:

Services	Lines of Business
Skilled Nursing Facility (SNF)	Medicare Advantage and Commercial
Inpatient Rehabilitation Facility (IRF)	Medicare Advantage and Commercial
Inpatient Hospice	Commercial only

This change will result in faster approvals for prior authorization requests, **submitted electronically**, for appropriate services. Providers will be able to submit electronic preauthorization requests beginning **March 21, 2024**.

The Authorization Process: From Predictal to Helion Arc

After logging in to the Availity® portal, providers will begin the electronic auth submission process in the Predictal™ Auto Automation Hub, which will then automatically connect them to Helion Arc to complete the process.

While the process for submitting electronic auth requests may be changing slightly, Highmark's goal is to minimize provider disruption and ensure that the transition is as seamless as possible, resulting in:

- Increased administrative efficiencies for provider teams
- Faster approvals for prior authorization requests

Speech Therapy

On February 1, 2024, Highmark integrated Helion Arc into the Predictal workflow for UM of outpatient speech therapy. See the recent **Special Bulletin** for more information. Since **April 1, 2023**, prior authorization has been required for Commercial Plans for speech therapy (ST) in the Highmark BCBS service area.

Training – SNF, IRF, and Inpatient Hospice

To help providers with this upcoming change, Highmark and Helion will offer free, live training sessions during these dates and times:

- March 12 at 10 a.m.
- March 18 at 10 a.m.

To register, click the session you would like to attend.

Authorization Resources on the PRC

On the Provider Resource Center (PRC), the **Procedures/Service Requiring Prior Authorization** page has educational guides for submitting authorization requests via Availity.

If you need assistance regarding electronic authorization workflows, you can email us at ElecAuthSubmit@highmark.com.

Important Information Regarding Authorizations

The List of Procedures/DME Requiring Authorization for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

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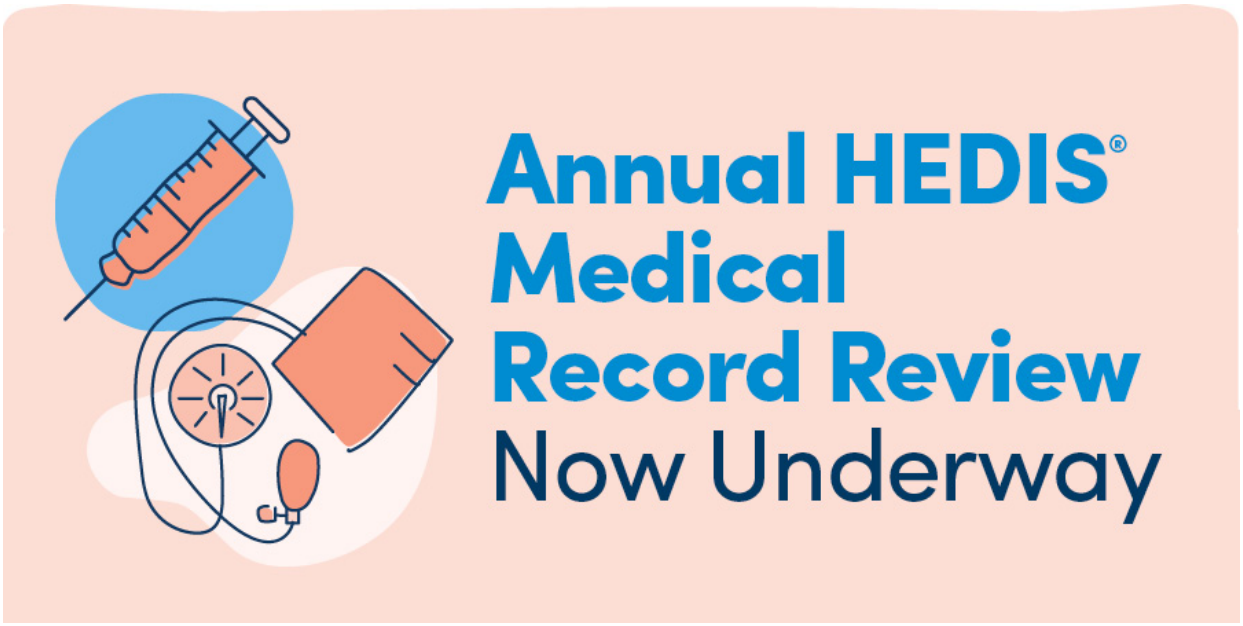

The annual Healthcare Effectiveness Data and Information Set (HEDIS®) Medical Record Review is being conducted now through May 2024.

