PROVIDER NEWS

A newsletter for Highmark Blue Shield providers in central Pennsylvania, the Lehigh Valley, northeastern Pennsylvania, and southeastern Pennsylvania Issue 11, November 2025

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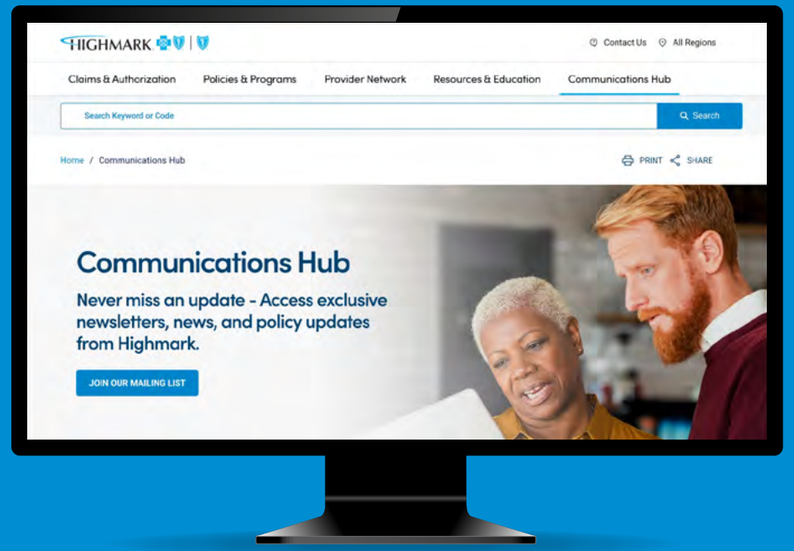
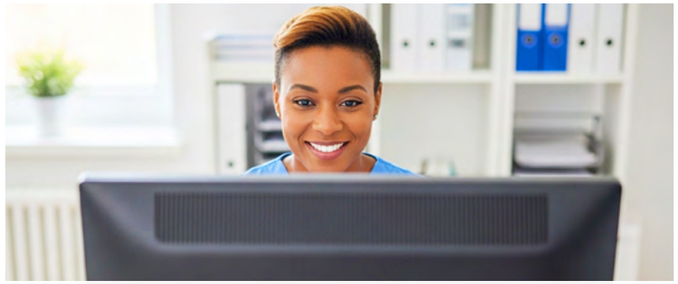


FEATURE ARTICLES



Reminder: Updated Workflow for Initial Medical Authorization Requests

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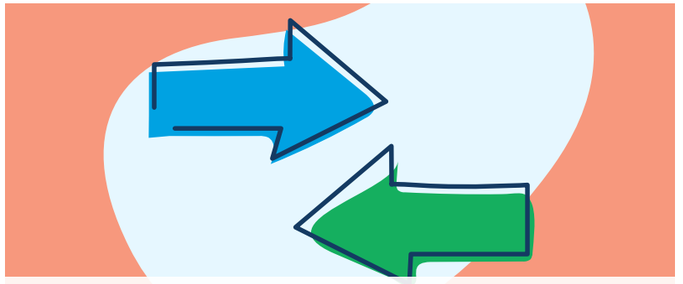


New and Updated Reimbursement Policies

e-SUBSCRIBE Today! Don't miss the latest updates!

IN THIS ISSUE

PROVIDER NEWS

HIGHMARK

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

Issue 11, November 2025

IN THIS ISSUE

Highmark's New Communications Hub Launching Dec. 1

Highmark is launching a new Communications Hub on the Provider Resource Center on **Dec. 1, 2025**. This enhancement is designed to streamline access to critical information and improve the overall communication experience for our provider partners.

The new Communications Hub will become your main source of Highmark information, serving as a single, easily navigable destination.

