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PROVIDER NEWS

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

Issue 6, 2022

We are excited to announce that *Provider News* will be moving from a bimonthly to a monthly schedule in 2023. Our new publishing schedule will enable us to keep you better informed of changes occurring at Highmark and throughout the health care profession.

Provider News features the latest news, tips, and reminders about our products and services, as well as relevant interviews, articles, and stories for medical and administrative personnel who serve Highmark members.

Regular topics include:

- **New and Updated Reimbursement Policies**

- **Authorization Updates**
- **Staying Up to Date With the Highmark Provider Manual**

Throughout the year, you'll nd training reminders, patient education tips, formulary updates, information about new Highmark programs, and interviews with Highmark leaders.

How to Subscribe

If you're not currently subscribing to our emails, including *Provider News*, you can sign up here.

If you are a current subscriber, there's no need to do anything. The only difference you'll notice is that starting in 2023 you will receive 12 issues of *Provider News* a year. We appreciate your continued readership.

To ensure delivery of emails from Highmark, please add the following email address to your address book: **resourcecenter@highmark.com**.

The current issue of *Provider News*, as well as past issues, are available via the homepage on the Provider Resource Center. To access, look under **NEWSLETTERS/NOTICES** on the left menu and click on **Provider News**.

Other Highmark Publications

Medical Policy Update is a monthly newsletter that focuses exclusively on upcoming medical policy and claims administration updates (including coding guidelines and procedure code revisions) and is the sole source for this information. Subscribers to *Provider News* will automatically receive a link to the latest issue of *Medical Policy Update*.

Special Bulletins communicate important announcements and updates and are published on the home page of the Provider Resource Center.

Plan Central Messages are communications that pertain to NaviNet-speci c transactions, electronic funds transfer (EFT), proprietary information (such as fee schedules), and Highmark's larger initiatives. Plan Central Messages are posted on the home page of Highmark's NaviNet portal.

2023 Publishing Schedule

Provider News and *Medical Policy Update* are published the last Monday of the month. When a holiday falls on the last Monday, as in the case of May and December next year, then both publications will be published on the preceding Friday. Below is our 2023 schedule:

- **January 30**
- **February 27**
- **March 27**
- **April 24**
- **May 26***
- **June 26**
- **July 31**
- **August 28**
- **September 25**
- **October 30**
- **November 27**
- **December 22***

*With the last Monday of the month falling on a holiday, *Provider News* and *Medical Policy Update* will be published on the preceding Friday.

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Highmark Transition to MCG Health

HAPPENING IN FEBRUARY

mcg
PART OF THE HEARST HEALTH NETWORK

Effective February 6, 2023, Highmark will incorporate MCG Health clinical guidelines into Highmark's criteria of clinical decision support, replacing Change Healthcare (InterQual). This change is being made to align the clinical review processes and platforms for Highmark health plans.

As a result of implementing this process, Highmark will be using MCG utilization criteria to review authorizations ranging from acute through outpatient.

Access to MCG criteria will be made available through the NaviNet® provider portal. Training tools will be available on the Highmark Provider Resource Center and webinars will be offered in January.

Frequently Asked Questions

Q: Who is MCG Health?

A: MCG Health provides unbiased clinical guidance that gives healthcare organizations confidence in their patient-centered care decisions.

Q: Why is Highmark making this change?

A: Highmark's transition from Change Healthcare (InterQual) to MCG will more fully support our Living Health strategy and allow us to upgrade our Utilization Management (UM) capabilities and automation.

Q: How does Highmark use clinical criteria for authorization decision-making?

A: Initial reviews of authorization requests are performed by Highmark registered nurse reviewers with clinical experience. They utilize the following criteria, guidelines, and policies to review the medical necessity of the requested services:

- MCG Health Clinical Criteria
- Highmark Medical Policies
- Highmark Medicare Advantage Medical Policies
- American Society of Addiction Medicine (ASAM) Criteria
- New York Only: Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) Criteria

Additional information about authorization decision-making can be found on Highmark's Provider Manual Chapter 5, Unit 1 - Care & Quality Management: Care Management Overview.

Q: What clinical services are in scope change?

