

PROVIDER NEWS

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

Issue 9, September 2023

Physical Medicine:

Prior Authorization Changes Occurring in the New Year




Highmark Blue Cross Blue Shield of Western New York (BCBSWNY) is making changes to prior authorization requirements for outpatient physical medicine services **for Commercial Plans only**. New and continuing authorization requirements for these services – along with medical policies and utilization management (UM) – will be administered by Highmark BCBSWNY.

Starting **January 1, 2024**, prior authorization will be required for the following services:

- Outpatient physical medicine services, including:
 - **Physical therapy (PT)**
 - **Occupational therapy (OT)**
 - **Chiropractic**
 - **Home health (HH)**



Speech Therapy

Since **April 1, 2023**, prior authorization has been required for **Commercial Plans** for speech therapy (ST) in the Highmark BCBSWNY service area. For more information, see the [Provider News article](#)  from earlier this year.


Submitting Authorization Requests


The preferred method for submitting authorization requests is electronically through the Predictal™ Auth Automation Hub, which is accessible via Highmark's provider portal – either Availity® or NaviNet®. The Auth Automation Hub enables offices to submit, update, and query these authorization requests. It features an easy-to-use interface that allows for faster reviews and greater transparency around the status of authorization requests.

Training

To help providers with these changes, Highmark will offer both live and on-demand training. Training dates and information will be posted on the Provider Resource Center and be included in upcoming issues of *Provider News*.

Resources

Leading up to the **January 1, 2024**, implementation, *Provider News* will continue to be your source for additional information regarding these changes. If you're not currently receiving Highmark's monthly e-newsletter, you can sign up [here](#) .

For additional resources on the Provider Resource Center, go to **AUTHORIZATIONS** on the left menu, click on **Procedures/Service Requiring Prior Authorization**. 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 transition from Highmark's current provider portals, [NaviNet®](#)  and HEALTHeNET, to [Availity® Essentials](#)  continues as scheduled, with the successful launch of two pilot programs in August and September. Next up is Controlled Deployment on **October 22, 2023**.




During this next phase, professional providers and facilities who currently use Availity for other payers will see Highmark as an option in the states where they are contracted. In addition, providers with new Highmark contracts, effective after October 20, 2023, can register to use Availity.

Full implementation of Availity is scheduled for **February 5, 2024** – the date all providers will have access to Availity as their provider portal.

Early Adoption

As Controlled Deployment gets underway next month, Highmark strongly encourages providers with Availity access to shift their Highmark-related transactions over to Availity **by the end of the year**.

For those providers planning to use Availity on **October 22**, here are a few tips:

- Add any users to your account by October 20.
- If you are newly contracted with Highmark, it is recommended to start the registration process – which takes approximately two weeks – by October 6, 2023.
- If you work with a billing provider to submit transactions via the portal on your behalf, please have them register their own account by following the instructions listed [here](#) .


Being an early adopter has some key advantages. The sooner you transition to Availity, the sooner all of your Highmark-related transactions will be under one portal. Completing your transition to Availity in 2023 means you don't have to do it next year!



Training

Availity will offer both live and on-demand training to providers. The first three training sessions will occur on the following dates:


- **Availity Essentials: Introduction to Highmark Providers (including Highmark's Authorization Tool)**
 - Monday, October 23, noon
 - Tuesday, October 31, 8 a.m.
- **Claim Submission Applications for Highmark Providers**
 - Tuesday, October 24, 8 a.m.
 - Thursday, November 2, noon
- **Claim Follow-up and Payment Applications for Highmark Providers**
 - Friday, October 27, 8 a.m.
 - Friday, November 3, noon



To attend, you must be registered with [Availity](#) . All registered providers will receive an email invitation for the training sessions.

Additional training dates and information will be posted on the [PRC](#)  when available. You also can receive training updates when you sign up for our [eSubscribe list](#) .

