

Highmark Blue Shield Office Manual

A Procedural Guide for Providers

Purpose

The *Highmark Blue Shield Office Manual* contains an integrated set of procedures and policies that apply to Highmark network provider offices within Pennsylvania and bordering counties. The manual is designed to give you access to information such as claims filing, researching patient benefits, and joining one of Highmark's networks. It also includes important information on how to communicate with Highmark through automated and electronic systems, which is the most efficient and convenient method for you and your office staff.

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[What Region Am I?](#)

Copyright Information can be viewed by clicking the region specific link below.

[Central and Eastern Region Copyright Information](#)

[Western Region Copyright Information](#)

[Northeastern Region Copyright Information](#)

Introduction

A Guide to Highmark Blue Shield

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Providing Access, Information and Direction

Overview & Manual History

This document is designed to be your primary reference guide to Highmark Blue Shield.

The *Highmark Blue Shield Office Manual (HBSOM)* gives you access to the information you need to do such things as file claims, research patient benefits and join one of our many networks. It also lists additional informational resources should your question(s) require a more in-depth explanation.

The *HBSOM* is intended to be a companion to other Highmark provider publications. The *HBSOM* contains information specific to procedures required of Highmark's network practitioners. Information for this consolidated manual is the combination and renovation of the former *Highmark Blue Shield Reference Guide* and the *Highmark Blue Shield Reference Guide – Western Version*. Combining the information contained in both manuals gives practitioners from any of Highmark's regions a comprehensive understanding of Highmark's health insurance programs.

This online manual replaces any older versions of the *HBSOM* and/or *Highmark Blue Shield Reference Guide* and/or *Highmark Blue Shield Reference Guide – Western Version*.

Who Should Use This Manual

The policies and procedures outlined in this manual primarily focus on medical services provided in a medical office or non-facility setting. Professional medical services provided at a facility may be impacted by Highmark's facility policies and procedures with regard to claims submission and reimbursement. Facility manuals are available via NaviNet on the Provider Resource Center under 'Facility Manuals'. The *HBSOM* is binding upon providers and may be supplemented or superseded, in whole or in part, by other Highmark guidance and/or requirements furnished or otherwise made available to providers.

Ancillary providers are encouraged to visit [Chapter 2, Unit 7](#) of the [Highmark Blue Shield Office Manual](#) and other ancillary-specific material throughout the manual as primary reference points for ancillary reference materials. This unit is a consolidation of the Ancillary Reference Guide, formerly in the central region only and a general overview of Highmark Blue Shield to ancillary providers and their staffs.

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Providing Access, Information and Direction, Continued

Who Should Use This Manual, continued

Behavioral Health providers are encouraged to visit [Chapter 2, Unit 6](#) of the [Highmark Blue Shield Office Manual](#) and where applicable throughout the manual as primary reference points for behavioral health materials.

Information in the HBSOM is subject to regulatory review, and may be changed at any time in accordance with regulatory requirements. Such changes may also be published in the PRN (Policy, Review and News), BTS (Behind The Shield), or sent in special mailings. Individual situations are governed by the terms of the specific, applicable contracts and/or medical policy.

Highmark Blue Shield complies with all state and federal laws related to Medicare and our Medicare Advantage products. In cases where Highmark Blue Shield policy, Highmark Blue Shield medical policy, Love settlement agreement provisions and/or the Highmark Blue Shield Office Manual conflict with CMS laws, regulations or directives, the CMS laws, regulations and/or directives shall apply.

Please check the Provider Resource Center's (PRC's) Publication and Mailings section often for policy and procedure updates as well as the PRC's Administrative Reference Materials section for recent revisions to the [Highmark Blue Shield Office Manual](#).

How To Use This Manual

The Highmark Blue Shield Office Manual is organized by topic to make it easier for you to find answers. The first page of each unit provides a detailed list of the topics covered in that unit by page.

The HBSOM is a special section of our Provider Resource Center specifically dedicated to professional providers and contains helpful information and resources to help in your daily interactions with Highmark members and with Highmark. Highmark encourages you to bookmark the Office Manual site to take full advantage of this convenient reference tool.

