


PROVIDER NEWS



A newsletter for Highmark Blue Shield of Northeastern New York (Highmark BSNENY) network providers

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.
-

Adult Diabetes Prevention Program (DPP):


Applies to adults without a diagnosis of diabetes (does not include a history of gestational diabetes), who have the following conditions:

- Overweight or obese (determined by BMI),
- Fasting blood glucose of 100–125 mg/dl, or
- HGBA1c of 5.7% to 6.4%, or
- Impaired Glucose Tolerance Test of 140–199mg/dl.

Enrollment approved for certain select Centers for Disease Control and Prevention (CDC)-recognized, lifestyle-change DPPs for weight loss.

Labs:






Only PPACA federal mandates and NY state mandates for labs with no cost share are included in the preventive schedule. For example, a screening PAP smear lab or a blood glucose lab ordered when there are no symptoms.

Even if ordered as part of a preventive visit, labs done **related to a medical diagnosis** will have cost sharing per medical benefits. For example, a medical diagnosis is needed such as fatigue, for a complete blood count (CBC), metabolic panel, thyroid testing, vitamin levels, and urinalysis. Diagnostic labs ordered without a medical diagnosis as part of a preventive office visit will be denied. **For more information, see the FAQs posted [here](#)** .

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.

Each webinar will include a demonstration of the new MCG clinical criteria screens within Highmark's authorization workflows and utilization management platform tool.





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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Always Check Prior Authorization Code List Before Caring for Member



In-network providers can utilize [NaviNet](#)[®]  to check eligibility and benefits for Highmark Blue Shield of Northeastern New York members. The following message or similar may appear when you view a member's benefits within NaviNet or HEALTHeNET indicating that authorizations are required for every outpatient/inpatient service (screenshot below).

However, prior authorizations are not required for every service, procedure and/or durable medical equipment, prosthetics, orthotics and supplies (DMPOS). Please check the "[Prior Authorization Code Lists](#)" to ensure an authorization is needed prior to performing the procedure or service.*

Diagnostic X-Ray		In-Network:	Out-of-Net
Co-Pay:	\$15 Individual		--
Co-Insurance:	0% Individual		20% Individual
		<ul style="list-style-type: none"> • APPLY ONLY 1 COPAYMENT, PER DATE OF SERVICE, PER PROVIDER 	<ul style="list-style-type: none"> • OUT-OF-POCKET

“AUTHORIZATION FOR OUTPATIENT SERVICES YES FOR IN AREA OUT OF AREA AND OUT OF NETWORK SERVICES.”

UTILIZATION MANAGEMENT ORGANIZATION
HIGHMARK MEDICAL MANAGEMENT & POLICY
Phone: 800-452-8507

- AUTHORIZATION FOR OUTPATIENT SERVICES YES FOR IN AREA OUT OF AREA AND OUT OF NETWORK SERVICES.

***NOTE:** Authorization requirements can vary by member contract (some groups do not require every authorization on this list). You may check a member's specific authorization requirements by calling the precertification number on the back of their card.



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SHORT TAKES:

Legacy Website, UM Update, & More





Legacy Website Sunsetting

As mentioned in the [December 2022 Provider News](#), the legacy bsneny.com/provider website will be decommissioned on **February 1, 2023**. After this date, you will still be able to access a year's worth of *Blue Bulletin* articles on the legacy website [here](#).

Update: Enhancements to NaviNet Preauthorization Experience

Planned enhancements to our utilization management (UM) tool that were scheduled to go live on January 1, 2023, have been rescheduled for **February 6, 2023**. These enhancements are intended to streamline your experience with an easy-to-use interface while enabling faster reviews and greater transparency around the status of your authorization requests. For more information, go [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](#) .



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To everyone receiving *Provider News* for the first time, welcome! We hope you're enjoying the January issue of Highmark's *Provider News*. Published on the last Monday of the month*, *Provider News* conveys important product, policy, and administrative information, including billing, claims, and program updates.

With the sunsetting of *Blue Bulletin* in December 2022, *Provider News* will be a critical informational resource for providers who serve Highmark Blue Shield of Northeastern New York members.



Regular topics include:

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



Provider News is available via the homepage on the Provider Resource Center.