This review assesses provider compliance with a set of standardized performance measurements that we are required to report to the National Committee for Quality Assurance (NCQA). HEDIS data is collected and reported on an annual basis as part of our accrediting and governmental requirements.

The measurements being collected are:

- Controlling High Blood Pressure
- Colorectal Cancer Screening
- Hemoglobin A1c Control for Patients with Diabetes

- Blood Pressure Control for Patients with Diabetes
- Eye Exam for Patients with Diabetes
- Transitions of Care
- Cervical Cancer Screening
- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Counseling for Physical Activity for Children and Adolescents

For information on who will be conducting this year's review and who to contact with your questions, please see the recent **Special Bulletin**.

Disclaimers:

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

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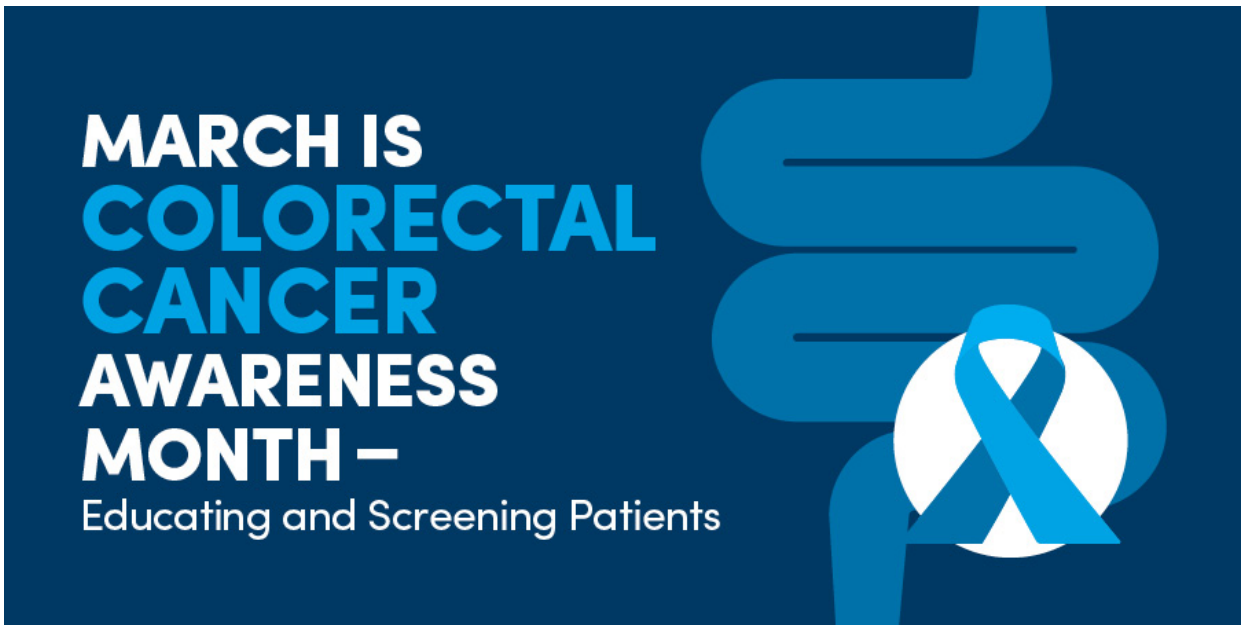

Colorectal cancer is the most common cancer diagnosed in both men and women in the United States, according to the Centers for Disease Control and Prevention (CDC). The American Cancer Society estimates that more than 53,000 Americans will die from colorectal cancer in 2024.

