


PROVIDER NEWS

A newsletter for the Highmark Blue Cross Blue Shield Delaware providers


Issue 12, December 2023

AVAILITY UPDATE: COUNTDOWN TO FEBRUARY 5 TRANSITION









Are you and your team prepared? Because **February 5, 2024**, will be here before you know it. That's the date of **General Availability** when all Highmark providers will have access to [Availity[®]](#) .

How to Get Ready

1. **Already Registered with Availity** – If you already have an account, that's great! Start using Availity now for your Highmark transactions in the regions where you are contracted.
2. **Not Sure If Your Organization Is Registered** – Ask your office manager. If your organization is registered, your Availity Essentials administrator can create an account for you.
3. **Not Registered** – If your organization doesn't have an account, [register](#)  for Availity **today**. By signing up now, you and your team will be ready to start using Availity on February 5.

Please note that Availity takes the confidentiality of patient and provider data very seriously. It's one of the reasons Highmark chose to work with Availity. Before you can register your organization, Availity will first verify your identity with a few questions unique to you to prevent imposters from accessing protected health information (PHI) and financial data.

Registration Resources

- [Availity.com/Highmark](#) 
- [Register and Get Started](#) 
- [Sign-Up Tips for Primary Administrators](#) 
- [Data Privacy FAQs](#) 
- **Training**
 - *Live Session* – [Wednesday, January 3, 2024 @ 3:00 – 3:30 PM ET](#) 
 - *Recorded Session* – Go to the [Get Started](#)  page and scroll to “I want to view a recording of the live session.”


For additional assistance, call **800-AVAILITY** (282-4548) Monday through Friday from 8 a.m. to 8 p.m. ET (excluding holidays).

Transition Checklist

Registration

- ✓ Does your provider office or facility have a registered organization in Availity?
- ✓ Have accounts been created for all team members in Availity?*
- ✓ Have all billing providers been added under your organization in Availity?

Resource:

- [Availity Essentials: Register Your Provider Organization](#) 

Training

- ✓ **Do you have team members who are unfamiliar with Availity?**

After you get your Essentials account, join us for free training hosted by Availity and Highmark trainers. **NOTE:** Registered users will receive an email invitation from Availity in January. Make sure to check your inbox.
- ✓ **Unable to attend live training?**


View recorded Training sessions in the Availity Learning Center. To access, log into

Availity, select **Help & Training | Get Trained** and the Availity Learning Center opens. Type "Highmark" into the search field.

✔ **Be sure to review the Crosswalk from Highmark to Availity Essentials topic.**



This helpful resource will show you how to find all the tools and functions you need to work with Highmark on Essentials. To access, log into Availity, select **Help & Training | Find Help** and the Provider Help Center will open. Type "Highmark Crosswalk" into the search field.

Systems and Vendors

- ✔ Have you updated any internal systems connected to the NaviNet portal?
- ✔ Do you work with a third party, such as a billing service, clearinghouse, or service bureau?
- ✔ If yes, the vendor should register its own account by following the instructions listed [here](#) .

Additional Resources

Registration Guides

- [Availity Essentials Registration for Health Care Providers](#) 
- [Availity Essentials Registration for Billing Services](#) 

Reference Guides

- [Availity Essentials Reference Guide for Users](#) 
- [Availity Essentials Reference Guide for Administrators](#) 

PRC Resources

- [Availity page](#)  on the Provider Resource Center (PRC)
- [FAQs](#)  on the PRC

Transition Timeline


The transition to Availity will occur in stages. Here's what you can expect going forward:

1. February 5, 2024

Availity will be available for all Highmark providers.

2. 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 a secure, web-based portal between providers and health insurance companies.



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SHORT TAKES:



High-Dollar Facility Claims, 100-Day Supply for Generics, and Sequela Code Errors

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 **February 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 (INN) and out-of-network (OON). For more information, click [here](#) .


Medicare Part D: Most Generics Available for 100-Day Supply in 2024

Effective January 1, 2024, Highmark is making some changes to the medications on our Medicare Part D formularies. These changes will ensure the safe and effective use of prescription medications while ensuring they are affordable for our members.


Most members with Medicare Part D coverage will be able to receive up to a 100-day supply for generic medications on Tier 1 and Tier 2 of Highmark's formularies. When appropriate, providers are encouraged to write prescriptions for this higher day supply. Some examples of Tier 1 or Tier 2 drugs eligible for a 100-day supply include Lisinopril, Metformin, and Atorvastatin.

To read the **Special Bulletin**, click [here](#) .