A: MCG Guidelines provide criteria for settings ranging from acute through outpatient, including the following (except for delegated services):

- Inpatient and Surgical Care
- General Recovery Care (serves as a companion to Inpatient and Surgical Care guidelines)
- Ambulatory Care
    - Guidelines for procedures, durable medical equipment, prosthetics, orthotics, and supplies
    - Rehabilitation evaluations, services, and modalities

- Recovery Facility Care (Skilled Nursing Facility, Inpatient Rehabilitation Facility)
- Home Care
- Behavioral Health (psychiatric levels of care that require authorization)
    - **Note:** Highmark will continue to use ASAM guidelines for Substance Use Disorder levels of care that require authorization.
- MCG's Medicare Compliance Solution is coming later in 2023.
    - The Medicare Compliance Solution incorporates Medicare National Coverage Determination (NCD) guidelines, National Coverage Analysis (NCA) guidelines, and Local Coverage Determination (LCD) guidelines to support clinicians with time savings and better documentation practices.

Q: Where will MCG's guidelines be located?

A: Highmark's medical policies and MCG's evidence-based clinical criteria will be available within MCG's AutoAuth workflow when submitting prior authorizations.

Q: What is the best way to assure enough clinical information is sent with the initial request for Highmark to process an authorization?

A: The following information is valuable to consider as you are submitting your authorization.

- Check all clinical values in the MCG guidelines that apply to represent the full clinical condition of the patient.
- Attach relevant supporting documentation with the request, i.e., a history and physical, labs, imaging, prior discharge instructions (if a readmission), etc.
- Most importantly, wait until the treatment plan is established and test results completed to submit the inpatient authorization request (typically within 48 hours of an urgent admission).

Q: What Highmark members will be affected?

A: Any Highmark members who receive services that require authorization utilizing MCG Health Clinical Criteria in the review of medical necessity are in scope.

Q: Who do I call with questions?

A: Contact your Provider Account Liaison, if applicable, or Highmark's Provider Service Center.

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Antipsychotic medications offer the potential for effective treatment of psychiatric disorders in children and adolescents; however, these drugs can also increase the risk for developing serious health concerns, including metabolic health complications. While newer medications (atypical antipsychotics/second-generation antipsychotics) have fewer side effects — especially less extrapyramidal symptoms than first-generation antipsychotics — there are still inherent risks that must be weighed against the benefits of taking these medications.

Expanded Use

The Food and Drug Administration initially approved the use of antipsychotics for the treatment of childhood schizophrenia, bipolar disorder, and psychosis. More recently, the agency approved the use of antipsychotics for the "treatment of severe conduct problems that are resistant to other types of treatment," including behavioral symptoms associated with Tourette's syndrome and autistic disorders.[1]

While antipsychotics are deemed appropriate for a **narrow range** of behavioral health diagnoses, research has shown that these medications are prescribed more frequently for off-label use, especially for resistant behaviors associated with attention deficit hyperactivity disorder (ADHD).[2]

More recently, the FDA approved the use of antipsychotics for the **"treatment of severe conduct problems that are resistant to other types of treatment,"** including behavioral symptoms associated with Tourette's syndrome and autistic disorders.

The Associated Risks

Antipsychotic medications often increase the risk of weight gain, hyperlipidemia, and diabetes in younger patients. As a result, the American Academy of Child and Adolescent Psychiatry (AACAP) guidelines recommend that children and adolescents — who are taking antipsychotic medications — should have baseline levels for blood glucose and cholesterol levels, as well as body mass index (BMI) percentile documentation.[3] Routine monitoring must be completed after baseline levels have been obtained to ensure that these medications are providing beneficial results without negative health implications.

However, studies have shown that metabolic monitoring rates associated with second-generation antipsychotics are well below optimal levels, especially for lipid monitoring.[4] Early interventions can decrease the possibility of long-term sequelae associated with this class of drugs, especially cardiac disease, type 2 diabetes, and obesity.

Highmark will be periodically reviewing metabolic monitoring for those pediatric/adolescent members taking antipsychotic medications, as per the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)® guidelines.