Availity FAQs

Our [Frequently Asked Questions \(FAQs\) page](#)  on the Provider Resource Center (PRC) has more than 20 questions and answers about the move to Availity. Throughout the transition, we will continue to update this page as new questions come in.

Transition Timeline

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

1. October 22, 2023:


1) Providers who currently use Availity for other payers will see Highmark as an option in the states where they are contracted; and 2) providers with new Highmark contracts effective after October 20, 2023, can register to use Availity.

2. February 5, 2024:

Availity will be available for all Highmark providers.

3. 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 secure, web-based portal between providers and health insurance companies.



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SHORT TAKES:



RSV Vaccines, Annual Fee Schedule, and More

RSV Vaccines Added to the Preventive Schedule for Infants and Adults

The Centers for Disease Control and Prevention (CDC) has approved respiratory syncytial virus (RSV) vaccines for infants and adults. These vaccines are being retroactively added to the Highmark Preventive Schedules. There is no cost share for members who have plans with the standard preventive schedule. Click [here](#)  to read the **Special Bulletin**.

Annual Fee Schedule Update Will Occur on October 1, 2023

Our annual fee schedule update for commercial and Medicare Advantage products will take effect on **October 1, 2023**. Updates include some incremental increases throughout the fee schedule to align with Highmark's fee schedules. **There are no decreases.**

To read the full **Special Bulletin**, click [here](#) .




New Credentialing Enhancements and Search Capabilities for PDM Tool

Highmark continues to roll out enhancements to its new Provider Data Maintenance (PDM) tool. Professional providers can now perform the following Credentialing functions via the PDM tool:

- **Request Credentialing** – New providers can request initial credentialing.
- **Review Submitted Changes** – Users can review the information they submitted.
- **Review Credentialing Status** – Allows providers to see where they are in the credentialing process.

To learn about the tool's new search capabilities, click [here](#) .

Dental Providers: Changes to How You Update Your Information

Effective October 1, 2023, any updates to your practice or provider information will be handled by United Concordia Dental. Please use the following form to contact UCD and update your information: <https://www.unitedconcordia.com/pifria> . Dental providers who bill medical services for Highmark Blue Cross Blue Shield of Western New York members should continue to provide updates to Highmark using our [Provider Information Management Forms](#)  on the Provider Resource Center. For more information, go [here](#) .

Medical Policy Update Newsletter

The September newsletter is available [here](#) .



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MCG 27th Edition Release




The 27th edition of MCG's Care Guidelines will be available on **October 2, 2023**.

After that date, you will be able to submit authorization requests using the 27th edition for any new requests. Any authorization requests with a start of care date **prior** to October 2, 2023, will be reviewed using the 26th edition.

We began incorporating clinical guidelines from MCG Health into our criteria of clinical support decisions in February 2023, replacing Change Healthcare (InterQual[®]). This change allows us to enhance visibility to utilization management criteria while simplifying the authorization process for providers. [Click here](#)  to learn more about this transition.

Please continue to use the "Authorization Submission" function in [NaviNet](#)[®]  to submit requests with clinical information included.

Questions

Contact Highmark **Clinical Services** or the **Provider Service Center** with any questions. Phone numbers for each region may be found in the [Quick Reference Guide](#) .

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Breast Cancer Awareness Month Starts **October 1**



Awareness about breast cancer is critical to both prevention and early detection. Screening women between the ages of 50–74 can help identify the disease when it is most treatable.

The average risk of a woman in the U.S. developing invasive breast cancer sometime in her life is about 13%, or a 1 in 8 chance. The chance that a woman will die from breast cancer is about 2.5% or 1 in 39.¹

Screening Saves Lives

Mammography is the most effective screening test used today and can detect cancers at an early stage when chances of survival are highest. Mammography has helped reduce breast cancer mortality in the U.S. Three out of four women diagnosed with breast cancer have no family history of the disease and are not considered high risk.²

Physician's Role

Women can benefit from the opportunity to express their concerns and fears with their provider regarding the risk of breast cancer. Patients should feel that they can ask questions about breast cancer, their family history, breast screening methods, and their individual risk for breast cancer.