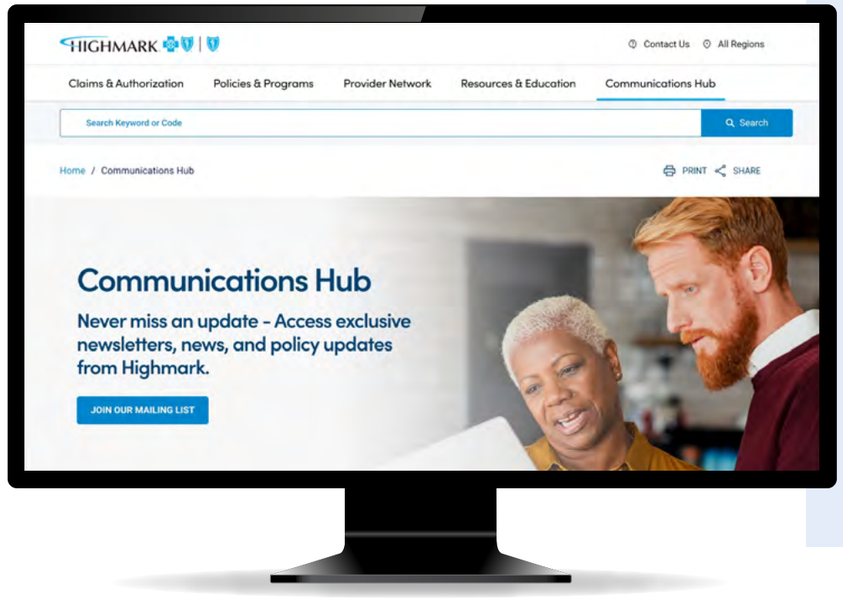
The Communications Hub will replace the **Latest Updates** section in the main website menu. Top articles will also be located on the homepage of the PRC just below the blue **Quick Task** bar.

What This Means for *Provider News*

Moving forward, *Provider News* will no longer be published in its current format as a PDF. You will still receive a monthly email on the last Monday of the month; however, it will link to a curated set of articles in the Communications Hub. This means you will easily see critical information and be able to search topics based on importance to your practice/facility and job function.

We encourage you to explore the new Communications Hub upon its launch on Dec. 1 and provide feedback through our website survey, which can be found by clicking on the light blue **Give Feedback** tab on the right side of the screen. We read all feedback and use it when considering future enhancements.

To ensure you never miss an update from Highmark, join our mailing list.



Key features and benefits include:

- **Centralized Access:** No more searching through multiple sections of the website.
- **Improved Navigation:** The hub will feature an intuitive design and improved search functionality, making it easier and faster for providers to find the specific information they need.
- **Enhanced Organization:** New filters will allow providers to refine content by topic. For example: Authorizations, Claims and Billing, and more.

Reminder: Updated Workflow for Initial Medical Authorization Requests

Effective Nov. 11, 2025, providers in Delaware, Pennsylvania, and West Virginia must submit all **INITIAL** medical authorization requests via the **Authorizations & Referrals** process in Availity Essentials®. This includes initial authorization requests for inpatient and outpatient services, as well as retrospective pre-claim reviews and claim reviews.

This is the first phase of a multi-pronged initiative to make the authorization process more intuitive and efficient for you, including:

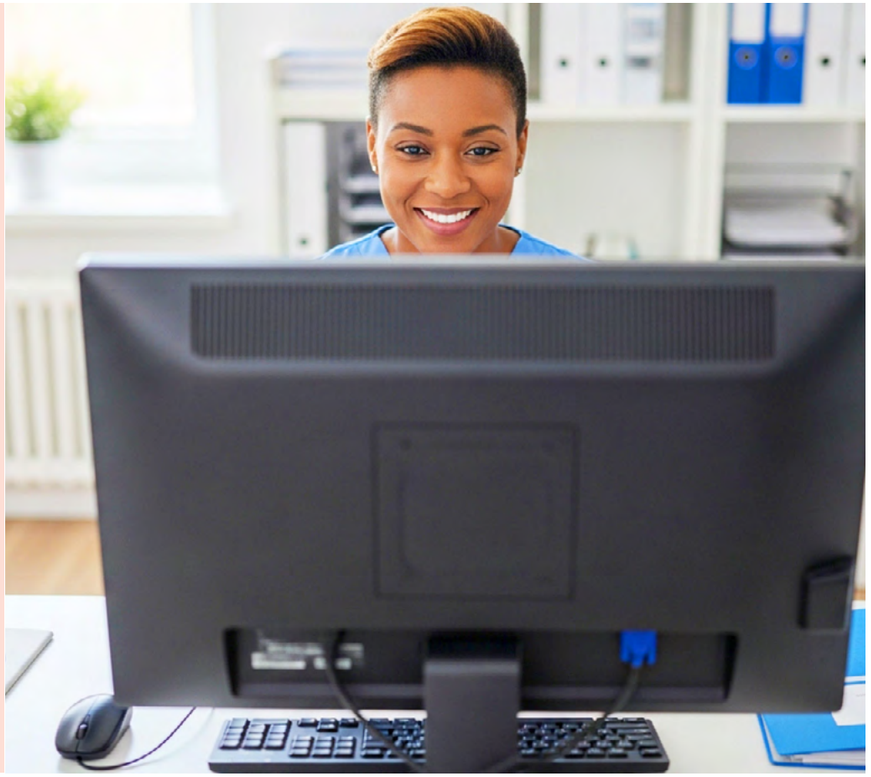
- Attach supporting medical documentation electronically.
- Access Availity's **Authorization Dashboard** for a centralized view of auth status from multiple payers.

