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PROVIDER NEWS

A newsletter for Highmark Blue Cross Blue Shield providers in western Pennsylvania

Issue 1, January 2024

Feb. 5, 2024, is the date when all Highmark providers should start using Availity to complete electronic transactions for Highmark commercial and Medicare Advantage plans.

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 offers a wide range of training resources*, including:

- **Live webinars** conducted by Highmark and Availity trainers on the following topics:

- *Availity Essentials: Introduction for Highmark Providers. Applications covered: General Navigation, Eligibility and Benefits Inquiry, Manage My Organization, Payer Spaces, and Authorizations.*
  - Monday, Feb. 5, 12:00 – 1:00 pm EST
  - Monday, Feb. 12, 12:00 – 1:00 pm EST
- *Claim Submission for Highmark Providers. Applications covered: Claim Submission and Claim Reporting.*
  - Tuesday, Feb. 6, 12:00 – 12:45 pm EST
  - Tuesday, Feb. 13, 12:00 – 12: 45 pm EST
- *Claims Follow-up & Payment Applications for Highmark Providers. Applications covered: Claim Status, Remittance Viewer, Fee Schedules, and Messaging (Claim Investigations).*
  - Thursday, Feb. 8, 12:00 – 12:45 pm EST
  - Thursday, Feb. 15, 12:00 – 12:45 pm EST

- **Help & Training** tab on the homepage:
  - Click **Get Trained** from the drop-down menu to view recorded demos and webinars.
- Crosswalk document
  - This helpful resource will show you how to find all the Availity tools and functions you need to work with Highmark.

***NOTE:** You must be registered with Availity to access the training resources mentioned above.

The Sunsetting of NaviNet

NaviNet will be decommissioned for Highmark providers in **late March (with the exceptions of Highmark Wholecare and Highmark Health Options as noted above**). It is extremely important to begin using the Availity portal for any new transactions to ensure your staff, third parties, and systems are prepared for this change.

Important: *Access to submit new Claim Investigations in NaviNet will end after **Feb. 29, 2024***. You will continue to have view access to pending Claim Investigations in NaviNet up until complete shutdown in **late March**. After late March, the outcome of any NaviNet Claim Investigations will be provided to you via a letter. Any new claim investigations should be submitted in the Availity portal, so that responses may be viewed after access to NaviNet ends.

Want to learn more about the new portal? See the December article in *Provider News* or visit Highmark's Provider Resource Center and choose **AVAILITY** from the left-hand navigation bar.

Last-Minute Checklist

- ✅ Have you assigned a primary administrator for your organization?
- ✅ Has a backup administrator been assigned to assist with managing users and roles?
- ✅ Have all providers been added to your organization?
- ✅ Have users signed up for training?
- ✅ Has your organization started using Availity for all your Highmark transactions?
- ✅ Do you know the ability to submit new Claim Investigations in NaviNet will end on Feb. 29?

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2024 Preventive Health Guidelines

The 2024 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 2024, Highmark's Preventive Health Guidelines feature these changes:

Anxiety Screening for Pregnant Women

The U.S. Preventive Services Task Force (USPSTF) recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.

Coding: Use procedure code 96127 with preventive office visit diagnosis code or Z1330 or Z1339 once per calendar year.

Screening MRI or Ultrasound after a Mammogram

Explanation: Already a benefit in New York, Highmark extended this benefit to the other three states in our footprint. Note: Must be ordered by a physician.

Coding: Use diagnosis code Z1239 without diagnosis of cancer and procedure code 76642, 76641, 77046, 77047, 77048, 77049.

Download the Guidelines

To help make the information more accessible and convenient for you, the complete set of 2024 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

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Highmark Debuting Patient Data App for PCPs in Value-Based Programs

Primary care physicians (PCPs) who participate in our value-based care programs will have greater access to enhanced patient data starting in February.

The new Value Insight Center is an easy-to-navigate, self-service application for PCPs in our True Performance Base, Plus, and Advanced programs, as well as the Medicare Advantage Stars program. The app will provide early, intuitive, and actionable data that providers can use to close care gaps and improve quality and outcomes for their attributed Highmark patients.

The app will also help ensure that patients are using the most appropriate health care resources and avoiding unnecessary high-cost services, emergency treatment, and inpatient hospital stays. Since the True Performance program began in 2017, participating PCPs have helped potentially avoid costs totaling nearly $3.2 billion, due to better health management.

Features of the New Application

In addition to replacing some static reports, Value Insight Center will include the following categories of information to assist participating PCPs optimize quality care for their Highmark patients:

- **Attribution**
- **Risk-Adjusted Per Member Per Month costs** (from Advanced Cost Report)
- **Emergency Department Utilization**
- **Readmissions**
- **Medicare Advantage Recapture Rate**
- **Quality Gaps** (Available March 2024)

Highmark will continue to roll out more features and functionalities to the app throughout the year.

