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PROVIDER NEWS

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

Issue 9, September 2023

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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REQUIRED USE OF SELF-SERVICE TOOLS

Expands to FEP

Highmark is expanding the required use of self-service tools for questions related to claim status and claim investigation to include Federal Employee Program (FEP) members, effective **November 13, 2023**.

The inclusion of FEP is the next phase of the rollout which began in July with Commercial and Medicare Advantage members.

The use of self-service tools for claim status and claim investigation will help reduce call wait times and allow you to speak more quickly to a live provider representative for information that cannot be self-serviced.

Self-Service Tools

Highmark's Provider Call Center will direct providers to our self-service tools when seeking information regarding claim status and claim investigation for FEP member claims. The self-service tools are available by logging into NaviNet® and/or Availity®* — or by using our Interactive Voice Response (IVR) system.

These tools are the preferred way to get quick answers for many needs including claim status and claim investigation.

We have detailed information on how to use these self-service tools along with training resources in our Special Bulletin.

**This does not apply to our NY and SEPA regions at this time.*

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*Starting **October 22, 2023**, for many providers including those who currently use Availity for other payers or newly contracted with Highmark. There is a special section on Availity in the left-hand menu of the Provider Resource Center.

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BlueCard Changes for Southeastern PA

Effective **January 1, 2024**, there will be two BlueCard Local Plans in the five-county region of Southeastern Pennsylvania: Highmark Blue Shield and Independence Blue Cross. If you have a contract with Highmark as well as Independence Blue Cross, claims for BlueCard patients must be sent to the appropriate plan.

Highmark Blue Shield Claim Process

Even if you are not contracted with Highmark, all claims for Highmark **Commercial** members with **dates of service January 1, 2024, or later, must be sent to Highmark Blue Shield**. Claims for your patients covered by Highmark plans with dates of service **prior to January 1, 2024, should still be sent to Independence Blue Cross**.

Medicare Advantage

***Please note:** BlueCard claims for **Highmark Medicare Advantage members** should still be sent to Independence Blue Cross. The Highmark Blue Shield Medicare Advantage network will not be effective in Southeastern PA until **January 1, 2025**.

Guidance on how to submit BlueCard claims to Highmark Blue Shield can be found in Chapter 2, Unit 6 of the *Highmark Provider Manual*.

Independence Blue Cross Claim Process

All claims for Independence Blue Cross patients for dates of service January 1, 2024, or later should be sent exclusively to Independence Blue Cross, even if you are not a contracted provider with them.

Other Out-of-Area Claims

BlueCard member claims — for any other Blue Plan that you are **not** contracted with — can be sent to either Highmark Blue Shield or Independence Blue Cross for processing; however, you will only be able to submit these claims to one of these plans. If you submit a claim to one of the two local Southeastern PA Blue plans, you will not be able to resubmit to the other. (**Example:** Claims sent to Highmark Blue Shield that are denied/rejected may not be sent to Independence Blue Cross for reprocessing).

Claims originally submitted to Highmark Blue Shield must be completed with Highmark and claims originally submitted to Independence Blue Cross must be completed with Independence Blue Cross, including any follow-up actions on the claims.

For more information on filing BlueCard claims with Highmark, please visit the BlueCard Information Center on the Provider Resource Center.

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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**.

New Process for Physical Medicine Management Program

In **December 2023**, Highmark will transition utilization management of outpatient physical medicine services — physical therapy, occupational therapy, and manipulation services — from Tivity® to Helion Arc. Helion Arc is integrated within the Predictal™ Utilization Management tool and enables

offices to submit, update, and query medical authorization requests. The application supports the management of members' care from end-to-end — including submission, case review and decision-making, and prescribed treatment programs. To read the recent **Special Bulletin**, click here.

Annual Update to Highmark's Professional Fee Schedule

Effective October 1, 2023, Highmark will make its annual update to our standard professional fee and pricing methodology, which applies to the following Highmark service areas — Delaware, Pennsylvania, and West Virginia — for commercial lines of business. To read the **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.

Medical Policy Update Newsletter

The September newsletter is available here.

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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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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 include[4]:

- 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 (also available in Spanish)
- Health Screening and Vaccination Tracker (also available in Spanish)

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 Availity® 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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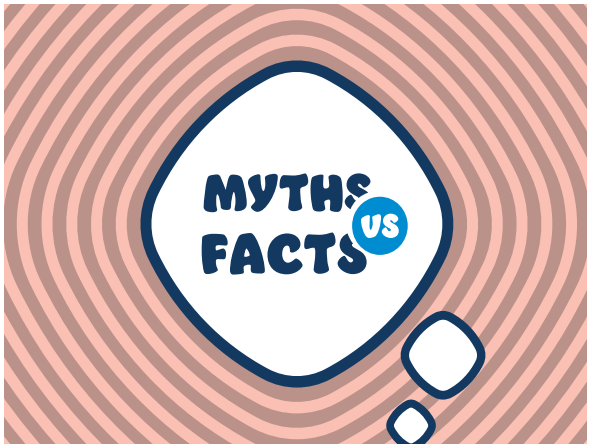
Weight Assessment & Counseling for Children/Adolescents: Myths Debunked



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

Additional Information

Log in to the Highmark provider portal and go to the Provider Resource Center. Once there, select **EDUCATION/MANUALS** from the left menu, choose **HEDIS®**, and then click **HEDIS Provider Information Document**. You can find more information pages 18-19 on the measure for Weight Assessment & Counseling for Children/Adolescents.