Claims Culprit: Sequela Code Errors Lead to Increased Denials

Highmark is seeing an uptick in claims with sequela code errors, resulting in increased denials for providers. To avoid this type of error, it is necessary to include both the original injury code that precipitated the sequela as well as the sequela code. **Reminder:** The sequela code can never serve as the primary or only diagnosis code; it must always be accompanied by the original injury or condition code. To learn more, go [here](#) .

MID Program Changes: Mandatory Drug Category to Be Eliminated

Effective February 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 February 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](#) .

Delaware Law Mandates Annual Behavioral Health Wellness Check

Delaware House Bill 303, as amended by House Amendment 2, mandates coverage of an annual behavioral health (BH) well check, **effective January 1, 2024**. The appointment must be performed by a licensed mental health clinician with at minimum a master's level degree. Such coverage is in addition to an annual preventive office visit with a medical care provider. For more information, click [here](#) .




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New Clinical Support Programs for 2024



In support of our [Living Health](#)  strategy, we're providing a preview of our new and expanded clinical support programs for eligible Highmark members in 2024.

These programs are intended to address unmet need, help with self-management, and offer timely access to care for specific conditions and in-demand specialties, so your patients can get high-quality, convenient care after hours and in between office visits.

New programs for 2024 include:

Highmark Mental Well-Being Powered by Spring Health

Highmark Mental Well-Being, powered by Spring Health, is a high-quality mental and behavioral health care solution. The program offers expanded and timely access through customized interventions for eligible Highmark members (and their dependents ages 6+) from low-acuity wellness needs to high-acuity conditions.

Highmark Mental Well-Being provides access to an expanded network of over 6,000 behavioral health providers who use evidence- and measurement-based care to develop a customized care plan for each member based on a digital assessment. Appointments for therapy and medication

management are typically available within three business days. Members will also have access to a 24/7 crisis line. A digital referral form to the program will be available by January 1 on the Provider Resource Center.

CHF and COPD Management Powered by Vida

CHF and COPD Management, powered by Vida, is a virtual, personalized health program for patients with congestive heart failure (CHF) and/or chronic obstructive pulmonary disorder (COPD). The program is designed to support patients between office visits through self-management and prioritizes medication adherence and improving health outcomes. Eligible Highmark members can engage through a smartphone, tablet, or computer to receive self-guided education and virtual one-on-one health coaching when it's convenient for them. The program may also provide your eligible patients with monitored, no-cost devices.

Virtual Physical Care Program Powered by Sword Health

Highmark's Virtual Physical Care Program, powered by Sword Health, helps your patients manage musculoskeletal pain. Patient care is provided by licensed physical therapists and members receive wearable sensors and personalized exercise program. The program applies to all major joints including lower back, shoulder, neck, elbow, hip, knee, ankle, and wrist and can address acute, chronic, pre- and post-surgery pain and rehabilitation needs at no cost to members. **This program will expand eligibility to fully insured commercial patients starting January 1.**

Well360 Virtual Health Powered by Amwell – Dermatology Clinic

In addition to our current Well360 Virtual Health Urgent, Behavioral Health and (new for 2024) Primary Care clinics, Well360 Virtual Health Dermatology clinic provides eligible patients with expanded access to high-quality providers for dermatological care. The virtual dermatology clinic lets patients share skin, hair, and nail concerns with one of more than 160 certified dermatologists with multi-state licensures and coverage in all 50 states, including Washington, D.C. Your Highmark patients can seek treatment for chronic conditions, new diagnoses, or follow-ups with a Well360 dermatologist (up to 30 days) for nearly 3,000 skin, hair, and nail conditions.

Well360 Virtual Health Powered by Amwell – Women's Health Clinic

Well360 Virtual Women's Health clinic allows patients to seek treatment, prescriptions, and consultations for a variety of acute and chronic conditions from endometriosis to urinary tract infections and sexually transmitted infections. Your patients can also seek therapy services (ages 10+) for pregnancy and postpartum needs as well as lactation counseling (ages 16+).

Diabetes Management – Expansion to Include Type 1 Diabetes

To complement our existing program for Type 2 Diabetes, we will be adding an option for members with Type 1 Diabetes to “bring your own device” for self-management and virtual support and remote monitoring between office visits. Please be sure to carefully code your patients with diabetes as either Type 2 or Type 1, so we can offer the appropriate program to our members.

More details will be provided around these new programs in 2024, as they begin to roll out to our eligible members.

Additional information about these programs can be found on the Provider Resource Center by clicking **Education/Manuals > [Clinical Support Programs](#)** .




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January is Cervical Cancer Awareness Month

Despite advances in prevention, cervical cancer remains way too prevalent. In 2020, 11,542 cervical cancer cases were diagnosed in the United States, and 4,272 women died from this disease, according to the latest statistics from the [Centers for Disease Control and Prevention](#) .

