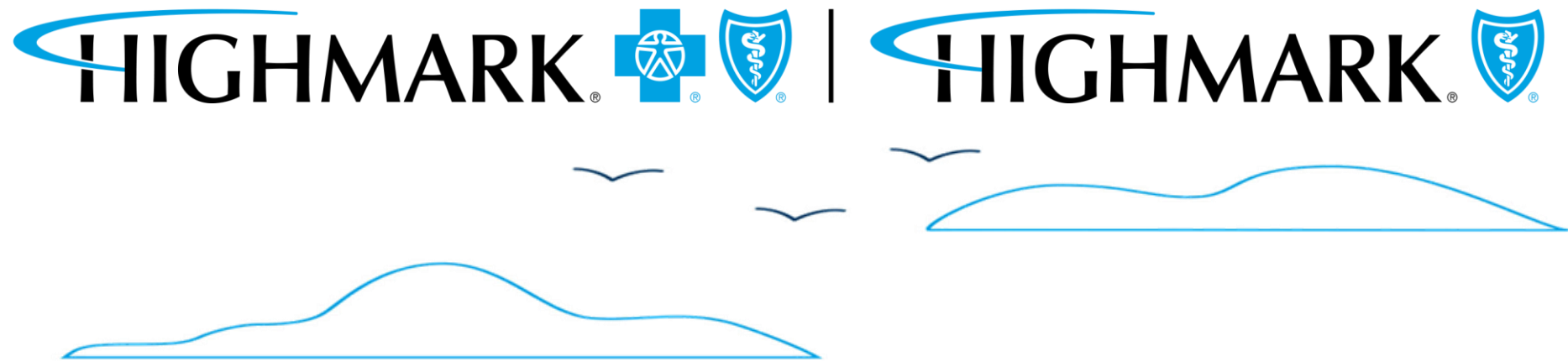


Highmark Provider Network Virtual Orientation

For Facility and Professional Providers



Welcome to



Agenda

Getting Started with Highmark

Highmark Basics

Self-Service Tools

Utilization Management Review

Claims

The BlueCard® Program

Resources

Questions

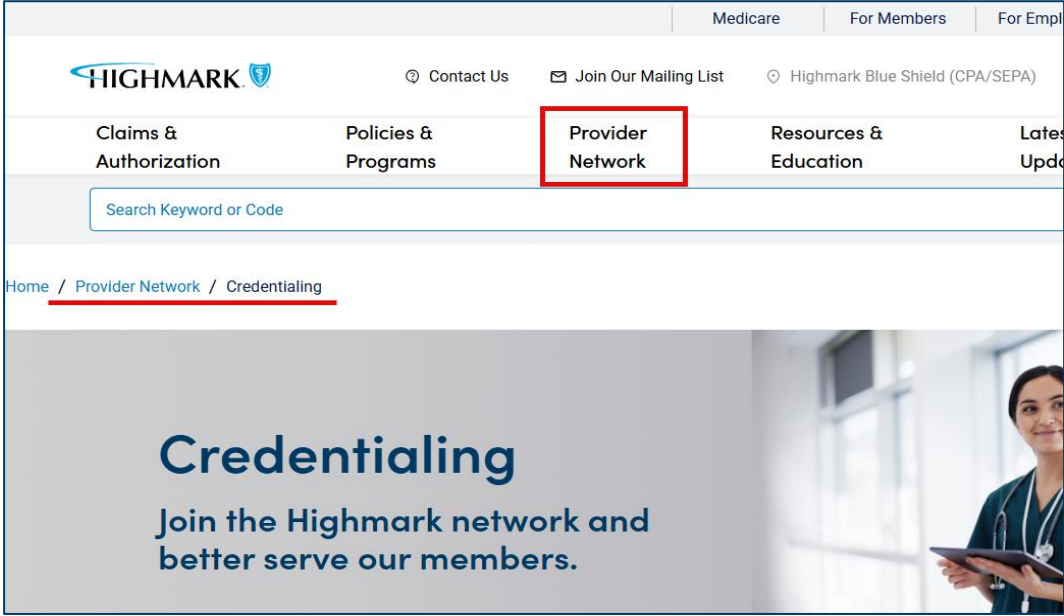
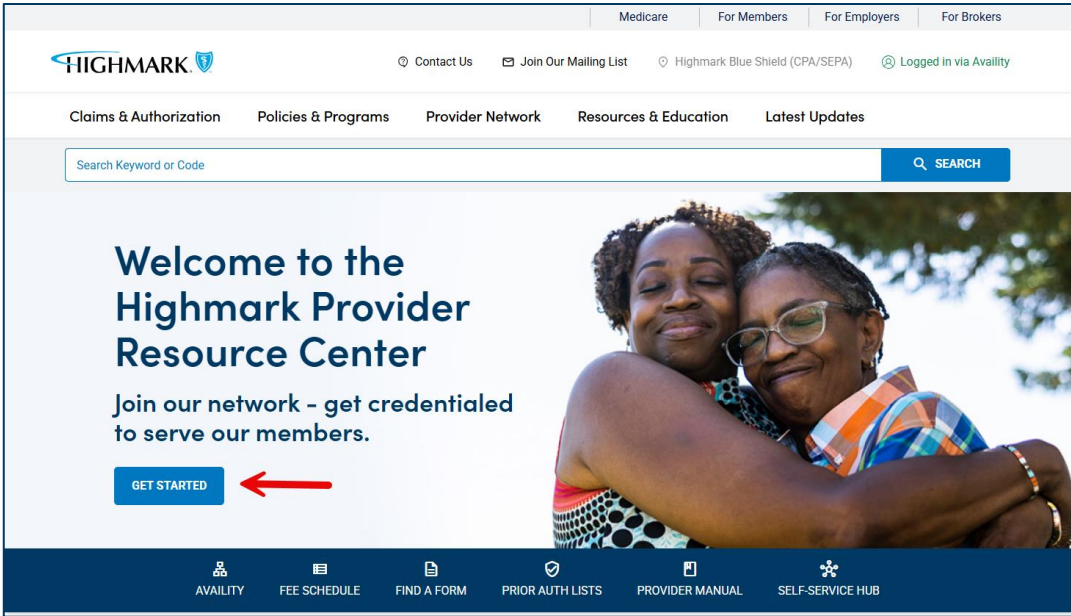