References

1. Harrison, J.N., Cluxton-Keller, F., & Gross, D. (2012). Antipsychotic medication prescribing trends in children and adolescents. Journal of Pediatric Health Care, 26(2), 139–145. https://doi.org/10.1016/j.pedhc.2011.10.009

2. Sohn, M., Moga, D.C., Blumenschein, K., & Talbert, J. (2016). National trends in off-label use of atypical antipsychotics in children and adolescents in the United States. Medicine, 95(23). https://doi.org/10.1097/md.0000000000003784

3. American Academy of Child and Adolescent Psychiatry (AACAP)(n.d.) Practice parameter for the use of atypical antipsychotic medications in children and adolescents. https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf

4. Hayden, J.D., Horter, L., Parsons III, T., Ruble, M., Townsend, S., Klein, C.C., Duran, R.P., Welge, J.A., Crystal, S., Patel, N.C., Correll, C.U. & DelBello, M.P. (2020) Metabolic Monitoring Rates of Youth Treated with Second-Generation Antipsychotics in UsualCare: Results of a Large US National Commercial Health Plan. Journal of Child and Adolescent Psychopharmacology 30(2). 119-122. http://doi.org/10.1089/cap.2019.0087

Disclaimer

Highmark does not recommend particular treatments or healthcare services. This informational article is not intended to be a substitute for professional medical advice, diagnosis, or treatment. The member's provider should determine the appropriate treatment and follow-up with his or her patient. This informational article is based upon a search of literature: there may be other recommendations or suggested practices that may be suitable in the care of patients. 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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Free Coding Webinar on Dementia

"Dementia" will be the topic for the Coding and Quality Knowledge College webinar on **Wednesday, January 11, 2023, at 12:15 p.m.**

The college presents quarterly webinars aimed at providing education on the proper coding of medical diagnoses, along with the associated quality measurements that impact documentation.

In addition to Dementia, the 2023 webinar schedule includes the following topics:

- **Cardiac Conditions (CHF/Angina) – April 12**
- **Depressive Disorders – July 12**
- **Cancer – October 11**

Webinars are held on the second Wednesday of each quarter from 12:15 – 12:45 p.m.

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 via NaviNet® by:

- Choosing Resource Center from the left menu
- Selecting **EDUCATION/MANUALS**
- Clicking **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 11 webinar on Dementia, go here.

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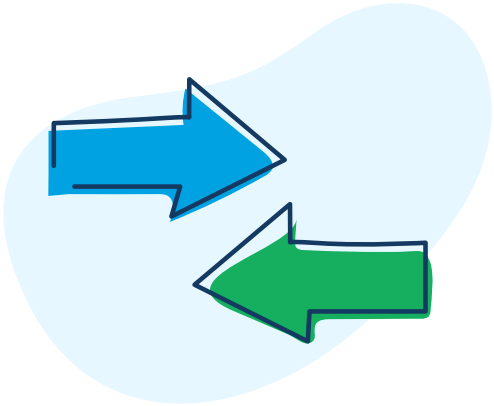
New and Updated Reimbursement Policies



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 upcoming and recently updated Reimbursement Policies (RP) and Medicare Advantage Reimbursement Policies (MRP):

Upcoming

December 30 — Updates to these RPs will become effective on **January 1, 2023**, but will be published early due to the New Year's Day holiday.

- **MRP-004** Prolonged Services Codes 99356 and 99357 were deleted and removed from this policy.
- **RP-003** Drug Wastage and Convenience Kits Modifier JZ was added to the policy for reference.
- **RP-006** Multiple Endoscopy Procedures Codes 43290 and 43291 are being added to endoscopy family group 15 (endoscopy base code 43235) with an effective date of January 1, 2023.
- **RP-011** Procedure Codes Not Applicable to Commercial Products Code G0323 is being added to this policy effective January 1, 2023.
- **RP-020** Preventive Medicine and Office or Outpatient Evaluation and Management Services This policy will be applicable to New York Medicare Advantage. New York

permits providers to bill for both an Annual Wellness Visit and Routine Physical on the same date of service. When Annual Wellness Visits are performed on the same date of service as a routine physical exam, the Plan will reimburse the Annual Wellness Visit at 100% and the routine physical at 50% of the approved allowed amounts.

- **RP-027** Hemodialysis and Peritoneal Dialysis Codes 99217, 99218, 99219, 99220, 99241, 99251, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, and 99343 are being deleted effective December 31, 2022, and therefore, being removed from the policy effective January 1, 2023.
- **RP-041** Services Not Separately Reimbursed Codes 15850 and 99340 are being removed from the policy.
- **RP-042** Global Surgery and Subsequent Services Codes 0163T, G2170, and G2171 were removed, while codes 0739T, 0744T, 0745T and 0775T were added to the global YYY code sections for MA and Commercial.
- **RP-043** Care Management A note is being added to this policy for new code G0323 to instruct on the use with MA only.
- **RP-064** Government Supplied Vaccinations and Antibody Treatments New vaccine administration code 0104A is being added to this policy with an effective date of January 1, 2023.