Educating patients about the importance of screening for colorectal cancer saves lives. Highmark has educational resources available — that practices can order at no cost — to inform patients about the role screening plays in preventing and detecting colorectal cancer in its earliest stages.

Screening Starts at 45

The U.S. Preventive Services Task Force (USPSTF) recommends all adults be screened for colorectal cancer starting **at age 45**. Previously, it was age 50, but the USPSTF lowered the recommended age in 2022.

Individuals at an elevated risk — whether due to lifestyle factors and/or family history — may need earlier or more frequent screening.

Highmark Preventive Health Guidelines include colorectal cancer screenings for eligible members. Please note that most, although not all, of our employer groups follow the Highmark Preventive Schedule. Therefore, not all Highmark members may have coverage for services on the preventive schedule.

Tier-1 Screenings

The U.S. Multi-Society Task Force has classified the various colorectal cancer screening modalities based on performance and effectiveness. Colonoscopy and annual fecal immunochemical test (FIT) are both classified as a tier-1 screening recommendations.

Closing HEDIS® Gaps – A Higher Level of Care

Healthcare Effectiveness Data and Information Set (HEDIS®) measures the level of patient care provided by health care organizations and practitioners.

To meet the HEDIS measure for Colorectal Cancer Screening, the following screening tests will help close gaps in patient care:

- Colonoscopy within the last 10 years
  - Evidence in the medical record must indicate that the colonoscopy advanced past the splenic flexure to meet criteria as a colonoscopy. Otherwise, it will count as a sigmoidoscopy.
- Stool DNA (sDNA) with FIT-DNA (Cologuard) during the last three years
- Fecal occult blood test (gFOBT, iFOBT) during the measurement year
  - **NOTE:** A sample collected via digital rectal exam (DRE) or FOBT test performed in an office setting does **not** count for compliance.
- Computed tomography (CT) colonography within the last five years
- Flexible sigmoidoscopy within the last five years

Documentation must include a note indicating the date the colorectal cancer screening was performed. At a minimum, the YEAR must be specified.

It is not required to include a result if the screening date is clearly shown in the medical or surgical history. If the date is not clear, the result or finding must be included in the documentation to ensure the test was performed and not merely ordered.

Exclusions

The following required exclusions can be submitted on the claim to remove the member from the measure:

- Members who have had colorectal cancer or a total colectomy anytime during their medical history through Dec. 31 of the measurement year.
- Members in hospice, using hospice services, palliative care anytime, experiencing frailty and advanced illness, or who died during the measurement year.

Tip: A patient's refusal is NOT considered an exclusion.

Resources for Patients/Members

On the Provider Resource Center (PRC), practitioners can download the following free educational resources to share with patients and staff:

- Colorectal Cancer Screening Brochure
- Colorectal Cancer Screening Flyer (Spanish version available)
- Colorectal Cancer Screening Reminder Card
- Health Screening and Vaccination Tracker (Spanish version available)

To order copies for your practice, go to the **PRC > EDUCATION/MANUALS > Inventory Request Form > Select Printable Item**. Click the down arrow and then select the items you wish to order. Complete the form and click the **ADD TO ORDER** button.