Cervical Cancer Awareness Month, which occurs during January, is an excellent opportunity to further educate patients about what can be done to fight this devastating disease.

The American College of Obstetricians and Gynecologists recommends using well visits to counsel patients on maintaining a healthy lifestyle while minimizing health risk. Vaccination administration and appropriate screenings can help female patients lower their risk of cervical cancer.



Vaccinations

The human papilloma virus (HPV) has been identified as a major cause of cervical cancer. The HPV vaccination can help protect women from multiple types of HPV infection.

The HPV vaccination is routinely recommended for preteens ages 11–12 (can start at age 9). Expanded guidelines for the HPV vaccine now include high-risk adults who are 27–45 years of age.

Screenings

Pap and HPV tests can help identify early signs of cervical cancer and prevent the disease from developing further, making it easier to treat.

HEDIS[®] Measures

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a widely used set of healthcare performance measures for a variety of clinical procedures, including cervical cancer screenings. HEDIS measures promote excellent patient care, especially in the critical area of disease prevention.

The Cervical Cancer Screening (CCS) measure evaluates females, 21–64 years of age, who were screened for cervical cancer using any of the following criteria:

- 21–64 years who had cervical cytology performed within the last three years
- 30–64 years who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last five years
- 30–64 years who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.

HEDIS Exclusions for the CCS Measure

- Members with a history of a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.
- Members currently in hospice and/or have received hospice services during the measurement year.
- Members currently receiving palliative care any time during the measurement year.
- Members who died any time during the measurement year.

Tips

- **Exclusions** – Look back as far as possible in the member’s history for exclusions.
- **Closing Gaps** – Be proactive by evaluating practice processes for opportunities to close care gaps every time a patient is seen.
 - Always document the date and result of the most recent exam.
- **Hysterectomies** – Documenting that a member had a hysterectomy does not exclude the member unless the cervix is totally removed.
 - If a member had their cervix removed, please indicate with the appropriate ICD-10 codes.

- **Biopsies** – Do not count biopsies as they are diagnostic and therapeutic only. These are not valid for primary cervical cancer screening.
- **Labs** – Lab results that indicate the sample contained “No Endocervical Cells” may be acceptable if a valid result is reported for the test.
- **Documentation** – The medical record must include the following:
 - A note indicating the date the procedure was performed.
 - The result or finding.



Annual gynecological exams can be a life-saving appointment – remind your patients about their importance!

Acknowledgement

This article is based in part on information from *HEDIS MY 2024 Volume 2: Technical Specifications*.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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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January Coding Webinar: **Acute vs. Chronic Conditions**

“[Outpatient Setting: Acute vs. Chronic Conditions](#) 

Throughout the year, the college presents webinars aimed at providing education on the proper coding of medical diagnoses, along with the associated quality measurements that impact documentation. Starting in April 2024, the webinars will move from a quarterly schedule to a monthly one.



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 (PRC) via [Availity](#)  or [NaviNet](#) .

Availity

- Log in
- Under the **Payer Spaces** tab, select your Highmark plan.
- Once on the page, click the **Provider Resource Center** tile, which can be found under **Applications**.



NaviNet



- Log in
- Choose **Resource Center** from the left menu



For Both

After you are redirected to the PRC:

- Select **EDUCATION/MANUALS** from the left menu
- Click **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 January webinar on **Outpatient Setting: Acute vs. Chronic Conditions**, go [here](#) .



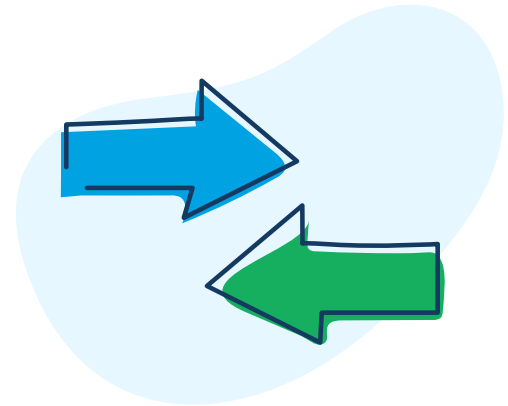
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New and Updated Reimbursement Policies

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):

UPCOMING

January 1, 2024

MRP-006 [Wrong Surgery](#) 

Effective **December 31, 2023**, this policy is being archived. The direction of this policy will be merged into a new version of RP-036 (see below), which takes effect **January 1, 2024**.

RP-036 [Preventable Serious Adverse Events](#) 

This policy will be updated to include a Medicare Advantage section containing direction merged from MRP-006 (see above).