Recently Updated

Supplies

- **RP-040** Facility Routine Supplies and Services This policy was updated on November 1 and December 19, 2022, to include additional supplies and capital equipment.

Vaccinations

- **RP-064** Government Supplied Vaccinations and Antibody Treatments New vaccine and administration codes 91314, 91315, 0144A, and 0154A were added to this policy on November 7, 2022. New vaccine and administration code 0044A was added to this policy on November 21, 2022.

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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:

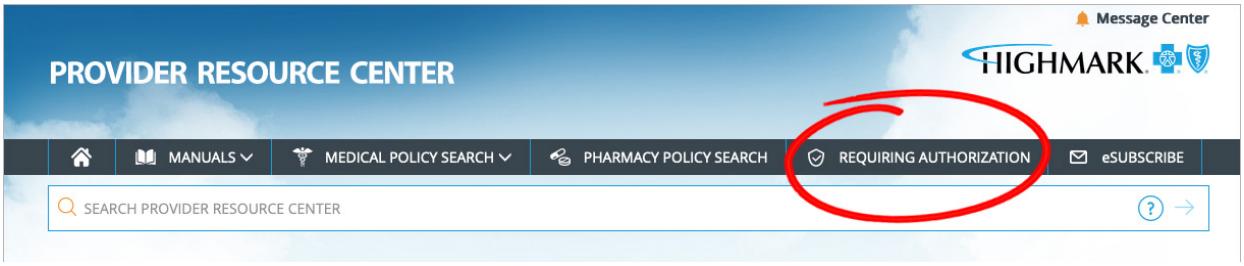
- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via NaviNet®, or
- Search BlueExchange through the provider's local provider portal.

Authorization 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 listed below:

Effective Date(s)	Title
October 20, 2022	Authorization Letters Available in NaviNet for Inpatient Services
November 1, 2022	Prior Authorization No Longer Needed for Glimepiride and Glyburide
November 7, 2022	Authorizations Section Added To Provider Resource Center
November 18, 2022	Enhancements to eviCore Authorization Process

November 23, 2022	Outpatient Services, Ancillary, DME And eviCore Authorizations Routed to New Utilization Management Tool
December 1, 2022	New Go-Live Date! Authorizations Required for OOA And OON Musculoskeletal, Genetic Testing, and Radiation Oncology Services
December 9, 2022	Echocardiogram Code to Be Removed From Prior Authorization List
December 31, 2022	Sunsetting: WholeHealth Living's Rapid Response System Interactive Voice Response Option For Authorizations
February 2023	MCG Chosen as Utilization Management Clinical Criteria Vendor
January 1 and April 1, 2023	Upcoming Prior Authorization Changes
March 1, 2023	Two Injectables to Require Prior Authorization Beginning March 1, 2023

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



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

The new Authorizations section on the PRC features forms and a complete list of procedures and services requiring authorization. To access the section, go to the PRC and click on **AUTHORIZATIONS** from the left menu.

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Quarterly Formulary Updates

The October updates to Highmark's prescription drug formularies and related pharmaceutical management procedures were recently published on the Formulary Updates page on the Provider Resource Center. You can view them here.

Pharmaceutical Management Procedures

To learn more about how to use pharmaceutical management procedures, refer to the **PHARMACY PROGRAM/FORMULARIES** pages, accessible from the left menu. Click on the **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 additions include:

- Types of Professional Providers Credentialed updated in Chapter 3, Unit 2
- General Credentialing Criteria for Physician Assistants added to Chapter 3, Unit 2
- Together Blue Medicare Advantage information added throughout

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About This Newsletter

Provider News is a valuable resource for health care providers who participate in our networks. The publication 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.

Currently, *Provider News* is published six times a year—in February, April, June, August, October, and December. We are happy to announce that *Provider News* will move to a monthly publishing schedule in 2023. We look forward to sharing even more stories and timely content with you in the coming year.

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 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.