The American Society of Breast Surgeons recommends that all women discuss breast cancer risks with a provider when they are between the ages of 25 and 30. This information can be updated by the provider at the patient's health appointments prior to the start of mammography screening.³






Educating Patients

Every woman should know how her breasts normally look and feel, so she can recognize any changes that may occur. Signs and symptoms of breast cancer may include⁴:

- Lump in the breast or underarm
- Swelling or thickening of all or part of the breast
- Dimpling or irritation of breast skin
- Localized, persistent breast pain
- Redness, scaliness, or thickening of the nipple or breast skin
- Newly inverted nipple or nipple discharge
- Any change in the size or shape of breast

Overcoming Barriers to Care

Providers can address barriers to screening mammography by advocating for convenient screening locations with accessible transportation. For women who may be uninsured or under-insured, there are programs that offer free or low-cost mammography, including those sponsored by the following organizations:

- [The National Breast Cancer Foundation](#) 
- [The Susan G. Komen Foundation](#) 
- [The CDC's National Breast and Cervical Cancer Early Detection Program](#) 

Resources for Members

For members, Highmark has resources available that emphasize the importance of preventive health screenings for female patients. You can order **free copies** of the following materials to share with patients during their visit:



- Breast Cancer Screening Brochure
- Breast Cancer Screening Reminder Card
- Breast Cancer Screening Flyer
- Health Screening and Vaccination Tracker

To view these resources, go to **Provider Resource Center > EDUCATION/MANUALS > Educational Resources – Member And Provider.**





To order, go to the **Provider Resource Center > 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.

Preventive Health Guidelines

For providers, the Preventive Health Guidelines include breast cancer screenings for eligible members. To access the Preventive Health Guidelines, go to the **Provider Resource Center > EDUCATION/MANUALS > Preventive Health Guidelines > Adult Ages 19-64 Guidelines OR Adult 65 and Older Guidelines.**

Please note that most, although not all, of our customer groups follow the Highmark Preventive Schedule. Verify the member’s eligibility and benefits prior to providing services by using the Eligibility and Benefits function in [NaviNet®](#)  or [Avality® Essentials](#)  or by performing an electronic HIPAA 270 Eligibility/Benefit Inquiry.

References

1. [Breast Cancer Statistics | How Common Is Breast Cancer? | American Cancer Society](#) 
2. [Mammography Saves Lives | American College of Radiology](#) 
3. [Consensus Statement on Screening Mammography \(breastsurgeons.org\)](#) 
4. [Breast cancer - Symptoms and causes - Mayo Clinic](#) 

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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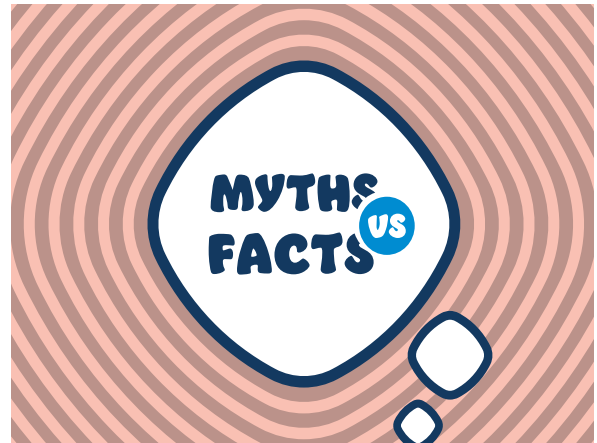
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Weight Assessment & Counseling for Children/Adolescents: **Myths Debunked**

A wellness visit is an important time to discuss healthy choices that may prevent future chronic conditions including diabetes, cardiovascular diseases, and some cancers.

The Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – which is an important part of the annual well visit – can provide parents and young people guidance on maintaining or moving toward a healthier lifestyle.

However, there are several misconceptions related to annual well visits and the WCC that need to be debunked:



MYTH #1: “Well child visits are only covered every 365+1 days.”

FACT: Providers don’t have to wait a year and a day to schedule their patient’s next wellness visit. The Highmark preventive schedule is based on the calendar year and resets January 1 of each year. Completing annual visits and recommended screenings by the child’s birthday provides the greatest compliance with multiple quality metrics.

MYTH #2: “Only children evaluated in the office for a well-child visit are included in the metric.”

FACT: Patients 3-17 years of age who have had at least one visit during the calendar year with a Primary Care Physician (PCP) or Obstetrician-Gynecologist (OBGYN) are included. This includes well visits, but also sick visits, and telephone and virtual visits, in addition to in-person visits.

MYTH #3: “I have to include multiple and specific screening forms in my notes to meet the requirements.”

FACT: Documentation to support the completion of activities and corresponding codes are required, but the method of completion may vary. The three measures, along with a few samples of documentation, can be found below.

Body Mass Index (BMI) Percentile

- Include height, weight, and BMI percentile. Specific percentiles, such as <95th%, ARE acceptable. Ranges are NOT acceptable, such as 50-75th percentile.

Counseling for Nutrition

- Include documentation of eating habits, dieting behavior, well-rounded diet, and snacking habits. Types of food eaten or meal frequency. May also include copies of nutrition checklists or provided education with noted discussions on content. Counseling is not required to be completed by a dietician.

Counseling for Physical Activity

- Include documentation of current physical activity behaviors such as exercise or sports participation. May include copies of a checklist indicating physical activity or educational materials provided with noted discussion on content.

Include the appropriate codes for each of the three components above for full measure compliance.

One coding example: Visit Diagnosis

Encounter for routine child health examination without abnormal findings (primary) [Z00.129]		
Nutrition Counseling	Z71.3	Dietary counseling and surveillance
Physical Activity Counseling	Z02.5	Encounter for examination for participation in sport

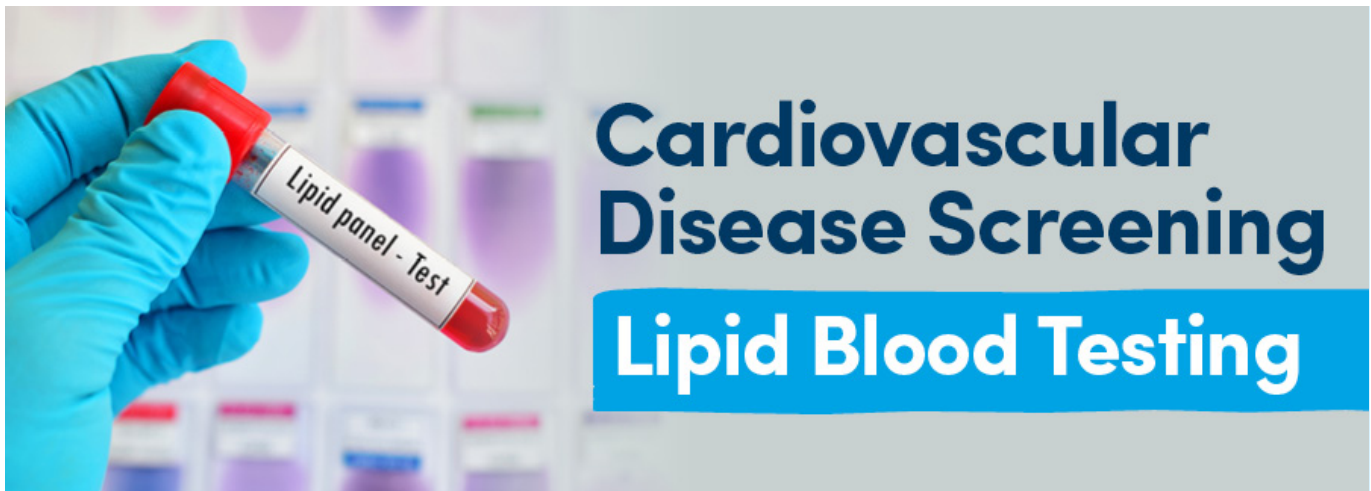
Physical Activity Counseling	Z71.82	Exercise counseling
BMI Percentile	Z68.52	BMI pediatric, 5th percentile to less than 85th percentile for age