On-Demand Resources

Access a recording of a live training webinar on the Availity Learning Center (ALC):

- Log into Availity. Go to the **Help & Training** tab on the homepage.
- Click **Get Trained** from the dropdown menu to view recorded demos and webinars.
- Select Authorization Request and Follow-up for Highmark Providers – Recording.

To learn more about this workflow change, click here.



Behavioral Health: Upcoming Prior Authorization Changes

Effective March 1, 2026, 19 behavioral health codes will be added to the prior authorization list, including those related to partial hospitalization services, intensive outpatient services, transcranial magnetic stimulation, and applied behavioral analysis.

Highmark takes great care in regularly auditing the list of codes requiring authorization and we make changes — both additions and removals — to ensure that appropriate member services are provided while reducing the potential for fraud, waste, and abuse. These additions are a direct result of our commitment to better managing member health care costs and maintaining alignment with established industry benchmarks.

Highmark has also recently decreased turnaround time for urgent and non-urgent authorization requests from approximately five days to one day on average, reflecting our commitment to providing timely access to care.

See the list for all the March 1 changes.

Prior Authorization List – Codes to be Added on March 1, 2026

Code	Description
H0015	Alcohol and/or drug services; intensive outpatient treatment
H0032	Mental health service plan development by non-physician
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H2019	Therapeutic behavioral services, per 15 minutes
S0201	Partial hospitalization services, less than 24 hours, per diem.
S9480	Intensive outpatient psychiatric services, per diem
90867	Transcranial magnetic stimulation (TMS) for treatment of major depressive disorder in adults
90868	Therapeutic repetitive transcranial magnetic stimulation (rTMS)
90869	Transcranial magnetic stimulation (TMS) motor threshold re-determination with delivery and management
97151	Behavior identification assessment used for initial or reassessment and treatment plan development by a physician or other qualified healthcare professional
97152	Behavior identification supporting assessment
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by a technician under the supervision of a physician or other qualified healthcare professional
97155	Adaptive behavior treatment protocol modification
97156	Family adaptive behavior treatment guidance
97157	Multiple-family group adaptive behavior treatment guidance
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
0362T	Adaptive behavior assessment with technician assistance, each 15 minutes
0373T	Adaptive behavior treatment with protocol modification

To view the List of **Procedures/DME Requiring Authorization**, go here and scroll down to the **Prior Authorization Coding** List section for your region.

Provider Chat Update: 24/7 Auth Status Check Is Now Live

Highmark is committed to empowering our providers with state-of-the-art tools that simplify your workflow and enhance efficiency, so we're pleased to announce a significant enhancement to our Provider Chat: **24/7 automated Authorization Status checks!**

With this upgrade, providers now have three ways to check auth status:

- Availity Essentials® via Availity's Authorization Dashboard
- Provider Service Center Recorded Phone Menu
- Provider Chat

This enhancement provides another channel for accessing authorization information. Our automated **Auth Status** feature within Provider Chat quickly retrieves and displays the most up-to-date information for your authorization requests — **24 hours a day, 7 days a week.**

How to Check Authorization Status, Anytime, via Provider Chat

1. Access Highmark's **Payer Spaces** in Availity.
2. **Initiate a chat session** with Highmark's Provider Chat.
3. **Select the "Auth Status"** option from the menu or simply type a relevant word or phrase (e.g., "Check auth status").
4. You will be prompted to **enter the authorization number** for the request.
5. Chat will then **instantly retrieve and display the status** of the authorization directly to you.

Note: *While the automated Auth Status feature is available 24/7, live chat agents are available to assist with other inquiries Monday – Friday from 8 a.m. to 5 p.m. ET. Starting in January, live agents will be unavailable 12 to 1 p.m.*

FEP Update:
Select Medications to Require Prior Authorization

The following medications will require prior authorization for Federal Employee Program (FEP) members, effective **Feb. 1, 2026**. As part of this change, medical necessity review will be modified from post-service to pre-service for these medications.

