

Special Bulletin

For professional and facility providers

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UPDATED: New Availity Functionality: High-Volume Claim Issue Inquiry

Providers have a new tool in [Availity Essentials](#)® for streamlining the review of high-volume claim issues for the same issue due to a Highmark error.

When submitting a claim inquiry in Availity via **Message this Payer**, there's a new option on the **Reason for Message** dropdown: **High-Volume Claim Issue (HVCI)**.

Select this option when:

- 10 or more claims have the **same claim issue/denial** due to a Highmark error.
 - **Note:** This option does **not** apply to provider billing errors, including accounts receivable (AR) reviews.

What to Include in Your Claim Inquiry

- Detailed information regarding the similar issue affecting these claims. A separate inquiry is not needed for each claim.
- The following information must be included:
 - Claim numbers (a minimum of 10)
 - Member IDs
 - Patients' names
 - Patients' DOBs
 - Dates of service, including date span, if applicable
 - Total charges for each claim
 - Contact name on the provider's team and phone number

Three Possible Outcomes for an HVCI

1. **Highmark** – If it's determined that the claim denials are due to a Highmark error, this inquiry will be handled as a special project, and the provider will be updated via the portal.
2. **Provider** – If the issue is due to a provider error, the investigation will be closed with an explanation sent to the practitioner.
3. **Variety of Issues** – If the denials are due to a variety of unrelated issues, the inquiry will be returned to the provider advising:

- “This is not a high-volume claim issue. A separate inquiry must be submitted for each additional claim in question for appropriate handling.”

Additional Resource

- Visit the [Electronic Claims](#) page on the Provider Resource Center.

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