You can also view the current and previous issues under **NEWSLETTERS/NOTICES** on the left menu. Just click on **Provider News**.

To ensure delivery of important emails from Highmark Blue Shield of Northeastern New York, including *Provider News*, please add the following email address to your address book: resourcecenter@highmark.com . Subscribing is the best way to ensure you don't miss important updates from Highmark Blue Shield of Northeastern New York. To subscribe to our emails, go [here](#) 

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



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Speech Therapy Authorization Update


On April 1, 2023, the following speech therapy CPT codes will be added to the [List of Procedures/DME Requiring Authorization](#)  for Highmark Blue Shield of Northeastern New York **Commercial** members.

Please note: These codes **will not** require authorization for Highmark Blue Shield of Northeastern New York Medicare Advantage members.



These codes will not appear on the authorizations list on the Provider Resource Center until **April 1**.

Procedure Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92526	Treatment of swallowing dysfunction and/or oral function for feeding

An authorization request for these codes should be submitted through [NaviNet](#)[®] .

In 2022, the codes above may have previously been denied in error due to not having prior authorization. These claims will be reviewed and adjusted to process with no authorization required until April 1, 2023. **You will not need to resubmit these claims for adjustments.**

For more information about requesting prior authorization or viewing the current list, please visit the [Provider Resource Center](#)  > **CLAIMS, PAYMENT & REIMBURSEMENT > Procedures/Service Requiring Prior Authorization.**



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Joint Administration Model Coming to Western and Northeastern NY


Highmark is expanding our Joint Administration Solutions (JAS) model to include the Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York service areas beginning **January 1, 2023**.

JAS will partner with Third Party Administrators (TPAs) to create a shared services network for self-funded clients within PPO Blue Products.

JAS is currently partnering with HealthNow Administrative Services (HNAS) for this network but will likely expand to other TPAs in the future.



What This Means for Providers

The phone numbers you call for help with prior authorizations, customer service, and provider services may be different than the number you use for other Highmark members. These numbers are available on the back of the member's ID card as well as in [NaviNet®](#) .

Member ID cards for the JAS network will look different than other Highmark ID cards:

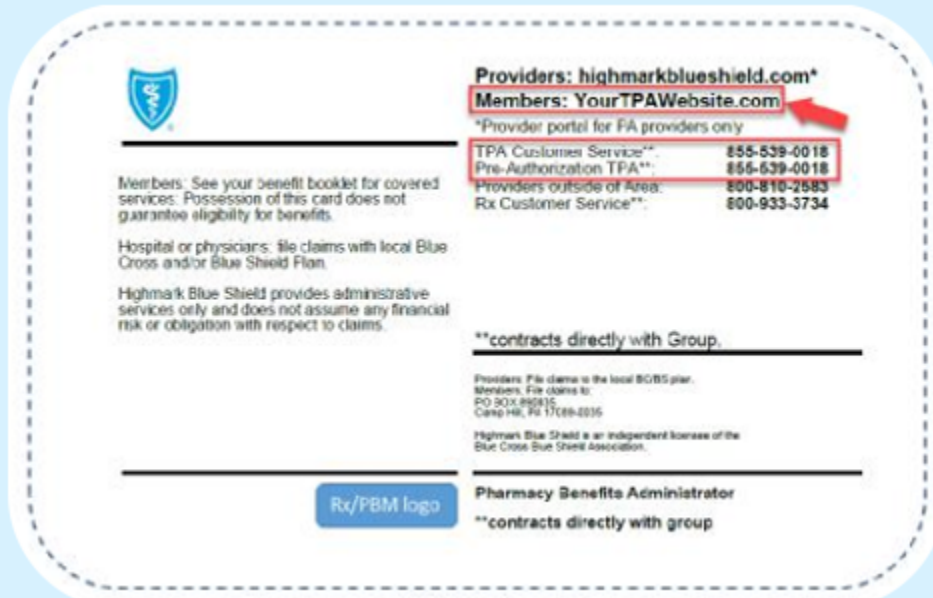
Front of the Card:



- The TPA logo will typically appear in the bottom left corner.
- The member ID number will ALWAYS have a 3-character prefix and 2-alpha characters followed by a 7-digit member number. The 3-character prefix and 2-character infix will be a combination of the following options:

	3-Character Prefix	2-Character Infix
Highmark Blue Cross Blue Shield of Western New York	J7J	HA
	J7N	HC
Highmark Blue Shield of Northeastern New York	J7L	HB
	J7E	HD

Back of the Card:



- The TPA website will usually be listed at the top right corner of the card.
- The TPA customer service, prior authorization, and other relevant member phone numbers will be listed. Ensure you copy the back of the member's ID card to direct members to the correct phone number for needed services.