The codes below will appear on the Prior Authorization list for FEP on the Provider Resource Center effective Feb. 1, 2026:

HCPCs	Drug Name
J9023	Bavencio
J9173	Imfinzi
J9347	Imjudo
J9271	Keytruda
J9272	Jemperli
NOC **	Keytruda Qlex
J9119	Libtayo
J9299	Opdivo
J9298	Opdualag
J9022	Tecentriq
J9228	Yervoy
J9345	Zynyz

*** NOC requires NDC submission*

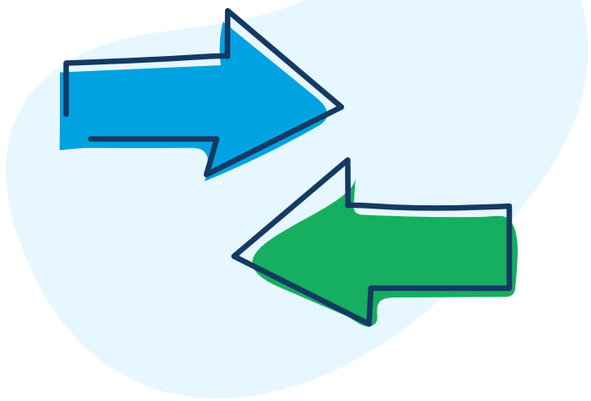
FEP Prior Authorization Lists

The list of the drugs that require prior authorization will be available Dec. 15, 2025, on the Provider Resource Center here.

Providers can submit prior authorization requests, **under a member's medical benefits**, for the listed drugs via Availity Essentials®.

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) for announcements regarding upcoming policy changes. As specific policy changes go into effect, the updated policies can be found on the Reimbursement Policies page of the PRC. **The following is a list of recent and upcoming updates to reimbursement policies (RPs):**



UPCOMING

Dec. 1, 2025

RP-029 Surgical Techniques, Procedures and Related Services

This policy will be made applicable to Medicare Advantage.

RP-033 Anesthesia Services

A section for Epidural Anesthesia Care will be added and direction for modifiers QK and QY reductions will be clarified. Codes 62273, 62281, 62282, and 01967-01969 will be added.

RP-077 Intraoperative Neurophysiological Monitoring

Direction will be added for codes 95941 and G0453. Code 95941 will no longer be separately reimbursed.

Dec. 24, 2025

RP-053 Advanced Gene and Cellular Therapies

New drugs/therapies applicable to this policy will be added.

Jan. 1, 2026

RP-068 Mid-Level Practitioners and Advanced Practice Providers

This policy will be updated for Commercial and Medicare Advantage to add direction for the pharmacist specialty, which will be reimbursed at 85% of the fee schedule allowance.

NEW: RP-083 Spravato®(esketamine)

This new policy — applicable to Commercial and Medicare Advantage markets — will provide direction on the billing of esketamine (Spravato) services.

Jan. 5, 2026

RP-027 Hemodialysis and Peritoneal Dialysis

This policy will be made applicable to Medicare Advantage. Codes 99242-99245 and 99252-99255 will be removed. Codes 90993, 90999, 99233, 99291, 99292, 99341, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, S9335, and S9339 will be added.

(Continued)

Feb. 2, 2026

RP-037 Emergency Evaluation and Management Coding Guidelines

This policy will be made applicable to professional claims, which will be reviewed by Highmark when submitted for emergency department services, **effective Feb. 2, 2026**. For more information, CLICK HERE.

Feb. 23, 2026

RP-041 Services Not Separately Reimbursed

Codes 76376 and 76377 will be added to this policy as not separately reimbursed for Commercial and Medicare Advantage.