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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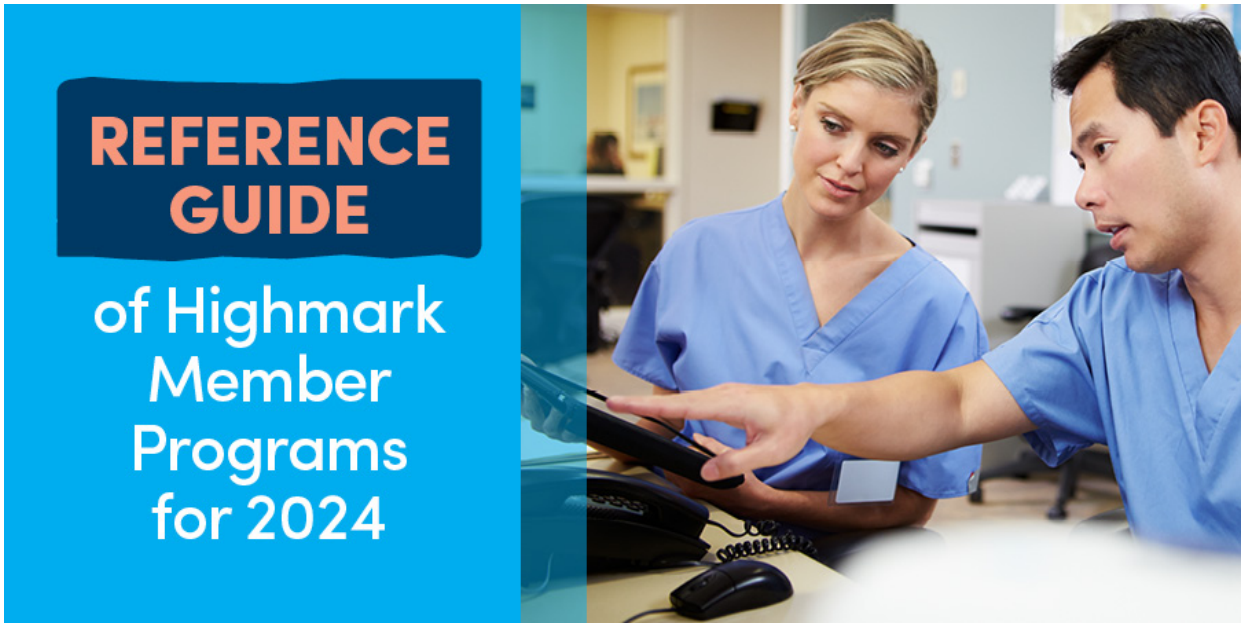

When our members visit your office or facility this year, they may have questions about the programs and services available to them through Highmark.

To help you and your staff answer those inquiries, we recently published the Reference Guide of Highmark Member Programs on the Provider Resource Center (PRC). The guide contains useful information and resources to give you and your team a comprehensive understanding of the programs offered to our members in all service areas.

This year's guide includes the following sections:

- Clinical Care
- Disease Management
- Specialty Case Management
- Diabetes

- Wellness and Prevention
- Comprehensive Lifestyle
- SDOH (Social Determinants of Health)
- Home Support Services
- Virtual Health
- Behavioral Health
- Virtual Specialized Mental and Behavioral Health
- Virtual Substance Use Disorder

Please be aware that programs may be discontinued or additional information may become available; if that occurs, the guide will be updated accordingly. Also, coverage for each program may vary based on member benefits and members should consult their individual plans for coverage details.

To access the guide, go to the PRC, select **EDUCATION/MANUALS**, and then click **Reference Guide Of Highmark Member Programs**.