Getting Started with Highmark

Credentialing

New to Highmark?

Start the credentialing process by clicking on Get Started on the homepage or under Provider Network, select the [Credentialing](#) section.



Provider Data Maintenance (PDM)

Established Highmark providers with Availity can update their information using the Provider Data Management application within Availity Essentials>Highmark>Payer Spaces.

- ✓ **Request Credentialing**
- ✓ **Review Credentialing status**
- ✓ **Validate Group and Practitioner Information**
- ✓ **Edit Patient Acceptance**

- ✓ **View / Edit Practitioner Information (Education, Affiliations, Locations)**
- ✓ **Add / Delete / Edit Practitioners at a Location**
- ✓ **Update Office Hours and Contact Information**

Find the PDM Guide on the Provider Resource Center:

<https://providers.highmark.com/resources-and-education/training-and-guides/provider-training>

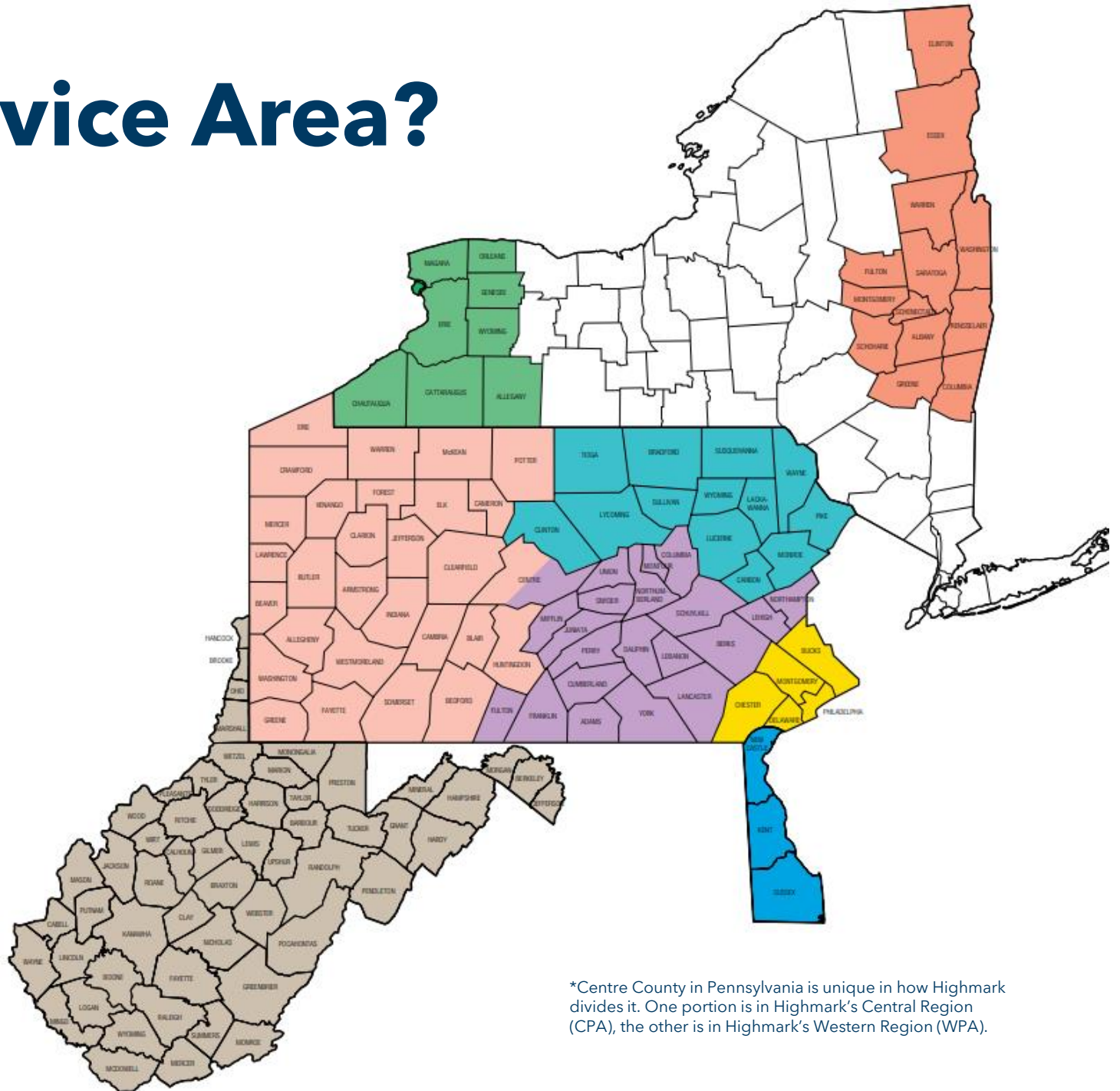
What Is My Service Area?



- Highmark Blue Cross Blue Shield (DE)**
All 3 counties in Delaware
- Highmark Blue Cross Blue Shield (WNY)**
Serves 8 counties in western New York
- Highmark Blue Cross Blue Shield (WPA)**
Serves 29 counties in western Pennsylvania*
- Highmark Blue Cross Blue Shield (NEPA)**
Serves 13 counties in northeastern Pennsylvania
- Highmark Blue Cross Blue Shield (WV)**
All 55 counties of West Virginia



- Highmark Blue Shield (NENY)**
Serves 13 counties in northeastern New York
- Highmark Blue Shield (CPA)**
Serves 21 counties in central Pennsylvania*
- Highmark Blue Shield (SEPA)**
Serves 5 counties in southeastern Pennsylvania
- Not Included in Highmark Service Areas



*Centre County in Pennsylvania is unique in how Highmark divides it. One portion is in Highmark's Central Region (CPA), the other is in Highmark's Western Region (WPA).

Join Our Email List from the PRC Home Page



Tip: Choose a region for an optimal site visit.

The screenshot shows the Highmark website header with navigation tabs for Medicare, For Members, For Employers, and For Brokers. The main navigation bar includes the Highmark logo, a Contact Us link, a circled 'Join Our Mailing List' link with an envelope icon, a Highmark Blue Shield location link, and a 'Logged in via Availity' status. Below the navigation are menu categories: Claims & Authorization, Policies & Programs, Provider Network, Resources & Education, and Communications Hub. A search bar with the placeholder 'Search Keyword or Code' and a blue 'SEARCH' button is also visible. The main content area features a large heading 'Welcome to the Highmark Provider Resource Center' and a background image of two smiling women.

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.

Highmark's New Communications Hub

Highmark launched the new **Communications Hub** on 12/1/25.