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The Centers for Medicare and Medicaid Services (CMS) allows Cardiovascular Disease Screening **once every five years** for beneficiaries *without apparent cardiovascular disease signs or symptoms* using ICD-10 code **Z13.6** (special screening examination for cardiovascular disorders).

For asymptomatic persons, submit **Z13.6 ONLY** without any other diagnosis codes with the lipid test procedure codes listed below for **preventive screening once every five years**

- Use of ICD-10 code Z13.6 more frequently than once every five years will result in claim rejection and member cost liability

For lipid testing related to **disease monitoring**, submit the claim **WITHOUT Z13.6** and with one or more disease diagnosis codes with the procedure codes listed below.

Lipid panel (**80061**) must include the following:


- Cholesterol, serum, total (**82465**)
- Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (**83718**)
- Triglycerides (**84478**)

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Free Coding Webinar on Cancer

“[Cancer](#) ” will be the topic for the Coding and Quality Knowledge College webinar on **Wednesday, October 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.




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
 - You will be redirected to the Provider Resource Center (PRC)
- Selecting **EDUCATION/MANUALS** from the left menu on the PRC
- 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 October webinar on Cancer, go [here](#) .

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Mid-Level Practitioners: Reimbursement for MA Annual Wellness Visits to Be Reduced




To align with the Centers for Medicare and Medicaid Services (CMS) policies, Highmark will be decreasing the reimbursement rate for Medicare Advantage (MA) Annual Wellness Visits (AWV) provided by Mid-Level Practitioners in the Highmark Blue Cross Blue Shield of Western New York (BCBSWNY) network. This change is effective **January 1, 2024**, and applies to Mid-Level Practitioners, such as physician assistants and nurse practitioners.

The following AWV codes – when the services are performed by a Mid-Level Practitioner – will be affected by this reduction:

- **G0402, G0438, and G0439**

For information on Mid-Level Practitioner and Advanced Practice Provider billing, see the following Reimbursement Policies (RPs):

- **RP-010** [Incident To Billing Services](#) 
- **RP-068** [Mid-Level Practitioners and Advanced Practice Providers](#) 

You can review these RPs on the Provider Resource Center under **CLAIMS, PAYMENT & REIMBURSEMENT**. Click **Reimbursement Policy** and select the **appropriate policy**.

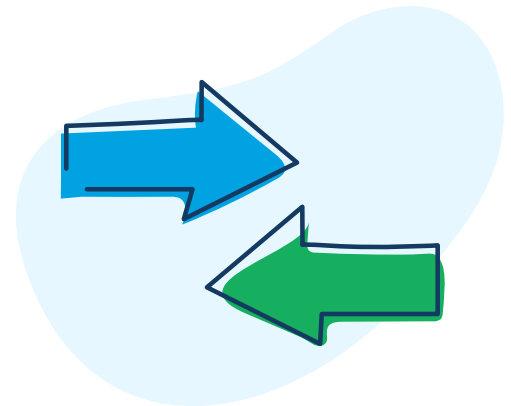
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New and Updated Reimbursement Policies

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

RP-010 Update


RP-010 [Incident To Billing Services](#) 

