



PROVIDER NEWS

A newsletter for the Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania and southeastern Pennsylvania

Issue 11, November 2023

Physical Medicine Management Program: TRAINING WEBINARS






On **December 4, 2023**, Highmark will transition utilization management (UM) of outpatient physical medicine services – physical therapy, occupational therapy, and manipulation services – from Tivity® to Helion Arc.

This change impacts providers in Delaware, Pennsylvania, and West Virginia only.

To assist providers, Highmark will offer training webinars on **November 28, 2023**, and **December 7, 2023**, with one-hour sessions scheduled for 10 a.m. and 1 p.m. (EST) on both days. The same material will be presented in all four sessions.

To register for a webinar, click the date that you would like to attend:

- [November 28, 10 a.m.](#) 
- [November 28, 1 p.m.](#) 
- [December 7, 10 a.m.](#) 

- [December 7, 1 p.m.](#) 


Additional Training Support

While registration for each session is limited, a recorded version of the training webinar will be made available on the Provider Resource Center (PRC), following the November 28 sessions.




Transition Timeline

Starting on **December 4, 2023**, providers should contact Highmark regarding the following processes:

Process	How to Contact Highmark
Retrospective Reviews	Medical Review, PO Box 890392, Camp Hill, PA 17089-0392
Appeals	Appeal instructions are provided on both the denial notification AND in the “Standard Provider Appeal Process” section of the Highmark Provider Manual  , Chapter 5, Unit 5.
Peer-to-Peer Request	To initiate the request, providers should call the dedicated, peer-to-peer phone number: 866-634-6468. Hours of operation are from 8:30 a.m. to 4:30 p.m. (EST), Monday through Friday.
Date Change, Extensions, etc.	All other requests should be directed to Highmark Utilization Management at the dedicated number: 800-452-8507.

The Physical Medicine Management Program page, including all documents, will be removed from the Provider Resource Center (PRC) effective December 4, 2023.

Additional Resources

To learn more about the change to Helion Arc, see last month’s article in [Provider News](#)  and/or read the [FAQs](#) on the PRC.

For immediate questions, please contact the Ancillary Provider Contract Administration Team via email: AncillaryProviderContractAdministration@Highmark.com .





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FEDERAL EMPLOYEE PROGRAM: High-Cost Drugs to Require Prior Authorization

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.





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SHORT TAKES:



New NAIC Code for SEPA Region, Prior Auth Changes, and More

New NAIC Code for SEPA Region Facility Claims Effective January 1, 2024

As part of Highmark’s expansion into the five counties of Southeastern Pennsylvania (SEPA), we will be establishing a new NAIC code for facility/UB-04/837I claim submission, effective **January 1, 2024**. The chart below outlines the appropriate use of NAIC codes for providers in the SEPA region.

Southeastern Pennsylvania (SEPA)		
NAIC Code	Provider Type	Products
54771S	SEPA Region Facility Type Providers (UB-04/837I)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.


54771	All Other Provider Types (1500/837P)	All Highmark commercial products; All BlueCard products and Medicare Advantage claims for any other Blue Plan.
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For more information, 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](#) .





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Updated Regulations for Professional Providers Now Available



Highmark has recently updated its Regulations for professional providers in response to the passage of Pennsylvania's Act 146 of 2022, which will be effective on **January 1, 2024**. The updated terms recognize the enactment of Act 146 and its expansion and amendment of Act 68 of 1998.

As a result of Act 146, changes were made to the following Regulations:

- [Highmark Blue Shield Regulations for Participating Providers, Premier Blue Shield Providers, and Government-Sponsored Program Providers](#) 
- [Highmark Regulations for Highmark Professional Providers](#) 

These Regulations are available in Chapter 7, Unit 6, of the [Highmark Provider Manual](#) . Please retain these important Regulations for your records.

About the Update

There are two versions of the Regulations depending on which professional provider agreement(s) is held by the provider. Their content is significantly similar in each version.

Prior to 2020, Highmark required underlying network contracts to be executed for each applicable network, including, without limitation, a Participating Provider Agreement for the Participating Provider Network, a Premier Blue Shield Agreement for the Premier Blue Shield Provider Network, and/or a Government-Sponsored Provider Agreement for the Government-Sponsored Programs Provider Network.

Since 2020, Highmark requires execution of a **combined contract**, called the Highmark Professional Provider Agreement, which governs participation in all networks except Medicare Advantage. Selection for participation in networks is subject to credentialing requirements and the terms of your Agreement(s).





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National Influenza Vaccination Week December 4–8, 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.



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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](#) .





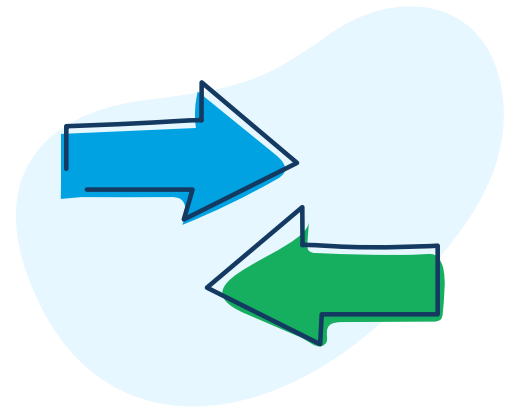
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New and Updated Reimbursement Policies

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

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

UPCOMING

January 1, 2024

RP-072 [Injection and Infusion Services](#)

Effective **January 1, 2024**, Highmark will be applying a system enhancement to identify when chemotherapy administration codes are billed and enforce the direction currently defined on **Reimbursement Policy (RP)-072**. For providers, this enhancement will reduce administrative costs associated with claim audits and adjustments by supporting the correct adjudication of claims before the finalization of initial claim processing.

January 15, 2024

RP-037 [Emergency Evaluation and Management Coding Guidelines](#)

Outpatient surgery will be removed from the exclusion criteria.






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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 [Avality](#)®  [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:

[New Process for Physical Medicine Management Program – Training Webinars Announced](#)



[Federal Employee Program: High-Cost Drugs to Require Prior Authorization](#) 

[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.



MANUALS ▾



MEDICAL POLICY SEARCH ▾



PHARMACY POLICY SEARCH



REQUIRING AUTHORIZATION



eSUBSCRIBE





SEARCH PROVIDER RESOURCE CENTER



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






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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 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.





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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 Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Shield serves the 21 counties of central Pennsylvania and the Lehigh Valley as a full-service health plan. 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 Benefits Group are service marks of Highmark Inc. 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 plans. 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.

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.