Key features and benefits include:

- Centralized Access
- Improved Navigation
- Enhanced Organization

The Communications Hub will:

- Replace the **Latest Updates section** of the main website menu
- Top articles will be located on the homepage of the PRC just below the blue **Quick Task** bar.
- **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.

Medicare For Members For Employers For Brokers

Contact Us Join Our Mailing List All Regions Login via Availity

Claims & Authorization Policies & Programs Provider Network Resources & Education Communications Hub

Search Keyword or Code SEARCH

Home / Communications Hub

Communications Hub

Never miss an update - Access exclusive newsletters, news, and policy updates from Highmark.

JOIN OUR MAILING LIST

Give Feedback

In the Spotlight

Top News and Resources for Providers

Highmark Basics

Products That Highmark Offers...

Commercial

(Broad & Narrow Network Products)

National Groups

(sold by Highmark, not BlueCard)

Narrow Group Tiered Products

Children's Health Insurance Program of Pennsylvania (CHIP)

Affordable Care Act (ACA)

Medicare Advantage

For more information about Highmark's products, please visit Chapter 2 of the Provider Manual - <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-2-product-information>

Member ID Cards



TIP: Find additional information about Member ID cards and examples by region in the [Provider Manual](#).

The Highmark company name/logo appears on the front, top, left side of the ID card. Numbers correspond to the numbered areas on the sample ID card below:

1. Licensed Product Name
2. Member Identification Information
3. Dependent and PCP Information (if applicable).
4. Medical and Pharmacy Claims Processing Information.
5. Member Cost Sharing
6. Additional Coverage Information
7. Suitcase Logo
8. Rx Logo
9. Plan Specific Information
10. Plan Website
11. Plan Contact Information
12. Claim Submission Information and Independent Licensee Disclosure
13. Pharmacy Benefits Administrator and Logo

Highmark logo and Licensed Product Name (1)

MEMBER NAME (2) DEPENDENTNAME (3)
FIRSTNAME M FIRSTNAME LASTNAME
LASTNAME PCP NAME
MEMBER ID PCP Ph Number
ZARXXXXXXXXXXXX Effective Date

Group	01650300 (4)	Office Visit	\$ (5)
BS Plan	378/865	Specialist Visit	\$
RxGrp	HMRK001	Emergency Room	\$
RxBIN	610014		
Cov Eff Date	XX/XX/XXXX		

HEAR/VISION/DENTAL (6) (7) (8) Rx

www. (10) .com
Member Service
Blues on Call
Call for Precertification: (11)
Mental Health
Substance Abuse
Other Admissions

Submit medical claims to (12)

An Independent Licensee of the Blue Cross and Blue Shield Association.

medco (13) Pharmacy benefits administrator

Living Health Solutions

Highmark has **Condition Management Programs** to support your patients' health and wellness.

- **Diabetes Management (verily / Onduo)**
- **Mental Well-Being (Spring Health)**
- **Virtual Joint Health Program (Thrive by Sword)**
- **Virtual Pelvic Health Program (Bloom by Sword)**
- **Kidney Health Management (Healthmap)**
- **CHF and COPD Management (Vida)**
- **Well360 Virtual Dermatology (Amwell)**
- **Well360 Virtual Urgent Care (Amwell)**
- **Well360 Virtual Women's Health Clinic (Amwell)**
- **Noom Weight Management**
- **Mental-Well Being (Substance Use Disorder)**

***For more information, visit:
PRC > Policies & Programs > Telehealth >
Condition Management Programs***

Care Management Programs

Highmark has a wide variety of Care Management Programs. Visit the [Policies and Programs](#) section of the Provider Resource Center for details about each.

Advanced Imaging and Cardiology Services
(for providers in DE, PA and WV)

Enhanced Community Care Management Program

Laboratory Management
(for providers in DE, PA and WV only)

Musculoskeletal (MSK) & Interventional Pain Management (IPM)
(for providers in DE, PA and WV only)

Oncology Management Pathways

Physical Medicine Management

Post-Acute Skilled Nursing Care for Medicare Advantage Members
(for providers in PA and WV only)

Radiation Therapy Authorization Program
(for providers in DE, PA and WV only)

NOTE: Select 'Additional Benefits Notes' in Availity's Eligibility & Benefits to see if a member's group is part of the care management indicators.