Training

Introductory training and education sessions for the Value Insight Center are planned on the following dates: Feb. 20, Feb. 22, and Feb. 29. Registration information for these sessions will be shared with participants through our dedicated communication channels. Additional education sessions will occur in March and April.

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SHORT TAKES:

New Preventive Vaccines, High-Dollar Facility Claims, and MID Program Changes

CDC Adds Meningitis and Monkeypox Vaccines to 2024 Preventive Schedule

The Centers for Disease Control and Prevention (CDC) recently approved new vaccines for meningitis and monkeypox (now called mpox) for the 2024 Preventive Schedule **effective Jan. 1, 2024**. For procedure codes and more information, click here.

Acute Care Facilities: Itemized Bills Required for Local and Host Claims Starting at $50,000

Providers will be required to submit itemized bills for high-dollar, inpatient care (costing $50,000 or more) at acute care facilities, **effective Feb. 6, 2024**, for both local and host (out of area) claims. This new requirement — the previous threshold was $100,000 — is part of an initiative by Highmark to reduce billing and/or payment errors on high-dollar claims that occur both in-network (IN) and out-of-network (OON). For more information, click here.

MID Program Changes: Mandatory Drug Category to Be Eliminated

Effective Feb. 1, 2024, professional providers will be able to buy and bill all drugs listed in the Medical Injectable Drug (MID) Program, as the mandatory category — which includes 36 drugs — will be eliminated. Starting **Feb. 1, 2024**, all drugs in the MID program will be considered voluntary across all regions, for all lines of business. To read the **Special Bulletin**, click here.

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2024 UDC Program – Monthly Webinar Schedule

The Unconfirmed Diagnosis Code (UDC) Engagement Webinars will be held monthly beginning in February and continuing through November. They will occur on the last Wednesday of the month from 12:15 to 12:45 p.m.

Our goals for the webinars are to address your practice's questions, issues, or concerns, and provide you with information that helps your office effectively manage your patients' chronic health conditions. The webinars are designed to support practices participating in the UDC Program.

The dates for the 2024 UDC Engagement Webinars are below:	
Feb. 28	**July 31**
March 27	**Aug. 28**
April 24	**Sept. 25**
May 29	**Oct. 30**
June 26	**Nov. 20**

Any practice/participant registered for the 2023 webinars will automatically be registered for the 2024 sessions. Reminder emails will be sent out each month prior to the webinar.

If you need to register any additional staff members for these sessions, please send the following information to UDCHelp@highmarkcom:

- **Practice name***
- **Practice Blue Shield or NPI number***
- **Attendee name(s)**
- **Email address(es)***

**Required*

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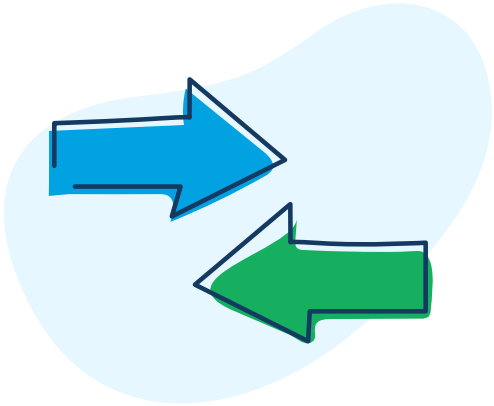
New and Updated Reimbursement Policies



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

January 1, 2024

MRP-006 Wrong Surgery
Effective **Dec. 31, 2023**, this policy was archived. The direction of this policy was merged into a new version of RP-036 (see below), which went into effect **Jan. 1, 2024**.

RP-006 Multiple Endoscopy Procedures
Codes 31242, 31243, 0781T, 0782T, 0813T, and 52284 were added to this policy in their respective groupings.

RP-007 Multiple Procedure Payment Reduction (MPPR) for Certain Diagnostic Imaging Procedures
Codes 0826T and 0865T were added.

RP-011 Procedure Codes Not Applicable to Commercial Products
Code G0137 was added.

RP-036 Preventable Serious Adverse Events
This policy was updated to include a Medicare Advantage section containing direction merged from MRP-006 (see above).

RP-041 Services Not Separately Reimbursed
Code G2211 was removed and is now a separately payable service when eligible.

RP-042 Global Surgery and Subsequent Services
Codes 0784T, 0785T, 0786T, 0787T, 0790T, 0816T – 0819T, 0823T – 0825T, and 0861T – 0863T were added to the global YYY codes sections for Medicare Advantage and Commercial.

RP-057 Evaluation & Management Services
The note included under "Level based on Medical Decision Making (MDM)" was updated.