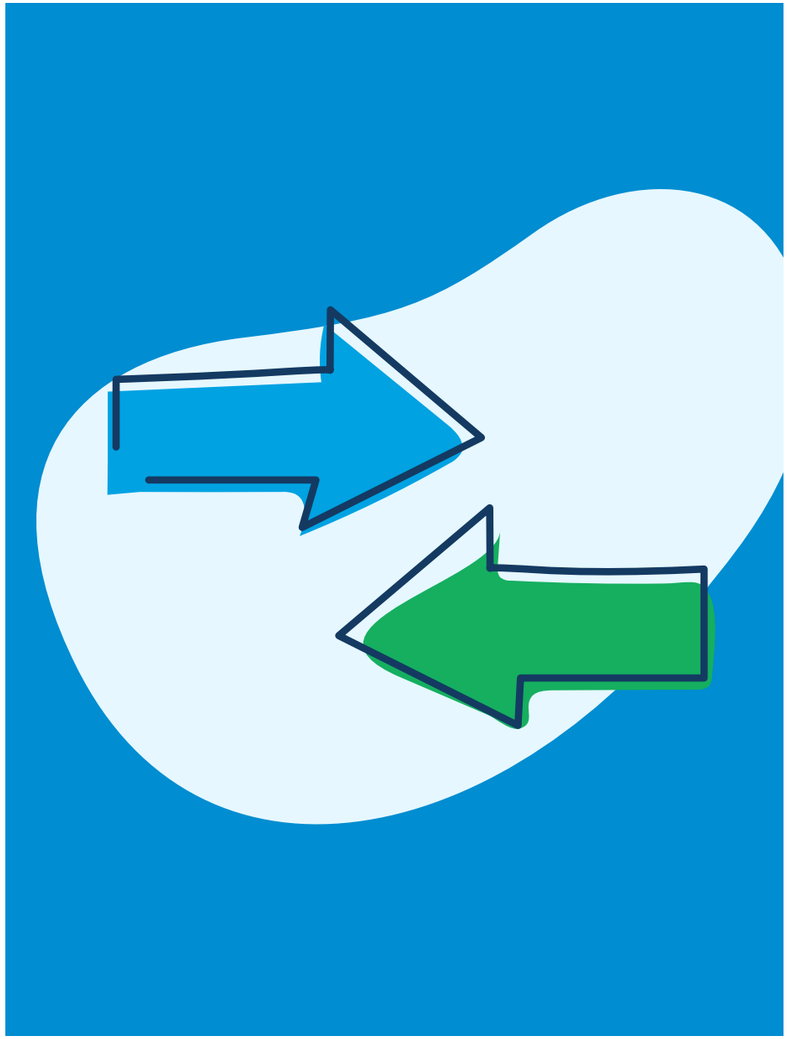
NEW: RP-084 Remote Patient Monitoring

The purpose of this new policy, **effective Feb. 23, 2026**, is to get in front of cost and utilization trends around this growing service. This new policy direction will clarify when and how remote patient monitoring (RPM) should be used and when it will be reimbursed by the plan. It will provide guidelines on RPM usage by providers and reimbursement for RPM-specific Current Procedural Terminology (CPT) codes.

March 2, 2026

RP-068 Mid-Level Practitioners and Advanced Practice Providers

This policy will be updated to include the certified registered nurse anesthetist (CRNA) specialty, which will be reimbursed at 85% of the fee schedule allowance for Commercial, **effective March 2, 2026**.



2025 COVID Vaccine Administration Update: Medicare and Commercial

An October 2025 policy change by the Centers for Medicare and Medicaid Services (CMS) has resulted in denials for the **administration** of the COVID vaccine for both Medicare and Commercial plans… whenever a patient has received a COVID vaccine **AND** any other vaccine at a single appointment.

Medicare – Policy Reversed

CMS recently rescinded the rule change for Medicare members only. The agency will reprocess impacted COVID vaccine administration claims with dates of service between July 1 and Oct. 15. Providers may also choose to use the MAC appeals process if they don't wish to wait for the automatic adjustment.

Commercial – Policy Still in Effect; Option for Reimbursement

The policy change for COVID vaccine administration, however, remains in place for Commercial members.

IMPORTANT: Providers can continue to receive payment for COVID-19 vaccine administration for **Commercial members**, even when co-administered with other vaccines, by correctly applying the appropriate National Correct Coding Initiative (NCCI) modifier to the claim.

Background

On Oct. 14, 2025, CMS published NCCI edits that denied payment for the **administration** of the COVID vaccine when another vaccination was given at the same appointment. This change affected both Medicare Advantage (MA) and Commercial members.

While providers were being paid for the COVID vaccine itself, they were **not** being reimbursed for the administration of the vaccine, which was a change from previous CMS policy.

To avoid payment denials for the administration portion of the COVID vaccine, it is essential to utilize the correct NCCI modifier when submitting claims.

VBR News Will Soon Have a New Home

Get ready for an enhanced experience accessing Highmark Value-Based Reimbursement (VBR) program news and resources. The existing Quality Blue Portal will be retired in late November 2025. Please continue to monitor the portal's Program News page for updates until then.

Consolidating VBR Information

To streamline access, all communications and resources for Highmark's Quality Blue and True Performance programs will transition to a unified location within our Provider Resource Center (PRC) in 2026. This move is part of our initiative to create a centralized communications hub for all Highmark provider communications.

Transition Period Access – Starting Late November

Before VBR communications transition to the PRC, they will be available through the **Provider Facing Analytics (PFA)** platform via Availity Essentials® > **Highmark Payer Spaces**:

- **True Performance:** Access communications within the Value Insight Center via **Availity > Highmark Payer Spaces**.
- **Quality Blue Hospital:** Program communications and manuals will be located in the Static Reports application during this transition. This will be your primary source for Quality Blue information until the 2026 replacement. To view reports: from the PFA landing page, choose **Static Reports > Quality Blue Hospital Program > your Hospital Name**.

