


PROVIDER NEWS

A newsletter for the Highmark Blue Cross Blue Shield providers in western Pennsylvania

Issue 1, January 2023



2023

Preventive Health Guidelines

The 2023 Preventive Health Guidelines are now available on the Provider Resource Center.

Every year, Highmark and participating network physicians review and update the Preventive Health Guidelines, which are made available to the practitioner community as a reference tool to encourage and assist you in planning your patients' care.

What's Changing

For 2023, Highmark's Preventive Health Guidelines feature these changes:

Under the Expanded Patient Protection and Affordable Care Act (PPACA), mandated benefits include:

Women's Health:

Nutritional counseling for Obesity Prevention in midlife women, ages 40 to 60 years old, with normal body mass index (BMI) and overweight BMI.

- **Explanation:** Women's Preventive Services Initiative recommends counseling midlife women with normal or overweight BMI (18.5–29.9 kg/m²) to maintain weight or limit weight gain for preventing obesity. Counseling may include individualized discussion of healthy eating and physical activity.

Aspirin No Longer Recommended:






Taking a small daily dose of aspirin to reduce the risk of stroke and heart attack is no longer recommended for healthy people between the ages 50 to 59.

- **Explanation:** United States Preventive Services Task Force (USPSTF) update removed B rating grade and lowered the recommendation to a C grade, which does not require a zero-cost share under the preventive Affordable Care Act mandate. The midyear 2022 update notified members via a footnote that the benefit would no longer be effective beginning January 1, 2023.

Download the Guidelines

To help make the information more accessible and convenient for you, the complete set of 2023 Preventive Health Guidelines is posted online. Just visit the Provider Resource Center, go to **EDUCATION/MANUALS**, and then select **Preventive Health Guidelines**.

The page includes the following downloadable guidelines:

- [Prenatal/Perinatal Guidelines](#) 
- [Children Ages 0-6 Guidelines](#) 
- [Children Ages 7-18 Guidelines](#) 
- [Adult Ages 19-64 Guidelines](#) 
- [Adult 65 and Older Guidelines](#) 



To obtain a paper copy of the guidelines, write to:

Highmark
Director, Health Plan Quality
Fifth Avenue Place
120 Fifth Avenue, Suite P4425
Pittsburgh, PA 15222



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UPDATE:

MCG TRANSITION DATE MOVED



Highmark's transition to MCG Health is being pushed back by one week to **February 13, 2023**.

Over the next 10 days, Highmark will host four sessions to discuss how MCG Health guidelines will be incorporated into our criteria of clinical decision support.

Each webinar will include a demonstration of the new MCG clinical criteria screens within Highmark's authorization workflows and utilization management platform tool – including best practices for successful submissions. There will also be an opportunity at the end for providers to ask questions live.

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Topics include:

- Overview of Highmark's transition to MCG Health

- Demo of MCG clinical criteria workflow within Highmark's utilization management tool
- Answers to Frequently Asked Questions
- Live Q&A

Webinars

To register, click the session date and time that works best for your schedule:

- [Tuesday, January 31, at 8 a.m. EST](#) 
- [Thursday, February 2, at 12 p.m. EST](#) 
- [Wednesday, February 8, at 8 a.m. EST](#) 
- [Thursday, February 9, at 12 p.m. EST](#) 



To learn more about Highmark's transition to MCG Health, see the December 2022 issue of *Provider News* or read our [Frequently Asked Questions](#) .



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SHORT TAKES:

BH Auths, Fee Schedules, & More





BH Authorizations Routed to New Clinical Platform


Highmark recently rolled out a new utilization management tool (UM) for the submission of authorization requests. Effective **January 9, 2023**, authorization requests for Behavioral Health (BH) services also are being routed to the new clinical platform. To learn more, click [here](#) .

MA Medical Policy Search

Effective **February 13, 2023**, access to the Medicare Advantage (MA) Medical Policy search site will be removed from the Provider Resource Center (PRC) – and the search site will be taken down.

