HIGHMARK
NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Advanced Imaging and Cardiology:

Prior Auth Changes About ONE MONTH AWAY

Changes to prior authorization requirements for the Advanced Imaging and Cardiology Services Program will go into effect on **January 1, 2024**.

eviCore will no longer manage radiology and/or cardiovascular prior authorization requests for Highmark Blue Shield members enrolled in the plan types below for dates of service after **December 31, 2023**.

- Commercial
- Medicare Advantage (MA)
- Affordable Care Act (ACA)
- Federal Employee Program (FEP)
- Administrative Services Only (ASO)

In early October, we emailed you to let you know that eviCore's management of these services will sunset on **December 31, 2023**. Highmark Blue Shield will begin the utilization management of these services **effective January 1, 2024**.

To help avoid any delay in care for your patients, please ensure you are submitting your authorizations in the right place:

- **On or before December 31, 2023:** All requests for dates of service **on or before** December 31, 2023, will be handled by eviCore.
- **On or after January 1, 2024:** All retro authorization requests and requests for dates of services **on or after** January 1, 2024, will be managed by Highmark.
    - Providers may start submitting authorization requests for 2024 dates of service to Highmark beginning **December 18, 2023**.

If you already submitted an authorization request to eviCore for a service in 2024, you do **not** need to resubmit to Highmark. Those eviCore-approved authorizations will be honored.

Did you know that 72% of New York providers are using the eviCore portal to submit their Advanced Imaging and Cardiology Services authorizations electronically? Electronic authorization submissions through Highmark are easy using our Predictal™ Auth Automation Hub, which is integrated with the provider portal (Availity® or NaviNet®).

The Auth Automation Hub enables offices to submit, update, and query these authorization requests. Submitting electronically leads to faster reviews and responses.

Please be patient as we work to integrate prior authorization rules for these services into our Highmark systems. You may see some services pend for review that would have previously been auto approved.

We would recommend that you submit your authorization requests at least two weeks prior to a scheduled service for all non-urgent requests.

Resources

For user guides on the electronic prior authorization process, go to **AUTHORIZATIONS** on the left menu of the Provider Resource Center and click on **Procedures/Service Requiring Prior Authorization**.

There you'll also find the **Prior Authorization Code List** as well as details on phone and fax options. If you need assistance regarding electronic authorization workflows, you can email us at ElecAuthSubmit@highmark.com.

Medical Policy Update

In conjunction with the changes to prior authorization requirements, the medical policies listed here will be established and become effective **January 1, 2024**.

 |

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Sixty drugs — mainly high-cost medications — will require prior authorization for Federal Employee Program (FEP) members, **effective January 1, 2024**. The intent is to move the medical necessity review of these drugs from post-service to pre-service.

The codes will appear on the Prior Authorization list for FEP on the Provider Resource Center effective **January 1, 2024**. The full list of drugs is included on the recent **Special Bulletin**. Click here to view.

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Highmark Blue Shield Moving New York Providers to Group Contracts

Highmark Blue Shield (BS) is beginning the process of moving professional providers in its New York markets onto Highmark Professional Agreements — which are group contracts that match the structure that is in place in the other Highmark service regions.

Provider groups with newly contracted individual practitioners will receive Highmark Professional Agreements(s) beginning on **December 4, 2023**. Practices without newly contracted individual practitioners should start seeing the new contracts in their email inboxes in the second quarter of 2024. For more information, read the recent Special Bulletin.

Post-Acute Care for Landmark Members: Prior Auth Changes on January 1

For members who are eligible for the Landmark Care at Home Program, Highmark Blue Shield (BS) is making changes to prior authorization requirements for the Post-Acute Care (PAC) Management Program. eviCore's management of these services for providers in the Highmark BS network will sunset on **December 31, 2023**. Highmark BS will begin the utilization management of these services effective **January 1, 2024**. To read the **Special Bulletin**, click here.

Upcoming Prior Authorization Changes on March 1, 2024

Effective March 1, 2024, the following additions will be made to the prior authorization list:

- 17 codes related to hysterectomy procedures and services.
- One code for a hypoglossal nerve stimulator.

There's also one other change: A code for the ligation and stripping of varicose veins will be removed from the prior authorization list. That change will be effective **January 1, 2024**. For more information, click here.

Reminder: 24/7 Availability Requirements for Highmark Credentialed Practitioners

Highmark requires that all credentialed network practitioners be available 24 hours a day, seven days a week (24/7) to provide coverage for members. These 24/7 availability requirements can be accomplished either directly or through an on-call arrangement with another Highmark credentialed participating practitioner in the same network(s) and of the same or similar specialty. 24/7 coverage includes providing such care services as triage, appropriate treatment, and/or referrals for treatment. For more on this topic, click here.

