SPECIAL BULLETIN

JUNE 28, 2013

Highmark Announces Adjustments to UCR, Premier Blue Shield and Western Region Managed Care Reimbursement, Effective Sept. 1, 2013

As indicated in the June 2013 issue of *PRN*, Highmark plans to combine the Premier Blue Shield and Western Region Managed Care (KHPW) fee schedules into one statewide fee schedule over the next few years. The new statewide fee schedule will serve as a platform for Highmark's pay for value (P4V) reimbursement models. Therefore, Highmark's annual professional fee adjustment process will transition, channeling the majority of additional reimbursement through these developing P4V primary care and specialist programs. (For more information on the P4V reimbursement models, please see the last two issues of our practitioners journal, *Clinical Views*, and the Special Bulletin [dated May 8, 2013] titled "Quality Blue Evolution". These items are available on the Provider Resource Center, in the *Publications and Mailings* link.)

Until then any needed adjustments will be announced and implemented in the usual manner. As such, Highmark has filed with, and has now received approval from, the Pennsylvania Insurance Department to implement UCR Level II, Premier Blue Shield and Western Region Managed Care (KHPW) reimbursement adjustments. Highmark will adjust payments for select cardiology, musculoskeletal, therapy and manipulation, obstetrics and gynecology, ear, nose and throat, emergency department visits, and evaluation and management services, for dates of service beginning Sept. 1, 2013. Additionally, the following key areas will receive adjustments.

- A site-of-service payment differential will be added to chemotherapy administration services performed in a facility setting, mirroring Medicare's place of service differential. Current reimbursement allows the same fee regardless of place of service.

- Highmark will also implement changes to its payment differential for the remaining evaluation and management procedure codes when performed in the facility, compared to services performed in a non-facility setting. (This change was implemented for Procedure Codes 99201 through 99215 in September 2011.) Effective with dates of service on/after Sept. 1, 2013, Highmark will calculate payment for the facility service generally using Medicare's site-of-service differential not to exceed a certain designated percentage difference. Remember that our facility fees are updated annually to align more closely with and account for changes in the Medicare site-of-service differential.

(Over, please)

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FEES AVAILABLE VIA NAVINET®

You may access the reimbursement adjustment information online in four convenient ways.

1. Visit our Provider Resource Center **via NaviNet**. Simply hover on *Administrative Reference Materials*, and click on *Fee Updates* to view the complete list of fee adjustments. **(Fees are not published on the public Provider Resource Center.)**

When the adjustments are in effect (see effective date above), you can also use the following online tools.

2. On NaviNet, hover on *Allowance* and then select *Allowance Inquiry* to determine pricing for specific procedure codes by plan/product type.
3. Also on NaviNet, you can hover on *Allowance*, and select *Frequently Billed Codes*. This function initiates a report request that provides you with a quicker means of retrieving the most frequently billed codes/procedure codes based on the specialty represented by the selected billing provider and plan.
4. Via NaviNet's Resource Center, you can download the full Premier Blue Shield and/or Western Region Managed Care (KHPW) fee schedule. Simply click on *Administrative Reference Materials*, and you'll find the links on the bottom half of the page.

If your practice does not have NaviNet access, please contact your Highmark Provider Relations representative for assistance.

Note: The inclusion of a procedure code and allowance in the list does not necessarily indicate that it is eligible for payment under Highmark's programs. Highmark will apply the appropriate network rules, member benefit limitations and medical policy guidelines to the services you report. Highmark may also apply a site-of-service differential for facility-based services. Please remember, allowances are subject to change.

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