Providers should use the Centers for Medicare and Medicaid Services [Medicare Coverage Database website](#)  to search National Coverage Determinations, Local Coverage Determinations, and Local Coverage Articles. To learn more, go [here](#) .

Highmark Fee Schedules

Effective **April 1, 2023**, Highmark will begin publishing its standard professional fee schedules on a quarterly basis. This change will enable us to align fee schedule updates with our quarterly code updates. For more information, go [here](#) .



PROVIDER NEWS

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2023 UDC Program – Monthly Webinar Series Schedule

This year, the Unconfirmed Diagnosis Code (UDC) webinars will feature a **specific clinical topic** every other month.

The webinars – presented by Highmark’s Medical Directors – will cover specific diseases in-depth, with discussion on best practices for evaluating, documenting, and coding of the condition. There will be time at the end of the presentations for questions.



On alternating months, Highmark will host an “Open Door” session where participants can ask questions about anything related to the UDC program.

Providing Quality Care

The goal of the UDC Program is to ensure that quality health care is provided to Highmark Medicare Advantage and Affordable Care Act (ACA) members with complex chronic health conditions by accurately identifying, treating, documenting, and reporting the appropriate ICD-10-CM diagnosis codes to Highmark.

Webinar Schedule

The UDC engagement webinars will be held on the last Wednesday of every month from 12:15 to 12:45 p.m. Diabetes will be the topic of the clinical presentation on **Wednesday, February 22**. Below are the webinar dates for the year.

UDC Clinical Presentations	Open Door UDC Sessions
February 22	March 29
April 26	May 31
June 28	July 26
August 30	September 27
October 25	November 29

Current UDC participants – including primary care physicians (PCPs), behavioral health providers, podiatrists, ophthalmologists, and rheumatologists – are encouraged to attend, as are clinical and quality sta .

To register for a webinar, send an email to UDCHelp@Highmark.com with the following information:

- **Practice Name**
- **Practice Blue Shield or NPI number**
- **Attendee name(s)**
- **Email address(es)**



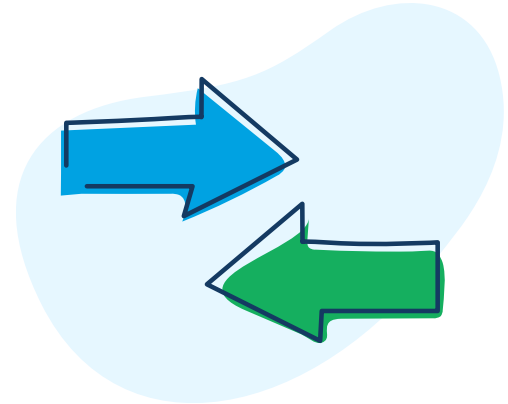
PROVIDER NEWS

A newsletter for the Highmark Blue Cross Blue Shield providers in western Pennsylvania

Issue 1, January 2023

New and Updated Reimbursement Policies

Highmark regularly issues new or updated reimbursement policies. Keep an eye on the Provider Resource Center (PRC) homepage for Special Bulletins announcing upcoming policy changes and the Reimbursement Policy page for specific policy updates.



Below is a list of recently updated Reimbursement Policies (RP):

January 9

RP-053 [Gene and Cellular Therapy](#)

Modifier LU was added to the policy with the direction that it is not to be used on claim lines billed to the Plan.

January 16

RP-038 [Out of Network Services](#)

Now applicable in the New York regions.

RP-065 [Modifier Reduction Glossary](#)

Administrative change: Format updated.