Medical Policy Update Newsletter

The November newsletter is available here.

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

School-Based Mental Health Clinics: Coverage Changes in 2024

As a provision of the New York State 2023–2024 budget, insurers must provide coverage for services rendered at school-based mental health clinics, **starting on January 1, 2024**. This mandate doesn't apply to self-insured members, unless they belong to an Article 47 Administrative Services Only (ASO) group.

These clinics are operated by hospitals and other mental health organizations, often as satellite clinics. Staff providing the mental health services are employed by a mental health agency, rather than the school.

The law mandates that insurers shall reimburse for covered outpatient care when provided by school-based mental health clinics — both in-network and out-of-network providers — to members at pre-school, elementary, or secondary schools.

Reimbursement for such covered services shall be at the rate negotiated between the insurer and school-based mental health clinic or, in the absence of a negotiated rate, an amount no less than the rate that would be paid by Medicaid for such services.

What services are covered?

The services provided by these clinics, which generally include counseling, are already covered benefits under comprehensive health insurance policies. Significantly, the new law doesn't require insurers to reimburse for services not otherwise covered under the policy. Providers are asked to bill with a Place of Service 03 to designate the school-based coverage and include all appropriate diagnosis codes representing the service being rendered.

Do insurers need to cover services from out-of-network school-based mental health clinics?

Yes. The new law requires insurers to provide reimbursement for covered mental health services regardless of whether the clinic is a participating provider. If a plan and a clinic are unable to negotiate a rate, plans are only required to pay the Medicaid rate. Clinics are prohibited from collecting any amount in excess of applicable in-network cost-sharing from members.

Can insurers apply utilization review restrictions?

Yes. Nothing in the new law prohibits insurers from applying utilization review restrictions, including prior authorization, as well as concurrent and retrospective reviews, consistent with federal mental health parity, non-quantitative, treatment limitation requirements.

Is cost-sharing allowed?

Yes, under the new law, in-network deductibles, coinsurance, or copayments continue to be allowed, but the provider cannot seek any other reimbursement from the insured.

HIGHMARK
NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Doctor On Demand Transition January 1

Effective **January 1, 2024**, your Highmark Blue Shield patients who have access to Doctor On Demand will be transitioned to Well360 Virtual Health as a covered telemedicine benefit under their Highmark plan.

Well360 Virtual Health — powered by American Well (Amwell) — offers a variety of virtual health clinics with board-certified physicians. Services include 24/7 urgent care for common injuries or illnesses that can be treated from home as well as scheduled therapy and psychiatry appointments for low-acuity behavioral health needs.

Specialized Services

Also available in January 2024, some patients will have access to Well360 Virtual Health's asynchronous dermatology services and specialized women's health clinics, such as medical, therapy, and lactation consulting. Typically, these specialties have long wait times for appointments or may be harder to access for those in rural areas; however, with Well360 Virtual Health, your patients may be seen more quickly, preventing delays in care. After each visit, your patients will receive a post-visit summary they can share with you.

Weekend and Evening Hours

Well360 Virtual Health has convenient weekend and evening hours. This will enable Highmark members to receive care after-hours, or when they're traveling, and may prevent delaying care if they have transportation challenges.

Keeping Patients/Members Informed

We will be contacting your Highmark Blue Shield patients who have used Doctor On Demand to let them know about this new benefit, and we will work to ensure they experience a smooth transition to Well360 Virtual Health. If your patients have questions about this change, they can call us at the number listed on the back of their Highmark member ID card seven days a week, 8 a.m. – 7 p.m. EST.

HIGHMARK
NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

National Influenza Vaccination Week (NIVW) is an annual observance in December to remind patients that there's still time to get vaccinated against the flu. Vaccination is especially important for people who are at higher risk of developing serious flu complications, including young children 6 months and older. Millions of children get sick with the flu every year, and thousands will be hospitalized as a result.

Answering Common Questions from Patients

I got a flu shot last year. Do I really need one this year?

Yes, you do. Flu viruses are constantly changing and protection from vaccination decreases over time, so getting a flu vaccine every year is the best way to prevent the flu. Flu vaccines are the only vaccines that protect against the flu and are proven to reduce the risk of flu illness, hospitalization, and death.

Is the flu bad this year?

Currently, flu activity is elevated across the country. There is still time to benefit from the first and most important action in preventing flu illness and potentially serious flu complications, and that is getting a flu vaccine today.