We will also continue to utilize *Provider News*, the Provider Resource Center, and email notifications for important updates. Watch your inbox for detailed instructions on accessing these temporary VBR communication sites.

We appreciate your cooperation as we develop a more robust and centralized communication solution for VBR and all provider-related information.

Provider Service Center Updates: Credentialing Information and Scheduling Change

As communicated in ***October Provider News***, we recently launched live phone assistance for providers with questions about credentialing, standard contracts, and the provider file directory. This dedicated line is designed to get you the answers you need quickly.

How to Reach the Team: Simply call your regional Provider Service Center and select the Credentialing option from the Interactive Voice Response (IVR) menu.

Scheduling Change in the New Year

Effective Jan. 1, 2026, the provider service phone lines and live chat capabilities will be closed each day from 12 to 1 p.m.

Highmark is designating this hour for staff development and training to ensure our team is well-equipped to handle your inquiries.

If you need assistance during this time, we encourage you to explore our self-service options, including the Provider Resource Center, Availity Essentials® portal and our IVR system.

Is Your PROMISe ID Up to Date?

Do you treat patients enrolled in the Highmark Healthy Kids CHIP* program?

If so, you must have an active Provider Reimbursement and Operations Management Information System Identification (PROMISe™ ID) on file with the Pennsylvania Department of Human Services and Highmark. The information on file must include your provider type and each service location where you see Highmark Healthy Kids enrollees.

Highmark is required to deny claims if we are unable to match your National Provider Identifier (NPI) reported on the claim to a PROMISe enrollment record for the service location where the services were performed.

In addition, you are required to select a PROMISe ID-enrolled provider when submitting any authorization requests for referrals in Availity Essentials®.

How to Check on the Status of Your PROMISe ID

Providers can check their PROMISe ID status through the PROMISe Internet Portal or by emailing promise@pa.gov.

**CHIP is an acronym for Children's Health Insurance Program.*

Holiday Loneliness and Stress: Supporting Patients with Mental Well-Being

The holiday season can intensify feelings of loneliness and stress for many patients, significantly impacting both their physical and mental health. Highmark is dedicated to supporting your patients through these challenges. Our Mental Well-Being powered by Spring Health solution offers timely access to mental and behavioral health interventions, including:

- **Dedicated Care Navigators:** Licensed mental health clinicians who guide patients through their care journey, offering clinical screening, referrals, and crisis intervention.
- **Health and Wellness Coaching:** Credentialed coaches who assist patients in building coping mechanisms and social connections.
- **Digital Programs and Exercises:** Including self-guided Cognitive Behavioral Health (CBT) exercises for flexible and accessible support.
- **24/7 Crisis Line:** Staffed by master's-level clinicians for immediate support.
- **Clinical Provider Appointments:** Access to therapy, medication management, and psychiatry.

Eligible Highmark members, including covered spouses and dependents ages 6 and up, can access Mental Well-Being through their MyHighmark app or member portal. You can directly refer your eligible patients through the Availity Essentials® portal. Look for **Case Management Referral** via the Predictal tile in **Payer Spaces**. Spring Health will then contact the patient about enrollment.

We encourage you to discuss this solution with your eligible Highmark patients, especially those you've identified as having a higher risk for loneliness and stress during the holiday season.

Short Takes:

Onboarding Webinar, Provider Perspectives, and More

Onboarding Webinar for Providers and Staff: Register for Dec. 18 Session

Since August, Highmark has been hosting virtual onboarding webinars for providers and staff on the third Thursday of the month.

By attending, you will learn best practices for navigating Highmark systems, accessing provider manuals and tools, utilizing Availity Essentials®, and more.

Register **here** for our next onboarding session on **Thursday, Dec. 18, 12–1 p.m.**

Help Us Create a Truly Remarkable Health Experience — And Make Your Voice Heard!

We're inviting you to join Highmark Provider Perspectives, our exclusive online insights community where we partner with providers like you as trusted advisors. The community is open to both clinical and non-clinical staff.

To learn more, go **here**.

Reminder: COVID-19 Vaccinations Are Covered for CHIP Enrollees

CHIP adheres to the American Academy of Pediatrics (AAP) vaccination recommendations for COVID-19:

> *The AAP recommends coronavirus disease 2019 (COVID-19) vaccination for all infants, children, and adolescents 6 months of age and older who do not have contraindications to receiving a COVID-19 vaccine authorized or approved for use for their age.*

CHIP will continue cover COVID-19 vaccines for all enrollees. To see the full article, go **here**.