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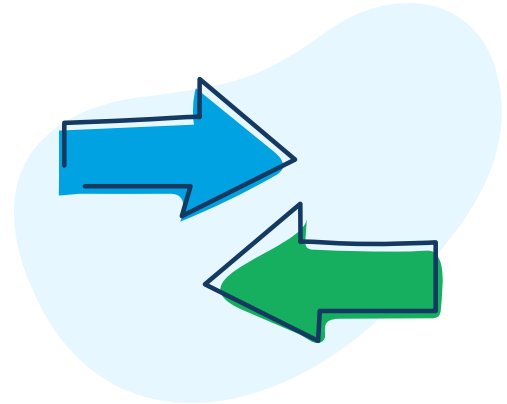


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New and Updated Reimbursement Policies

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 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.



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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:

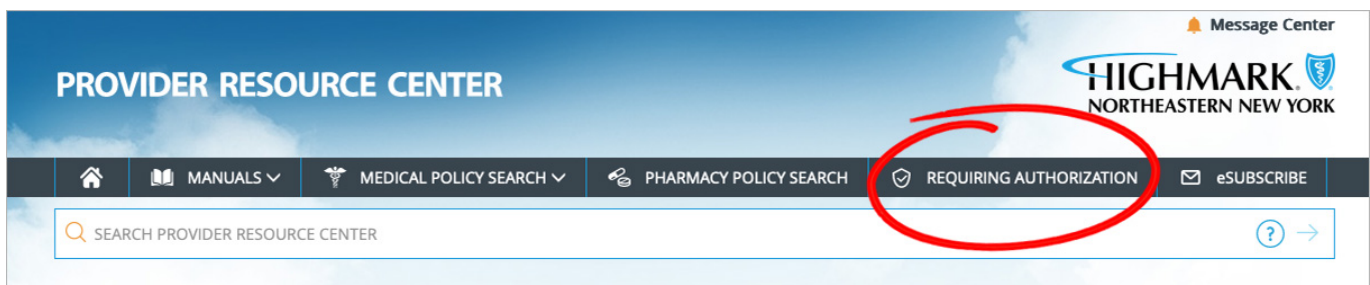
- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via [NaviNet®](#) , or
- Search BlueExchange through the provider's local provider portal.



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

- [Update: Enhancements to NaviNet Preauthorization Experience](#) 
- [Upcoming Webinars: MCG Clinical Criteria](#) 
- [Always Check Prior Authorization Code List Before Caring for Member](#) 

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



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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 is a registered mark of Highmark Inc. © 2023 Highmark Inc., All Rights Reserved

Highmark Blue Shield of Northeastern New York (Highmark BSNENY) is a trade name of Highmark Blue Shield of 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 BSNENY, which serves 13 counties in northeastern 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.

HEALTHeNET™ is 2019 copyright of WNYHealthNet LLC, All Rights Reserved. Payers participating in HEALTHeNET provide "Other Insurance" information which is member self-reported. The accuracy of this data CANNOT be guaranteed by HEALTHeNET but rather serves as an indicator that there MAY be other insurance coverage for the member. It is your responsibility to verify "Other Insurance" information returned on an eligibility response.

Highmark BSNENY has adopted Highmark Inc. medical policies as its own policies applicable to Highmark BSNENY 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 BSNENY members who remain on the BSNENY Legacy System (i.e., have not yet moved to the Highmark System), certain BSNENY Legacy System medical protocols (found at bsneny.com) shall apply and control until the earlier of such time as such member is no longer on the BSNENY Legacy System or Highmark BSNENY 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 [BENENY Privacy Statement](#).



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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**