The HBSOM is intended to be an online resource. Keeping the HBSOM electronic allows us to keep our promise to provide you with the most up-to-date information. All revisions to this manual are controlled electronically. You may request a paper copy by contacting your Provider Relations Representative, however paper copies and screen prints are considered uncontrolled and may not be the most recent revision.

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Providing Access, Information and Direction , Continued

How To Use This Manual, *continued*

The most recent changes are presented in *blue italic* print to denote areas of revision or addition. This visually attractive format works in conjunction with up-to-the minute revision dates in the upper right corner of each page. This style is designed to show you important updates in less time.

Tip Sheets New!

Based on user feedback from our 2007 Usability Labs, Highmark has incorporated a new printable 'tip sheet' feature to the HBSOM. The link for tip sheets will be incorporated throughout the manual where available.

Please click the link [Tip Sheet](#) embedded in applicable sections for a quick, printable 1-page desk reference.

How To Provide Feedback

This manual is the result of your feedback. To ensure this manual continues to fulfill its objective, Highmark is interested in comments by readers.

If you would like to recommend improvements to the *Highmark Blue Shield Office Manual*, please

- e-mail your comments to hbsomeditor@highmark.com or
- fax 1-412-544-4014, Attention: Editor, *Highmark Blue Shield Office Manual*.

Please include your name and telephone number so the Editor can contact you for further clarification of your recommendations, if necessary.

About Highmark

A Brief Highmark History

Highmark was created in 1996 by the consolidation of two Pennsylvania licensees of the Blue Cross and Blue Shield Association:

- Pennsylvania Blue Shield now Highmark Blue Shield, serving the 21 counties of central Pennsylvania and the Lehigh Valley as a full-service health plan and a
- Blue Cross plan in western Pennsylvania (now Highmark Blue Cross Blue Shield serving the 29 counties of western Pennsylvania).

Highmark also provides services in conjunction with Blue Cross Plans in northeastern and southeastern Pennsylvania.

Prior to this merger, Highmark Blue Shield had been paying physician medical claims for more than 60 years throughout the state. Highmark has a long history of serving our members and our communities. In the 1930s, Highmark's predecessor companies were established to help Pennsylvania's residents pay for health care. Today, that remains our mission — to provide access to affordable, quality health care enabling individuals to live longer, healthier lives. It guides our actions throughout Highmark's businesses.

The Highmark Brand

This manual is a consolidation of the former Western and Central Region *Highmark Blue Shield Reference Guides*. Because this office manual combines information from all Pennsylvania regions, you will only see a reference to the Highmark Blue Shield brand.

Where business applies to one region only, information will be broken out into regional links. These links contain information specific to a particular region. If you are uncertain of your region, please click the icon for [What Region Am I?](#) throughout the manual.

Highmark Medicare Services

Highmark Medicare Services, a wholly-owned subsidiary of Highmark Inc., has administered Medicare Part A and Part B fee-for-service contracts and been a valued partner with the Centers for Medicare and Medicaid Services in the Medicare Program, serving as both a carrier and an intermediary, since the Program's inception in 1966. Highmark Medicare Services serves beneficiaries, health care providers and the federal government through provider enrollment, claims processing, customer service and other administrative accountabilities. The company also provides Medicare programs for parts C & D.

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About Highmark, Continued

An Ongoing Commitment To Pennsylvania's Health Care Professionals

Highmark Blue Shield has been a partner with the medical community since 1939 and understands the tremendous value that physicians and other health care professionals bring to its organization and to its members. That is why Highmark is constantly striving to make its relationships stronger and better, through:

- Enhancing electronic communications and the exchange of data electronically, through Web sites like NaviNet.
- Providing a number of different ways for health care professionals to obtain information, from Web sites, to toll-free telephone numbers, fax-back services and Provider Relations representatives.
- Partnering with providers to implement programs that lead to better medical outcomes for our members.
- Restructuring our credentialing process to make it easier and more efficient.