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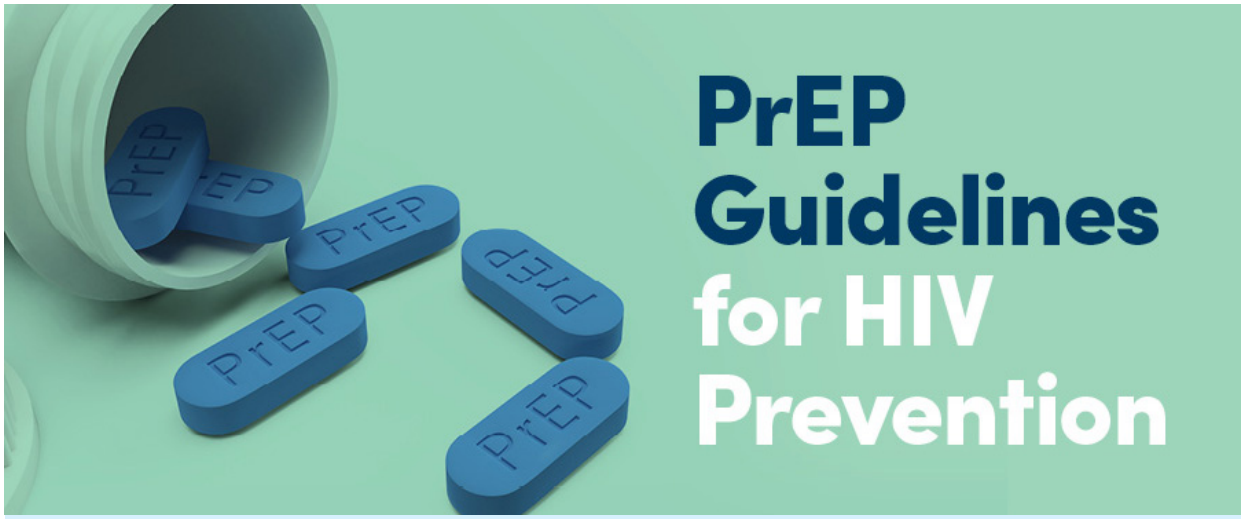

The New York State Department of Health (NYSDOH) Clinical Education Initiative's HIV clinical guidelines recommend speaking to your patients about Pre-Exposure Prophylaxis (PrEP) as a preventive measure.

Studies described in the clinical guidelines show that patients taking antiretroviral medication significantly reduce their risk of becoming infected with HIV.

According to the guidelines, PrEP should be offered as part of a comprehensive prevention plan for your HIV negative patients — including adolescents — who are at an increased risk of contracting HIV.

As part of the comprehensive prevention plan, it is recommended that your patients receive:

- Counseling and education about adherence to PrEP and risk reduction
- Discussions about additional HIV prevention options, including condom use and safe drug injection practices
- Monitoring with routine lab tests

Please note: PrEP is not a preventive measure for other viral and bacterial sexually transmitted infections (STIs). Patients taking PrEP can still contract and spread STIs and you should continue to educate your patients on safe-sex practices.

We encourage you to speak with your adult and adolescent patients about the importance of HIV prevention.

Click the links below to view additional resources:

- New York State's End The Epidemic – HIV/AIDS Plan
- HIV Clinical Guidelines
- NYSDOH PrEP Information
- CDC HIV Prevention Guidelines

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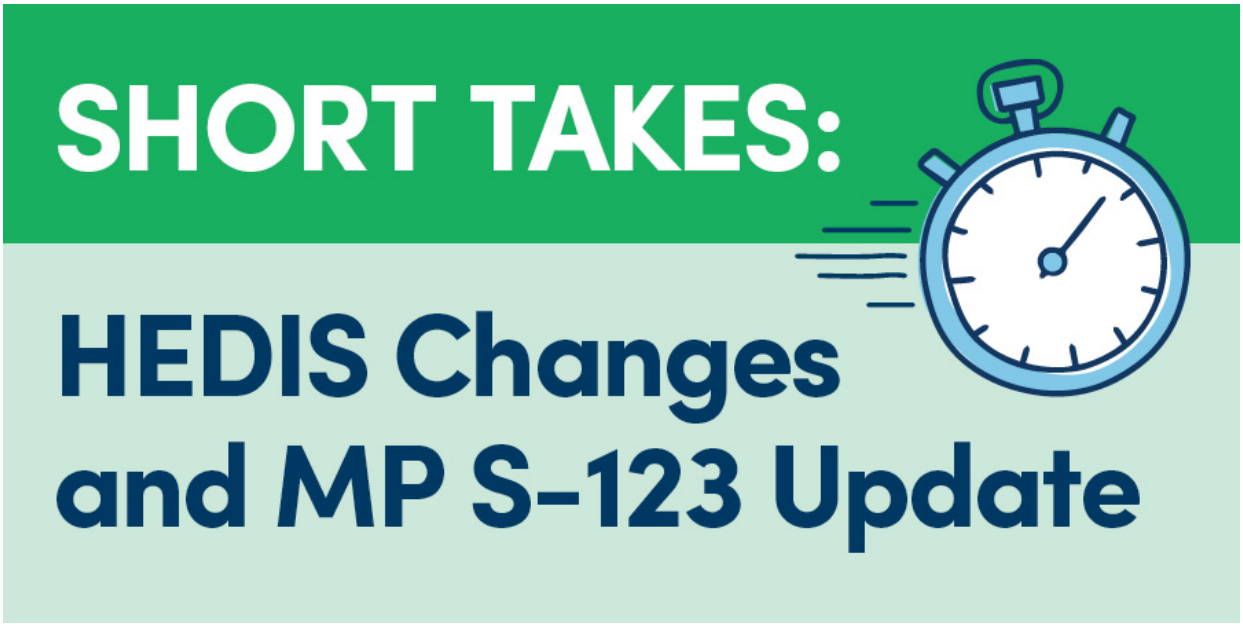