RP-072 Injection and Infusion Services
Effective **Jan. 1, 2024**, Highmark applied a system enhancement to identify when chemotherapy administration codes are billed and to enforce the direction defined on RP-072. For providers, this enhancement reduces administrative costs associated with claim audits and adjustments by supporting the correct adjudication of claims before the finalization of initial claim processing.

In addition, the description for code 96361 was updated.

January 15, 2024

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

RP-057 Evaluation & Management Services
The RP-041 policy cross reference note for code G2211 was removed.

UPCOMING

April 1, 2024

RP-034 Prolonged Detention or Critical Care
Code 93598 will be added to the "Prolonged Detention or Critical Care" section of this policy.

April 29, 2024

RP-041 Services Not Separately Reimbursed
Code 76140 will be added and will no longer be a separately reimbursed service.

May 1, 2024

RP-026 Portable Radiography and ECG Services – Modifiers UN, UP, UQ, UR, US
Direction for "U" modifier reductions reported with code R0075 will be made applicable for Commercial.

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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 Availity® 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 Highmark's prior authorization list are below:**

- CPT 37735 Ligation Procedures on Arteries and Veins was removed from the prior auth list.
- J0172 (Adulhelm) and J0174 (Leqembi) moved to the Medical Injectables Site of Care Program.
- Drugs — which received new codes — moved from the Not Otherwise Classified (NOC) section to the appropriate category in Medical Injectables:
  - J0217 - Lamzede
  - J2508 - Elfabrio
  - J3401 - Vyjuvek
  - J1304 - Qalsody
  - J1412 - Roctavian
  - J1413 - Elevidys
  - J9333 - Rystiggo
  - J9334 - Vyvgart Hytrulo
  - J9321 - Epkinly

- J9286 - Columvi

See also the Special Bulletin detailing upcoming changes.

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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

Some recent noteworthy changes include:

- **Chapter 2, Unit 5: Telemedicine Services**
- **Chapter 3, Unit 1: PROMISe Enrollment Required for Pennsylvania CHIP**
- **Chapter 3, Unit 1: Network Participation Overview**
- **Chapter 3, Unit 2: Professional Provider Credentialing**
- **Chapter 3, Unit 2: Highmark Network Credentialing Policy**

To see the full list of recent changes, visit the Highmark Provider Manual Changes page. page.

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Directory Information – Here's How to Attest

When Highmark members are looking for a primary care physician (PCP) or specialist, they expect that our online provider directory presents information that is accurate and current.

That's why it is essential to ensure that your practice information on file with Highmark remains up to date.

Please be aware that providers who don't validate their data quarterly may be removed from the directory and their status within Highmark's networks may be impacted.

Reviewing Data Is Vital for You

The Centers for Medicare and Medicaid Services (CMS) requires Highmark to reach out to you every quarter and ask you to validate your provider directory information. We use this information to populate our online provider directory and to help ensure correct claims processing.

Your thorough review of your directory information confirms:

- **Each practitioner's name** is correct and matches the name on his/her medical license.
- **Each practitioner's National Provider Identifier (NPI) is correct.**
- **The practice name is correct** and matches the name used when you answer the phone.
- **All specialties are correctly liste**d and are currently being practiced.

- **Practitioners listed at a location** currently see members and schedule appointments at that office on a regular basis.
    - All practitioners listed must be affiliated with the group. Practitioners who cover, read test results, or are hospitalists should not be listed in the provider directory.
- **The practitioner is accepting new patients** — or not accepting new patients — at the location.
- **The practitioner's address**, suite number (if any), and phone number are correct.

Professional Providers – Use the PDM Tool

Professional providers are now required to validate their Highmark Provider Directory information within the Provider Data Maintenance (PDM) tool in the provider portal — either Availity® or NaviNet® — every 90 days.

Facility, Ancillary, and Medicaid Providers – Use Atlas

The attestation process through Atlas is quick and easy. Just follow these steps...

1. **Go to hub.primeatlas.com.**
2. **Log in.**
3. **Review your information.**
4. **If no changes, confirm.**
5. **If there are changes, update your information.**

If you haven't attested your provider directory information this quarter, you will receive a letter from Atlas to review your provider information. Some providers may also receive emails from Highmark about validating their directory information through the Atlas website. To ensure delivery of emails from Highmark, please add the following email address, resourcecenter@highmark.com, to your address book.

During the attestation process, always double-check your current email address(es) to ensure that you can receive electronic communications from Highmark without delay.

If you need additional information regarding the attestation process, Atlas' step-by-step guide is available on the Provider Resource Center.

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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 Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Highmark Blue Cross Blue Shield serves the 29 counties of western Pennsylvania. 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 Coverage Advantage are service marks of Highmark Inc. 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.

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.

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.