Do young children need to get the flu vaccine?

Yes, children 6 months of age and older should receive the annual influenza vaccine. Children younger than 5 years old — especially those younger than 2 — are at higher risk of developing serious influenza-related complications. Flu vaccination also can reduce the spread of the flu to others.

How many doses of the flu vaccine should children receive?

Young children — those 6 months to 8 years of age — should receive two doses if the following conditions apply:

- It's their first time receiving the flu vaccine
- They have not received a total of two or more doses in their lives
- Their flu vaccine history is not known.

It is recommended these children receive the first dose as soon as the vaccine is available, because the second dose will need to be given at least four weeks after the first.

Who else should receive a flu vaccine?

Nearly everyone should get a flu shot, but especially people who...

- are at higher risk of serious influenza complications.
- live with or care for people at higher risk for serious influenza complications.
- work in health care settings. Vaccination of health care professionals has been associated with reduced work absenteeism and with fewer deaths among nursing home patients.

Working Together to Protect Patients and Members

Together, we can use NIVW as a nationwide call to action to encourage patients to get their annual flu shot, especially young children and others at higher risk.

Patient Resources

To help you and your team educate patients about the importance of getting an annual flu shot, Highmark has created a Flu Flyer, which is available on the Provider Resource Center (PRC). Go to the PRC, select **EDUCATION/MANUALS** from the left menu, and then click **Educational Resources – Member And Provider**. Once on the page, you will find **Flu Flyer** under the *Information, Trackers and Tools* header.

For more information about flu prevention and NIVW, click here.

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 state to state.

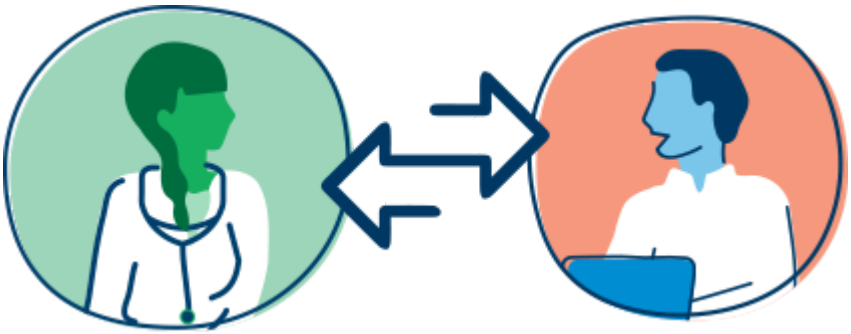

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Exchange of Health Information and Care Coordination



The Highmark Quality Program focuses on the continuity and coordination of patient medical care with behavioral health and primary care providers (PCPs). Working with Highmark Blue Shield on the coordination of care enables practitioners to share educational resources that promote patient self-care and/or connect patients to other community support.

In addition, Highmark Blue Shield works with network organizational providers — hospitals, emergency facilities, ambulatory surgery centers, home health agencies, and skilled nursing facilities — to promote continuity and coordination of care by encouraging communication with PCPs when care is delivered to their patients.

PCPs should expect a written description of the care given to their patients any time services have been rendered by organizational providers.

Additional information is available in the *Highmark Provider Manual*, Chapter 5: Care and Quality Management.

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Cultural and Language Resources on the PRC

Providing quality care requires not only excellent medical skills and training but also the ability to communicate effectively with patients. That can be especially challenging when caring for patients who are non-native speakers of English.

The Provider Resource Center (PRC) features a variety of cultural and language resources for providers and their teams, including:

- Centers for Disease Control and Prevention Languages
- Cultural & Health Literacy Training
- Integrating Cultural Information into Clinical Practice
- The Office of Minority Health
- National Institutes of Health – U.S. National Library of Medicine MedlinePlus

To access these resources, go to the PRC, select **EDUCATION/MANUALS** from the left menu and then click **Cultural & Language Resources**.

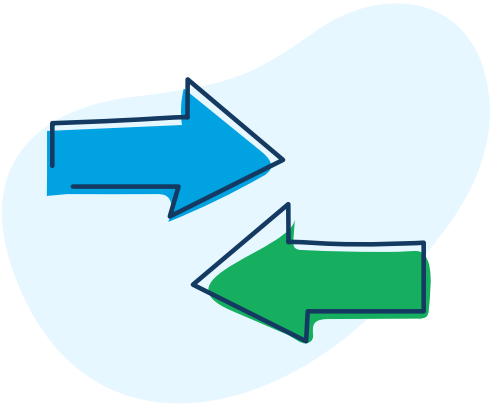
HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

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

November 13

RP-064 Government Supplied Vaccinations and Antibody Treatments
Policy will be updated to delete vaccine codes.