Important Update Regarding Medicare Telehealth Coverage

As of Oct. 1, 2025, changes to Original Medicare telehealth coverage are in effect due to Congress **not** extending pandemic-era telehealth policies. Now, Original Medicare will only cover most telehealth services for beneficiaries located in a rural office or medical facility.

Note: There are exceptions for monthly End-Stage Renal Disease (ESRD) visits. Click **here** to read more.

In Case You Missed Last Month's Provider News...

The October issue featured the following articles:

- Changes to Highmark Insurance Programs in 2026
- Introducing CopayGo: Highmark's New Tiered Copay Plan for ASO Large Group Accounts
- Risk Adjustment Programs: New Compensation Model for 2026
- Low Acuity Non-Emergent Professional Claim Review

You can find back issues of *Provider News* **here** on the Provider Resource Center.

Cultural and Language Resources on the PRC

Providing quality care requires not only excellent medical skills and training but also the ability to communicate effectively with patients. That can be especially challenging when caring for patients who are non-native speakers of English.

The Provider Resource Center (PRC) features a variety of cultural and language resources for providers and their teams, including:

- Centers for Disease Control and Prevention Languages
- Cultural & Health Literacy Training
- Integrating Cultural Information into Clinical Practice
- The Office of Minority Health
- National Institutes of Health – U.S. National Library of Medicine MedlinePlus

To access these resources on the PRC, go **here**.

Provider News Update: New Year Brings New Email Address

Starting in **January 2026**, you will see our new email address — noreply.providers@highmark.com — appear in your inbox for *Provider News* and other Highmark provider communications. This change is part of our ongoing efforts to enhance our communication systems and improve your experience.

To ensure delivery of emails from Highmark, you should:

- Add our new email address to your Safe Sender List and/or Address Book.
- Inform your IT department or email administrator of the change.
- Check your spam/junk folder to ensure our newsletter emails don't end up there.
  - » And if they do, mark them as "Not Spam" or "Not Junk" to help train your email system.

If you're not currently a subscriber, join our mailing list to receive *Provider News* and other important notifications.

Quarterly Formulary Updates

View the September 2025 updates to Highmark's prescription drug formularies and related pharmaceutical management procedures at the Formulary Updates page on the **Provider Resource Center (PRC).**

Pharmaceutical Management Procedures

To learn more about how to use these procedures, click on **Policies & Programs** from the top menu on the PRC. Select **Pharmacy Programs** and then **Pharmaceutical Management**.

This section includes information on:

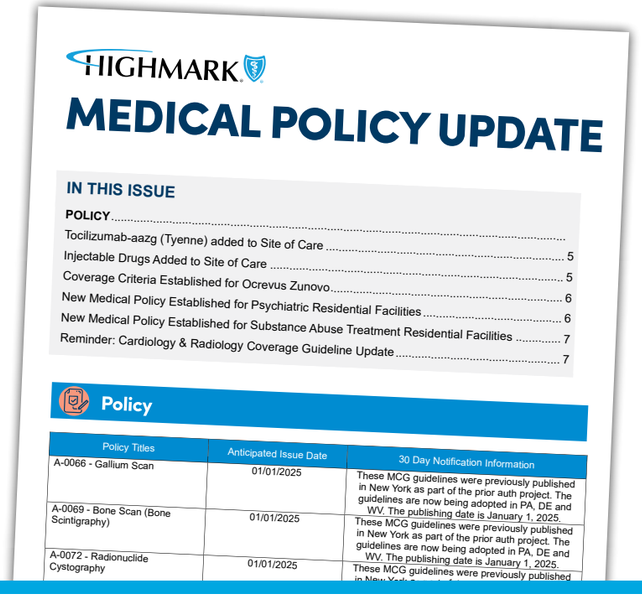
- Exception requests
- The process for generic substitutions
- Explanations of limits/quotas, therapeutic interchange, and step-therapy protocols.

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.

Have You Seen This Month's Medical Policy Update Newsletter?



HIGHMARK

MEDICAL POLICY UPDATE

IN THIS ISSUE

Policy

Policy Titles	Anticipated Issue Date	30 Day Notification Information
A-0066 - Gallium Scan	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0069 - Bone Scan (Bone Scintigraphy)	01/01/2025	These MCG guidelines were previously published in New York as part of the prior auth project. The guidelines are now being adopted in PA, DE and WV. The publishing date is January 1, 2025.
A-0072 - Radionuclide Cystography	01/01/2025	These MCG guidelines were previously published

Is Your Provider Directory Information Still Accurate?

An accurate and up-to-date online provider directory is essential for Highmark members seeking care. To maintain the accuracy of our provider directory, we ask that you verify your information every 90 days.