PROVIDER NEWS

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Issue 1, January 2023


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:

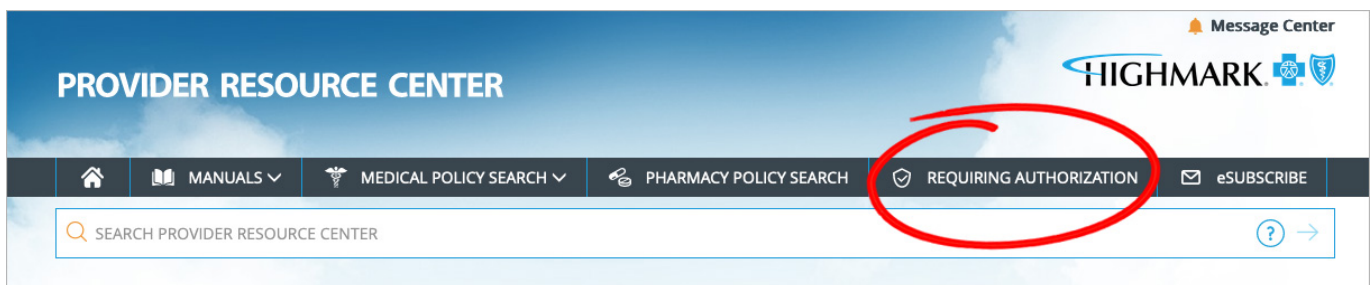
- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via [NaviNet®](#) , or
- Search BlueExchange through the provider's local provider portal.



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

- [New UM Tool: Faster Response Times for Behavioral Health Authorization Requests](#) 
- [Upcoming Webinars: MCG Clinical Criteria](#) 

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 **Authorization Requirements** 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.

[NaviNet®](#)  is the preferred method for:

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



PROVIDER NEWS

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Issue 1, January 2023

Is Your Provider Information **Still Accurate?**

The sign in front of your office helps members find their way to you. Your contact information in the online Highmark Provider Directory does the same. If your provider data is incorrect, potential patients may not realize your practice is part of a Highmark network.

All providers are required to supply Highmark with their practice name, clinical team, locations, and contact information for our provider directory. It is essential that Highmark has your up-to-date information in order to help our members make informed decisions on where to seek care.

Why take a chance that prospective patients might not be able to find your practice in the Highmark Provider Directory?

Reviewing Practice Data is Critical

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




Per the No Surprises Act, providers who don't confirm and attest that their data is accurate may be removed from the provider directory and their status within Highmark's networks may be impacted.

Your thorough review of your directory information confirms:

- **Each practitioner's name** is correct and matches the name on his/her medical license.

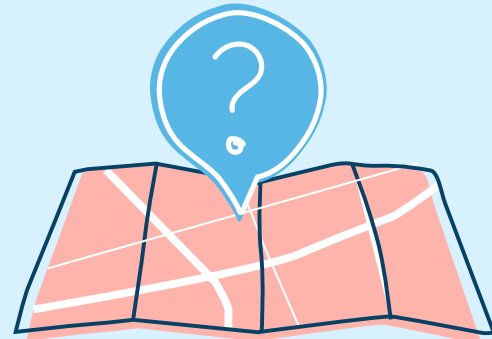
- **The practice name** is correct and matches the name used when you answer the phone.
- **All specialties** are correctly listed and are currently being practiced.
- Practitioners listed at a location **currently see members and schedule appointments at that office** on a regular basis.
 - All practitioners listed must be affiliated with the group. Practitioners who cover on an occasional basis are not required to be listed.
- **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.

Change Happens

It’s vital that you review and update your information as soon as a change occurs. Go to Provider File Management within [NaviNet®](#)  to check these fields:

- **Current address**
- **Phone number**
- **Fax number**

Remember to review data at least once a quarter to ensure it’s accurate.





PROVIDER NEWS

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Issue 1, January 2023

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 .





PROVIDER NEWS

A newsletter for the Highmark Blue Cross Blue Shield providers in western Pennsylvania

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Legal Information

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield serves the 29 counties of western Pennsylvania. 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.

Highmark Senior Health Company and Highmark Coverage Advantage are service marks of Highmark Inc. Highmark Health is the parent company of Highmark Inc.

The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark.

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.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. Healthcare Effectiveness Data and Information Set (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.

Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark (or changes thereto) which are binding upon Highmark and its contracted providers. Pursuant to their contract, Highmark and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.



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.