HEDIS Changes in 2024: Diabetes, Cervical and Colorectal Cancer Screenings

The 2024 Healthcare Effectiveness Data and Information Set (HEDIS®) includes changes to the following measurements:

1. Diabetes
2. Cervical Cancer Screening
3. Colorectal Cancer Screening

To learn more about the changes, click here.

Medical Policy S-123 Published on Jan. 22, 2024

The publication of **Medical Policy (MP) S-123 Lung and Lobar Lung Transplant** was delayed. Originally scheduled for Jan. 15, 2024, the policy was published on Jan. 22, 2024.

To view MP S-123, go to the Provider Resource Center. On the top task bar, click the drop-down arrow for **MEDICAL POLICY SEARCH**, select **MEDICAL POLICIES**, and then type "S-123" into the search bar.

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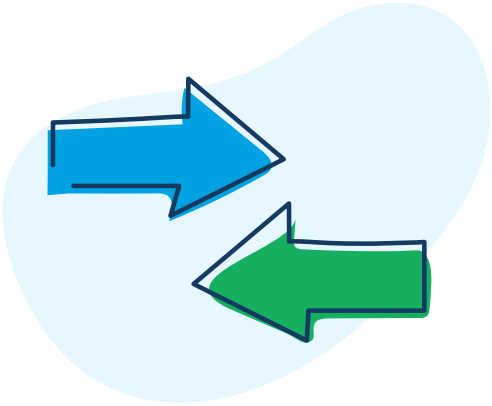
New and Updated Reimbursement Policies



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):

RECENTLY UPDATED

February 5, 2024

RP-033 Anesthesia Services
This policy was reviewed as part of our standard review process. No changes in direction were made.

RP-038 Out of Network Services
This policy was reviewed as part of our standard review process. No changes in direction were made.

RP-039 Outpatient Services Prior to An Inpatient Admission
This policy was reviewed as part of our standard review process. No changes in direction were made.

February 19, 2024

MRP-004 Prolonged Services
Effective **Feb. 19, 2024**, this policy was archived. The direction of this policy was merged into a new version of RP-034 (see below), which went into effect **Feb. 19, 2024**.

RP-034 Prolonged Detention or Critical Care
This policy was updated to include Medicare Advantage direction merged from MRP-004 (see above).

RP-063 Consultation Services
This policy was reviewed as part of our standard review process. No changes in direction were made.

UPCOMING

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.

April 29, 2024

RP-041 Services Not Separately Reimbursed
Code 76140 will be added and will no longer be a separately reimbursed service.

May 1, 2024

RP-006 Multiple Endoscopy Procedures
New York Medicare Advantage products are being applied to this policy direction effective **May 1, 2024**.

RP-026 Portable Radiography and ECG Services – Modifiers UN, UP, UQ, UR, US

Direction for “U” modifier reductions reported with code R0075 will be made applicable for Commercial.