Additional Benefit Notes

GROUP Indicators

Utilization Management Advanced Imaging Vendor:	eviCore INN OOA
Utilization Management Care Management Vendor:	None
Utilization Management Genetic Testing Vendor:	eviCore INN OOA
Utilization Management Mental Health Vendor:	HMS(Health Management Services)
Utilization Management Musculoskeletal Management Vendor:	eviCore INN OOA
Utilization Management Oncology Drugs Vendor:	Yes INN, OOA
Utilization Management Physical Medicine Vendor:	Opt-In
Utilization Management Radiation Oncology Vendor:	eviCore INN OOA
Utilization Management Site of Care Oncology Drugs Vendor:	Yes INN, OOA

Self-Service Tools Sources of Information

Network Self-Service

Highmark operates a **self-service first support model**, which is enabled by significant investments in our digital support tools.

Provider Resource Center

- Learn important information and updates.
- Access resources including EFT registration, policies, procedures, and the Provider Manual
- Learn more: [Provider Resource Center \(PRC\)](#)

Availity Essentials

- [Availity Essentials](#) is the primary method to check member eligibility and submit an authorization and must be used to check claim status or submit a claim inquiry.
- Register and learn more: [Provider Resource Center](#)

Provider Service Center

- Use the **Interactive Voice Response (IVR) system** to access information such as claim status or member benefits.
- Learn more: [Provider Service Center](#)

Provider Resource Center (PRC)

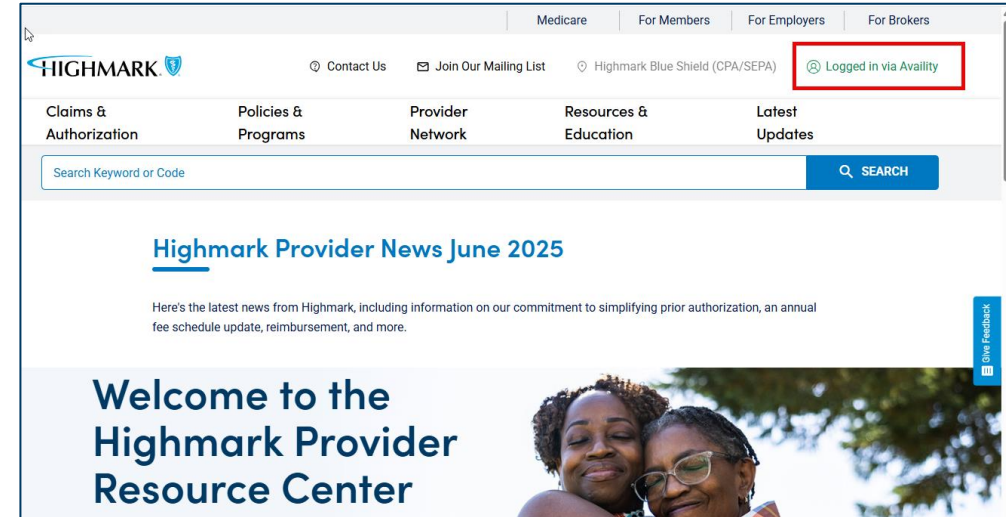
Access the Provider Resource Center in two ways.

Direct Link: <https://providers.highmark.com>

Access information for all regions (or select a specific region).



Note: When logged into the PRC via Availity, you will see the green - Logged in via Availity - message.