For New York: New York was inadvertently checked as an applicable Commercial market in the previous version of RP-010. This was corrected in the updated policy. Consistent with the Centers for Medicare and Medicaid Services (CMS), Highmark will continue to recognize and reimburse for Incident To services rendered by Mid-Level Practitioners (MLPs) and Advanced Practice Providers (APPs) for providers who have been enumerated and bill using their own provider ID for Medicare Advantage products.*

Direction for continued reimbursement for MLPs and APPs was published in a new policy, RP-068 (see **NEW: RP-068 further down in this article), effective on **September 25, 2023**.*

August 31 (Effective September 1):

RP-019N Drugs and Biologicals

An updated version of this policy was published to the PRC on August 31, 2023, and went into effect on **September 1, 2023**. Drug tiering is being eliminated for Delaware, Pennsylvania, and West Virginia. To access this reimbursement policy, log into [NaviNet®](#)  and select Resource Center from the left menu. Once redirected to the PRC, select **CLAIMS, PAYMENT & REIMBURSEMENT** in the left menu and then click **Reimbursement Policy**.


September 11

RP-001 [Assistant at Surgery Services](#)

A modifier definition section was added. No changes in direction were made.

September 18

RP-019N Drugs and Biologicals

An additional information section was added, as was direction on frequency of fee updates. To access this reimbursement policy, log into [NaviNet®](#)  and select Resource Center from the left menu. Once redirected to the PRC, select **CLAIMS, PAYMENT & REIMBURSEMENT** in the left menu and then click **Reimbursement Policy**.

September 25

NEW: RP-068 [Mid-Level Practitioners and Advanced Practice Providers](#)

Highmark has created RP-068 to provide direction on reimbursement for Mid-Level Practitioners and Advanced Practice Providers.

UPCOMING

October 30

RP-026 [Portable Radiography and ECG Services – Modifiers UN, UP, UQ, UR, US](#)

This policy will be made applicable to Medicare Advantage. Additional direction will be added for modifiers UN, UP, UQ, UR, and US when submitted with code R0075 (a transportation service code). These modifiers are also required to be included on all

related claims, and the Commercial section will be updated with direction to reflect this requirement.



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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:

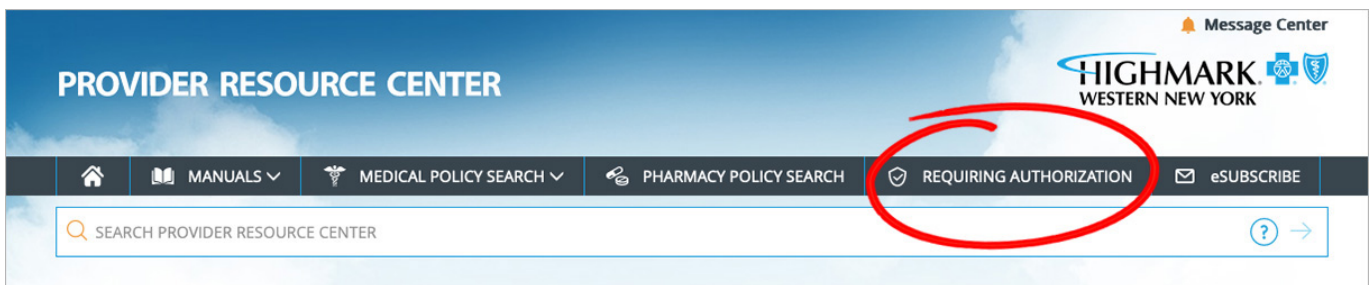


- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via [NaviNet®](#) , or
- Search BlueExchange through the provider's local provider portal.

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:

[Physical Medicine: Prior Authorization Changes Occurring in the New Year](#) 

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.

[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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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 1, Unit 4: Highmark Member Information** > 1.4 Confidentiality of Member Information > ROBOCALLS
- **Chapter 6, Unit 1: General Claim Submission Guidelines** > 6.1 Top Billing Errors – And How to Avoid Them

For detailed descriptions of these 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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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

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View the [BCBSWNY Privacy Policy](#) .



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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.