Physicians Heavily Involved In Governance And Policy Decisions

At Highmark Blue Shield, physicians and other health care professionals play an important role in the company's governance and policy-making. They have more representation on Highmark Blue Shield's governing bodies than many other insurance companies. Over 500 independent health care professionals are active in a variety of positions that influence the core of Highmark Blue Shield's operations – they make up the majority of committees that help define medical policy, resolve claims disputes and promote the delivery of quality medical care to Highmark Blue Shield members. Health care professionals are also involved at various key junctures during the development of Highmark Blue Shield's medical policy – the guidelines used in our coverage and reimbursement determinations.

Board of Directors/ Members of the Corporation

Highmark Blue Shield's Board of Directors includes health care professionals (referred to as "Professional Members") and representatives from customers, hospitals and the community (referred to as "Lay Members"). The Highmark Inc. Bylaws stipulate that at least 25 percent of the Board must be Professional Members. The Board decides and adopts the rules and regulations that define both general and medical policy for the company. Twenty-five percent of the Corporate Membership are Professional Members. The remaining 75 percent are Lay Members. The Corporate Membership elects the Board of Directors and provides counsel to the Board on general issues.

Professional Consultant Network

This approximately 250-member group is comprised of health care professionals in active practice throughout Pennsylvania.

Highmark Blue Shield relies on their expert counsel to ensure the accurate and fair disposition of medical reviews and to provide guidance when developing medical policy.

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Highmark's Program Committees, Continued

Highmark's Program Committees

The Program Committee are made up predominantly of Health Care Professionals and are established by the Board of Directors.

- The Medical Affairs Committee is responsible for evaluating medical procedures and techniques, and for recommending medical necessity guidelines for covered procedures.
 - The Quality Improvement Committee (QIC) works to ensure that Highmark Blue Shield's policies and procedures promote the delivery of high quality health care services to Highmark's subscribers. The Advisory Task Force reports to the QIC. Representatives from approximately 53 medical societies and medical organizations throughout the state comprise this task force. It meets every eight to nine months to provide feedback and to consider quality of care and cost of care issues.
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Highmark's Medical Review Committees

Highmark Review Committees

The Review Committees are made up predominantly of health care professionals and are established pursuant to the Bylaws of Highmark, Inc.

- *The Medical Review Committee investigates and resolves claim disputes arising out of the relationship between the Corporation and professional health care providers. Its decisions are based on current medical practices and Highmark Blue Shield medical policy.*
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What Is The MRC?

The Medical Review Committee investigates and resolves claim disputes arising out of the relationship between the Corporation and professional health care providers.

Breakdown Of Committee Members

The Medical Review Committee consists of at least eight (8) members. A majority of the members of the Medical Review Committee are providers who are participating providers, preferred providers or network providers (“provider members”), and the balance are consumers covered under health care contracts issued by the Corporation (“consumer members”). At least three fourths of the provider members of the Highmark Medical Review Committee shall be medical doctors or doctors of osteopathy.

Organization Members

At least two thirds of the members of the Medical Review Committee shall have no relationship with Highmark (other than as providers who submit claims in the ordinary course of business or members covered under one of Highmark's health care programs). No member shall be a member of the board of directors of Highmark.

Provider Members

The provider members of the Medical Review Committee are representative of the various health care professions and specialties whose services are covered by Highmark and the western region network.

Conflict Of Interest

No member of the Medical Review Committee that have any conflict of interest that would prevent him or her from rendering a fair and impartial decision or is in economic competition with a provider shall participate in the decision making process with respect to such practitioner.

Highmark's Medical Review Committee

MRC Process

The Medical Review Committee investigates and resolves disputes arising out of the relationship between Highmark and professional health care professionals who render health services to Highmark members. Certain restrictions apply. Determinations made by the committee are based on current medical practice and Highmark Blue Shield medical policy. If you choose the MRC, their decision is considered your final level of appeal. You will be notified of the MRC decision in writing. The committee is made up of a variety of degree specialties and lay members. The Review Committee Selection Committee is responsible for appointing MRC members. The Medical Review Committee, under the Highmark Inc. Bylaws, is charged with the following responsibilities:

- *to consider unresolved matters, disputes or controversies arising out of the relationship between the Corporation and any provider, including any questions involving professional ethics*
- *review any matter affecting the status of a health care professional as a network provider of the Corporation*
- *conduct hearings to resolve disputes involving the status of health care professionals as Participating Providers in accordance with Article IX of the Bylaws of the Corporation.*
- *consider appeals by providers who are rejected or terminated as network providers in any network provider panel operated by the Corporation under Pennsylvania's preferred provider legislation*

Determinations made by the committee are based on current medical practice and Highmark Blue Shield medical policy. The MRC is empowered to take a wide range of actions to resolve disputes. A provider has the right to be present throughout the proceedings and may be represented by legal counsel. MRC consideration is the provider's final level of appeal.

Possible MRC Actions

In considering any matter brought before it, the MRC may take any one or more of the following actions:

- *refer the case for recommendation or action by any appropriate committee, board or division of the state professional society or local professional society of the provider involved;*
- *refer the matter to an appropriate law enforcement officer or agency of the Federal, State, or any Local Government if the Committee has probable cause to believe that the provider involved secured payment from the Corporation for services performed by the provider for a subscriber on the basis of material false information submitted to the Corporation with the intention of defrauding it;*

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Highmark's Medical Review Committee, Continued

**Possible MRC
Actions,
continued**

- refer the matter to the state professional licensure board of the health care professional involved;
 - render a finding that the Corporation is entitled to a refund of fees paid to the provider;
 - render a finding that authorizes the Corporation to collect any refund by withholding future payments due from the Corporation to the provider involved and/or;
 - render such a decision or take any other such action as may be necessary or appropriate to fully resolve any dispute presented to the Committee.
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**How To Submit
A Matter To
The MRC**

After other appeals are exhausted, the practitioner may submit a matter for review to the Medical Review Committee in writing at the address below:

*Medical Review Committee
P.O. Box 890039
Camp Hill, PA 17089-0039*

**Problem
Resolution**

Following a decision by the MRC, the responsible parties are notified of the committee's decision.

Developing Medical Policy

Developing Medical Policy

Medical policies are documents that provide medical necessity and coverage guidelines for all of our medical-surgical products, including managed care. These guidelines address hundreds of medical issues, including diagnostic and therapeutic procedures, injectable drugs, and durable medical equipment. In addition to commercial products, Highmark also maintains medical policy guidelines for our Medicare Advantage products. Highmark's Medical Policies and Medicare Advantage Medical Policies are housed on the Provider Resource Center under 'Medical Policy'.

Health care professionals play an important role in Highmark Blue Shield's medical policy development.

- They provide medical expertise that helps in the development of coverage and reimbursement guidelines.
 - To begin the process of adding or revising its policy guidelines, Highmark's Medical Policy Department reviews published, peer-reviewed medical literature, along with information and determinations from multiple sources – including the FDA and professional medical societies.
 - After the Medical Policy Department has performed its initial research, it solicits opinions from appropriate Highmark Professional Consultants. If the procedure in question is performed by a particular specialty, consultants within that specialty are contacted.
 - The Medical Policy Department utilizes input from all of these sources to develop a draft policy.
 - The Medical Policy Department then collaborates with the Clinical Policy Management Committee (CPMC) in making a final determination on the policy prior to publication. The CPMC consists of staff Medical Directors working under the direction of Highmark's Chief Medical Officer.
 - When necessary, the CPMC and the Medical Policy Department recommend that a specific issue be brought before the Medical Affairs Committee (MAC).
 - The MAC typically meets quarterly and makes its recommendations to the Highmark Board of Directors on specific policy issues.
 - Ultimately, the Board of Directors makes the final decision as to those finite matters which are presented to the Medical Affairs Committee.
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Prioritizing Electronic Claims Submission

Prioritizing Electronic Claims Submission

Highmark Blue Shield has placed a high priority on electronic claims filing and the electronic exchange of information. This process is more efficient and cost-effective than conventional means – benefiting health care professionals, members and insurers. The company's electronic commerce division, Highmark EDI Services, provides a host of services that make filing claims and accessing information faster and easier. These include:

- An interactive Web site (NaviNet) that allows you to verify enrollment, eligibility, and claims status and much more.
 - A claims clearinghouse where you can electronically submit claims and inquiries for Highmark Blue Shield and other insurers.
 - A toll-free, fax-back service that allows health care professionals to query the status of claims by using their touch-tone telephone. Your inquiries are answered within minutes through your fax machine.
 - Convenient technical support through a toll-free hotline.
 - Information on getting started in electronic claims filing – including a VIP list of vendors who can help you with the appropriate computer equipment and software. These vendors can also help you use your PC to automate other office processes.
 - See [Chapter 5, Unit 1](#) of the [Highmark Blue Shield Office Manual](#), Benefits of Electronic Communication for a complete overview of Highmark's electronic capabilities and offerings.
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Professional Members of the Corporation

Professional Members of the Corporation as of May, 2008

The Professional Members of the Corporation represent health care professionals in our networks. They understand the Corporation and are a channel through which Highmark receives and distributes information on issues facing the Corporation.

This annual list is updated each spring.

*Cynthia G. Ayers, MD Internal Medicine Pittsburgh	M. Bruce Dratler, MD Northwest Physicians Associates, P.C. Gastroenterology Meadville
Bernard J. Bernacki, DO Family Practice Pittsburgh	Rodolfo L. Furigay, MD Surgical Associates of Windber Windber
*David A. Blandino, MD Family Practice Pittsburgh	Mary C. Goessler, MD, M.P.M. Bellevue Pediatric Assoc. Pittsburgh
Joseph B. Blood, Jr., MD Internal Medicine Athens	Enrique Hernandez, MD Temple Gynecology Oncology Associates Philadelphia
*Thomas J. Castellano, MD Gastroenterology Edwardsville	Jae U. Hong, MD Somerset Internal Medicine Somerset
William K. Daiber, DO Urology Harrisburg	Seth M. Jones, MD Neurology Scranton
Daniel J. Daley, Jr., DDS Oral & Maxillofacial Surgery Drexel Hill	Joseph J. Kernich, MD Punxsutawney Medical Associates, P.C. Family Practice Punxsutawney
*John H. Damcott, D.MD Plaza Dental Associates Erie	Craig G. Kriza, Sr., DPM, JD Premier Orthopedics & Sports Medicine Assoc., Ltd. Upland
Carlo J. DiMarco, DO Lake Erie College of Osteopathic Medicine Ophthalmology Erie	Debbie M. Lewis, DMD Family Dentistry Pittsburgh

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Professional Members of the Corporation, Continued

Professional Members of the Corporation as of May, 2008 (continued)

Robert T. Lindner, DDS Oral & Maxillofacial Surgery, Retired Pittsburgh	William K. Sherwin, MD, Ph.D. Dermatology Bala Cynwyd
Stanley M. Marks, MD UPMC Cancer Centers & Oncology- Hematology Assn. Pittsburgh	Audra W. Sieber, OD Leading Edge Eye Care Optometry Harrisburg
*Kenneth R. Melani, MD President & CEO Highmark Inc. Pittsburgh	Linda Ann Marie Slavoski, MD Wyoming Valley Infectious Disease Assoc. Infectious Disease Wilkes-Barre
Ralph J. Miller, Jr., MD Triangle Urological Group Urology Pittsburgh	Dean W. Spencer, MD Northwest Physicians Associates, P.C. Family Practice Meadville
David B. Nash, MD, MBA, FACP Jefferson Medical College Internal Medicine Philadelphia	Michael R. Weitekamp, MD Internal Medicine/Infectious Disease Penn State Hershey Medical Center Hershey
Donald B. Parks, MD Parkstone Medical Associates Family Medicine Philadelphia	Randy S. Zelen, MD Northwest Physicians Associates, P.C. Nephrology Meadville
John C. Reefer, MD Butler Medical Associates Internal Medicine Butler	Michael A. Ziev, DO Family Practice Philadelphia
Michael A. Schlossberg, MD Premier Medical Assoc. Internal Medicine Monroeville	* Board of Directors