Why is this important?

- **Compliance –** The Centers for Medicare and Medicaid Services (CMS) mandates quarterly validation of provider directory data.
- **Accuracy –** Validated data ensures correct claims processing and helps members find the right care.
- **Network Status –** Failure to validate data quarterly may result in removal from the directory and impact network status.

What to Review

Please verify the following information for each practitioner:

- Full name (matches medical license)
- National Provider Identifier (NPI)
- Practice name (matches phone greeting)
- Accurate list of current specialties
- Confirmation that practitioners see members and schedule appointments regularly at listed locations and are affiliated with the group.
  - » **Exclusion:** Do not include covering physicians, those reading test results, or hospitalists.
- New patient acceptance status (accepting or not accepting)
- Correct address, suite number (if applicable), phone number, email, and website address.

How to Verify Your Information

- **Professional Providers:** Use the Provider Data Maintenance (PDM) tool within the Availity Essentials® provider portal every 90 days.
- **Facility and Ancillary Providers:** Use the Highmark Facility/Ancillary Change form on the Provider Resource Center every 90 days.

Important Reminder

- Double-check your email address(es) during the attestation process to guarantee uninterrupted communication.

Staying Up to Date with the *Highmark Provider Manual*

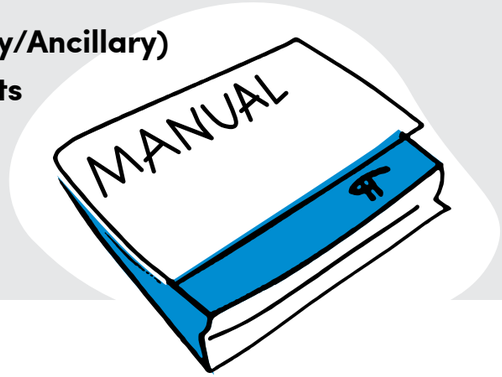
Ensure you are regularly reviewing the *Highmark Provider Manual* for our most recent guidance on:

- Participation Rules
- Credentialing/Recredentialing Criteria and Procedures
- Medical Record Criteria
- Requirements for 24/7 Coverage

Some recent noteworthy changes occurred in the following chapters and units:

- **Chapter 3, Unit 4: Organizational Provider Participation (Facility/Ancillary)**
- **Chapter 4, Unit 7: Medical Records Documentation Requirements**
- **Chapter 5, Unit 1: Care Management Overview**

To see the full list of recent changes, visit the *What's New in the Highmark Provider Manual* page.



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, which is available on the **Provider Resource Center > Latest Updates > Medical Policy Update**.

To subscribe to our newsletters, click Join Our Mailing List.

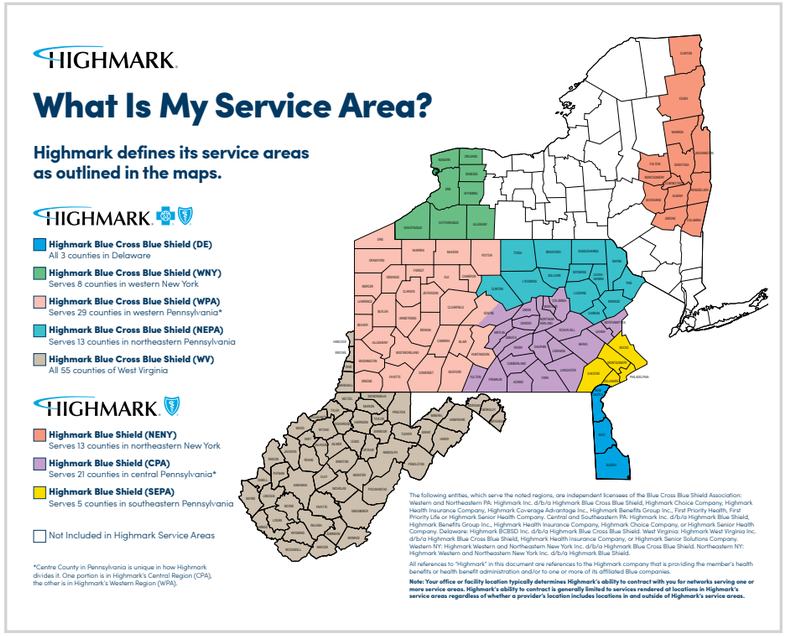
Comments/Suggestions Welcome

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.

Highmark Quick Reference

To contact Highmark, click here.

Service Areas



Legal Information

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Availity is an independent company that contracts with Highmark to offer provider portal services. 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.

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