RP-070 Continuous Rental of Life Sustaining DME
This policy was reviewed as part of our standard review process. No changes in direction were made.

January 1, 2024

RP-019N Drugs and Biologicals
Effective **January 1, 2024,** Highmark will move the New York reimbursement direction in RP-019N to the reimbursement direction for Delaware, Pennsylvania, and West Virginia that is currently outlined in the policy. This change will streamline and standardize how the plan reimburses for these services across all regions, and reduce administrative costs associated with maintaining different reimbursement methods.

To view this reimbursement policy, access the PRC via the provider portal – either Availity® or NaviNet®. Once redirected to the PRC from the provider portal, select **CLAIMS, PAYMENT & REIMBURSEMENT** in the left-hand menu and then click **Reimbursement Policy**.

January 15, 2024

RP-037 Emergency Evaluation and Management Coding Guidelines
Outpatient surgery will be removed from the exclusion criteria.

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

SNF Claims: Date-of-Discharge Errors

Highmark has noticed an uptick in date-of-discharge errors on claims for inpatient care involving overnight stays for members being treated at skilled nursing facilities (SNFs).

Important: Highmark should NOT be billed for the date of discharge for room and board-related claims submitted by SNFs.

When billing for room and board-related claims at SNFs, the patient's discharge status is determined by the third-digit Frequency Codes:

- **1 – Admit Through Discharge.** In this circumstance, the patient has been discharged and the provider would get paid for all dates of service **with the exception of the actual discharge date**.
- **2 – Interim – First Claim.** The patient is still in the provider's care, and it's anticipated that more claims will be forthcoming concerning that care. In this instance, the provider is paid for all dates of care.
- **3 – Interim – Continuing Claim.** Same as Frequency Code 2. The patient is still in the provider's care and the provider is paid for all dates billed on the claim.
- **4 – Interim – Last Claim.** Same as Frequency Code 1. The patient has been discharged from the provider's care and the provider is only reimbursed for dates of service **with the exception of the discharge date**.

For claims involving overnight stays at SNFs, always double-check the date of discharge. This will help ensure the efficient processing of your claims.

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 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 Availity® or 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:

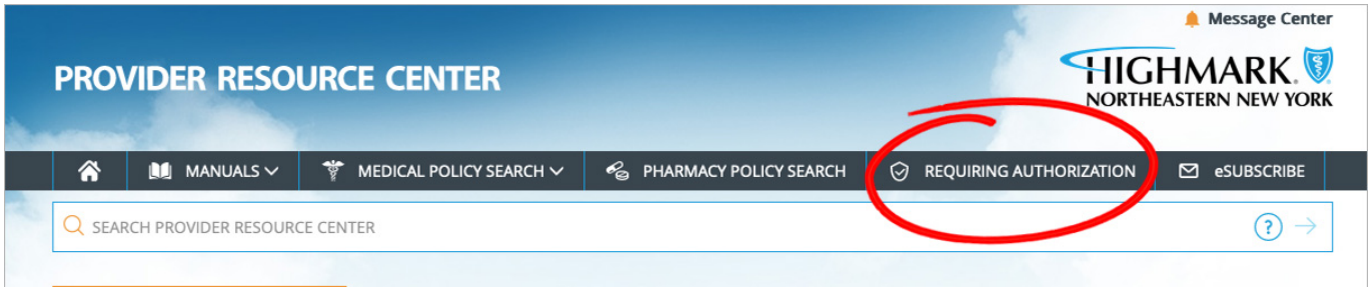
Advanced Imaging and Cardiology: Prior Auth Changes Occurring in the New Year

Federal Employee Program: High-Cost Drugs to Require Prior Authorization

Post-Acute Care for Landmark Members: Prior Auth Changes on January 1

Upcoming Prior Authorization Changes on March 1, 2024

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.

Availity or NaviNet is the preferred method for:

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

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

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 2, Unit 1: Product Overview
- Chapter 3, Unit 4: Organizational Provider Participation (Facility/Ancillary)
- Chapter 5, Unit 2: Authorizations

For detailed descriptions of these recent changes, visit the Highmark Provider Manual Changes page.

HIGHMARK
NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 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.

 |

HIGHMARK NORTHEASTERN NEW YORK

PROVIDER NEWS

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

Issue 11, November 2023

Legal Information

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 WNYHealtheNet 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.

View the BENENY Privacy Statement.

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.