***HEDIS®** is an acronym for Healthcare Effectiveness Data and Information Set.*

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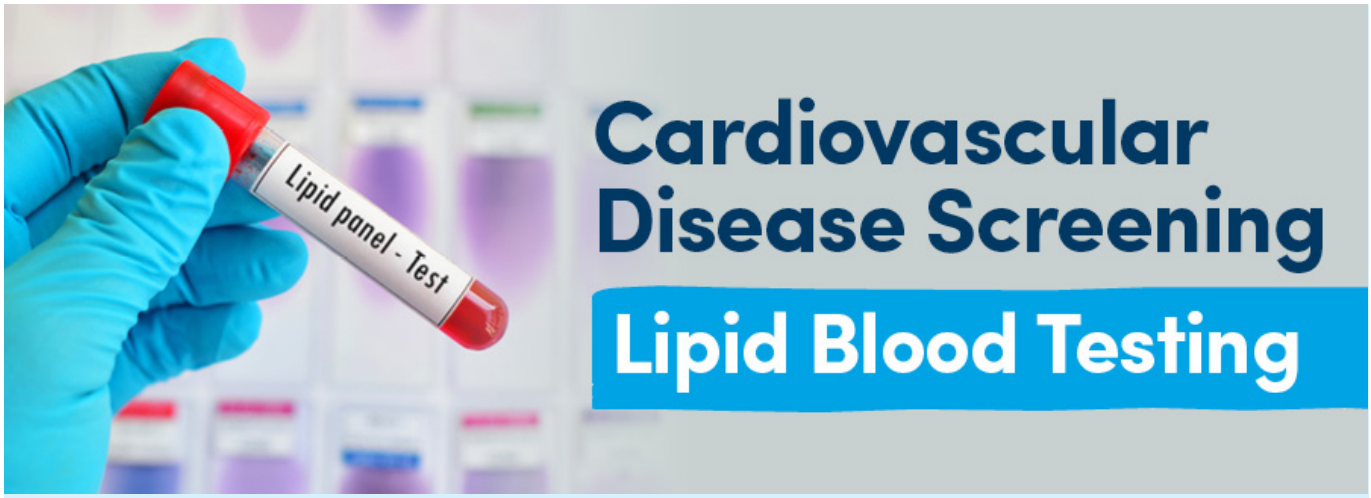

The Centers for Medicare and Medicaid Services (CMS) allows Cardiovascular Disease Screening **once every five years** for beneficiaries *without apparent cardiovascular disease signs or symptoms* using ICD-10 code **Z13.6** (special screening examination for cardiovascular disorders).

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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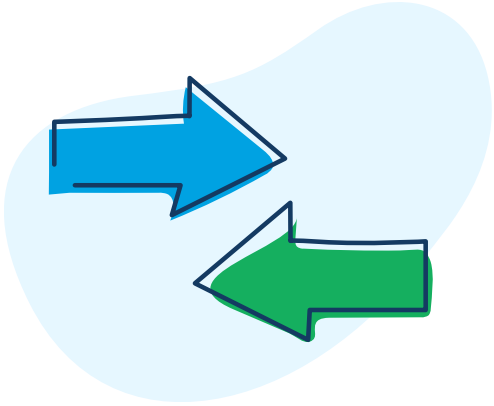
New and Updated Reimbursement Policies



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 Pennsylvania: Incident To services for Commercial products will no longer be recognized, effective **January 1, 2024**. Consistent with the Centers for Medicare and Medicaid Services (CMS), for Medicare Advantage products, Highmark will continue to recognize and reimburse for Incident To services rendered by Mid-Level Practitioners (MLPs) and Advanced Practice Providers (APPs) who have been enumerated and bill using their own Provider ID.*

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 4

RP-006 Multiple Endoscopy Procedures
This policy was reviewed as part of our standard review process. No changes in direction were made.

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

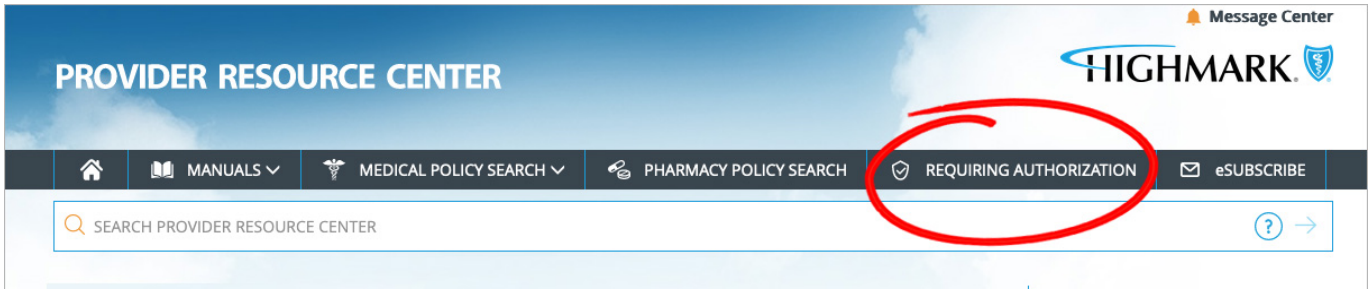
During the year, Highmark adjusts the **List of Procedures and Durable Medical Equipment (DME) Requiring Authorization**. For information regarding authorizations required for a member's specific benefit plan, providers may:

- 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:

Highmark Introduces New Process for Physical Medicine Management Program

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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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.