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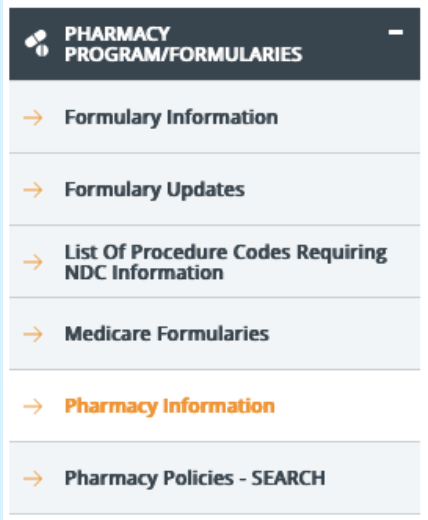
Quarterly Formulary Updates

View the December 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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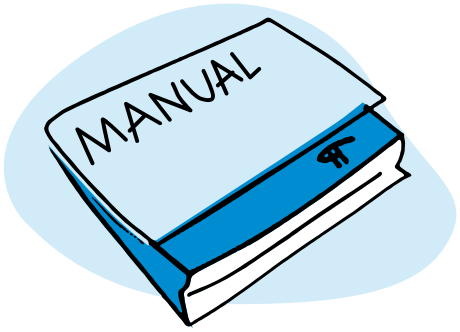
Staying Up to Date with the *Highmark Provider Manual*

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

Some recent noteworthy changes include:

- **Chapter 2, Unit 2: Medicare Advantage Products & Programs**
- **Chapter 2, Unit 6: The BlueCard Program**
- **Chapter 6, Unit 1: General Claim Submission Guidelines**
- **Chapter 6, Unit 2: Electronic Claim Submission**
- **Chapter 6, Unit 8: Payment Review**

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

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Directory Information – Here's How to Attest

When Highmark members are looking for a primary care physician (PCP) or specialist, they expect that our online provider directory presents information that is accurate and current.

That's why it is essential to ensure that your practice information on file with Highmark remains up to date.

Please be aware that providers who don't validate their data quarterly may be removed from the directory and their status within Highmark's networks may be impacted.

Reviewing Data Is Vital for You

The Centers for Medicare and Medicaid Services (CMS) requires Highmark to reach out to you every quarter and ask you to validate your provider directory information. We use this information to populate our online provider directory and to help ensure correct claims processing.

Your thorough review of your directory information confirms:

- **Each practitioner's name** is correct and matches the name on his/her medical license.
- **Each practitioner's National Provider Identifier (NPI) is correct.**

- **The practice name is correct** and matches the name used when you answer the phone.
- **All specialties are correctly liste**d and are currently being practiced.
- **Practitioners listed at a location** currently see members and schedule appointments at that office on a regular basis.
    - All practitioners listed must be affiliated with the group. Practitioners who cover, read test results, or are hospitalists should not be listed in the provider directory.
- **The practitioner is accepting new patients** — or not accepting new patients — at the location.
- **The practitioner's address**, suite number (if any), and phone number are correct.

Professional Providers – Use the PDM Tool

Professional providers are now required to validate their Highmark Provider Directory information within the Provider Data Maintenance (PDM) tool in the provider portal — either Availity® or NaviNet® — every 90 days.

Facility, Ancillary, and Medicaid Providers – Use Atlas

The attestation process through Atlas is quick and easy. Just follow these steps...

1. **Go to hub.primeatlas.com.**
2. **Log in.**
3. **Review your information.**
4. **If no changes, confirm.**
5. **If there are changes, update your information.**

If you haven't attested your provider directory information this quarter, you will receive a letter from Atlas to review your provider information. Some providers may also receive emails from Highmark about validating their directory information through the Atlas website. To ensure delivery of emails from Highmark, please add the following email address, resourcecenter@highmark.com, to your address book.

During the attestation process, always double-check your current email address(es) to ensure that you can receive electronic communications from Highmark without delay.

If you need additional information regarding the attestation process, Atlas' step-by-step guide is available on the Provider Resource Center.

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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.