RP-057 [Evaluation & Management Services](#) 

The note included under “Level based on Medical Decision Making (MDM)” will be updated.

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 **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.

In addition, the description for code 96361 will be updated.

January 15, 2024

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

Outpatient surgery will be removed from the exclusion criteria.

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.




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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:



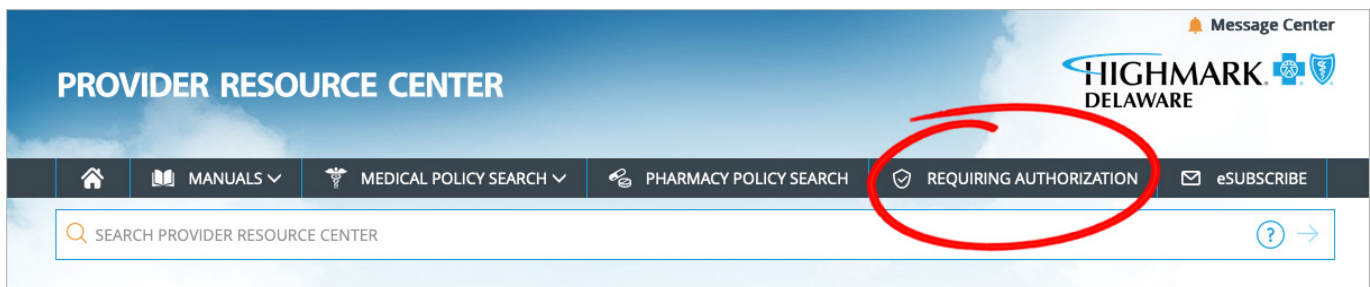
- Call the number on the back of the member's card,
- Check the member's eligibility and benefits via [Availity](#)®  [NaviNet](#)® , or
- Search BlueExchange through the provider's local provider portal.

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 prior authorization are below:

[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.



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





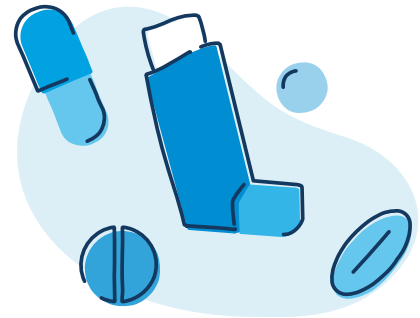
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Quarterly Formulary Updates

View the [August](#)  and [October 2023](#)  updates to Highmark's prescription drug formularies and related pharmaceutical management procedures at the Formulary Updates page on the **Provider Resource Center (PRC)**. From the left menu, select **PHARMACY PROGRAM/FORMULARIES** and then **Formulary Updates**.

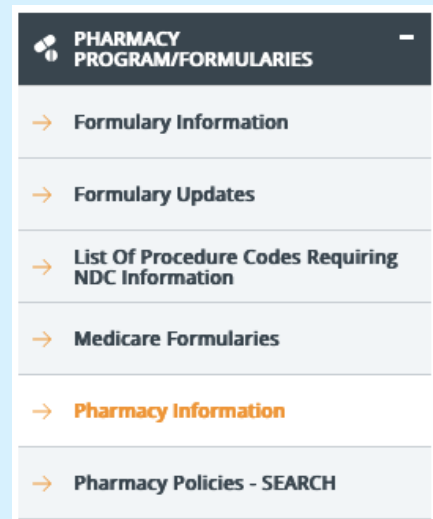


Pharmaceutical Management Procedures


To learn more about how to use these procedures, go to the **PHARMACY PROGRAM/FORMULARIES** section on the PRC. Click on **Pharmacy Information** from the sidebar and then **Pharmaceutical Management** from the list on the right.

This section includes information on:

- Exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange, and step-therapy protocols



Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

The FEP specific drug formularies are available [online](#) . Providers also may obtain formulary information by calling **866-763-3608** and following the prompts for *Pharmacy*.

To learn more about the FEP exception request processes for non-formulary drugs, click [here](#) .




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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 4](#): Benefit Plan Programs
- [Chapter 5, Unit 2](#): Authorizations
- [Chapter 5, Unit 5](#): Denials, Adverse Benefit Determinations, Grievances, and Appeals (Applicable to Pennsylvania Providers Only)
- [Chapter 7, Unit 6](#): Professional Regulations (Applicable to Pennsylvania Providers Only)

To see the full list of 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 Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. BlueCard is a registered trademark of the Blue Cross and Blue Shield Association.

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. 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 Delaware (or changes thereto) which are binding upon Highmark Delaware and its contracted providers. Pursuant to their contract, Highmark Delaware 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.