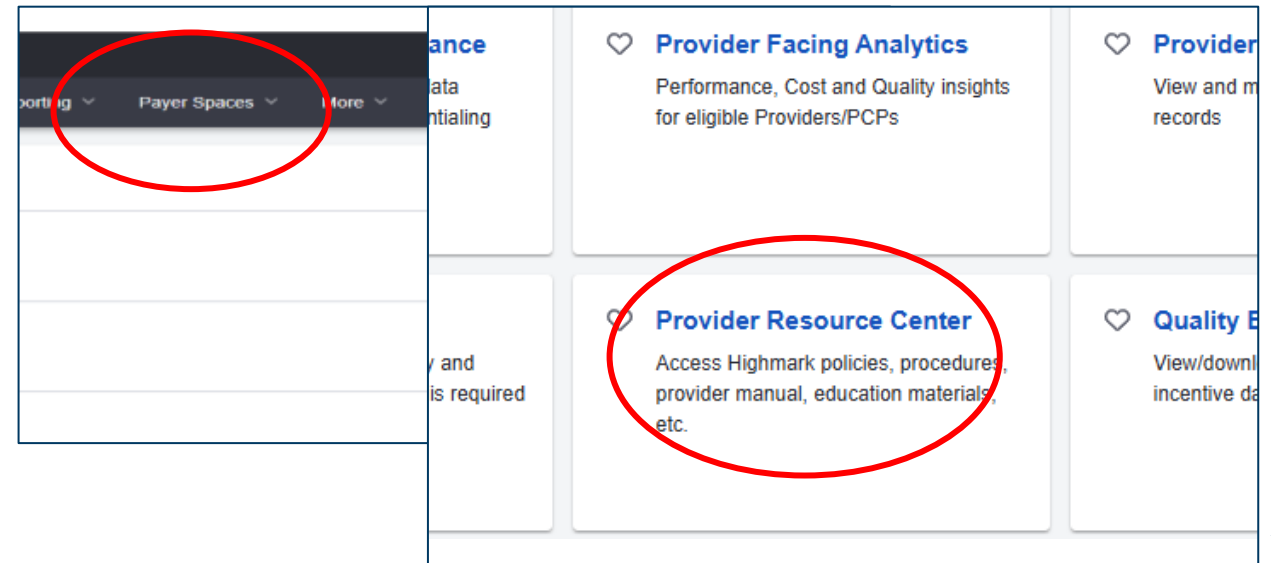


Via Availity: [Availity.com](https://www.availity.com)



Availity > Payer Spaces > Provider Resource Center

Additional information for contracted providers is available, such as:

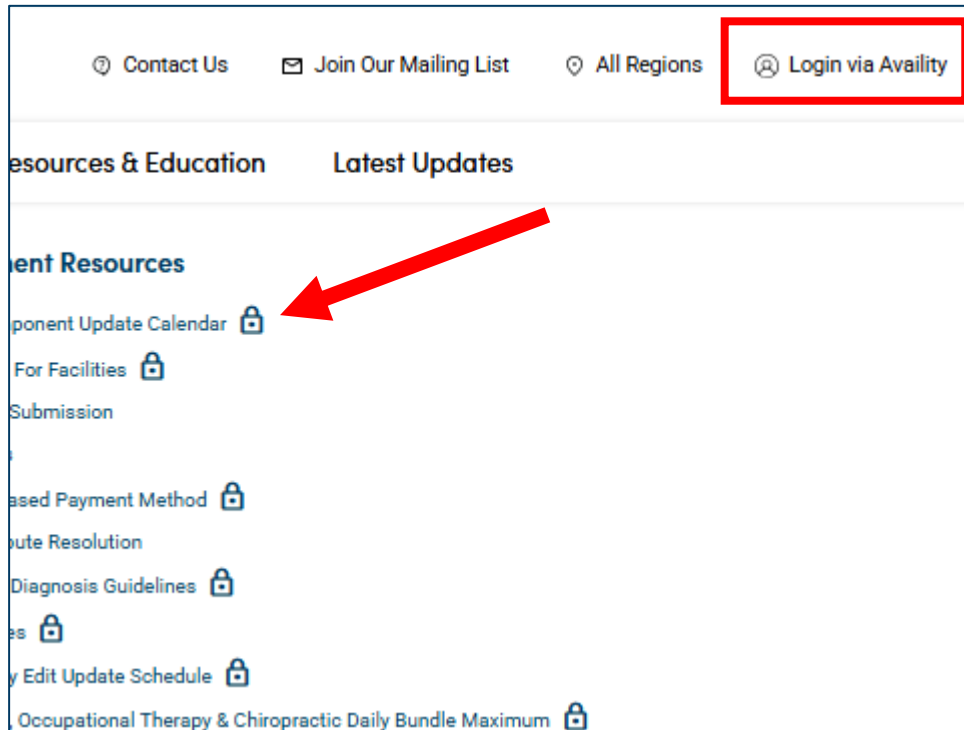
- Fee Schedules
- HEIDIS Information
- Portal Messages



Provider Resource Center

Information for contracted providers is marked with a lock icon . It will redirect you to the Availity login page for verification. If you have accessed the Provider Resource Center via Payer Spaces in Availity, the icon will show as unlocked .








Direct Link



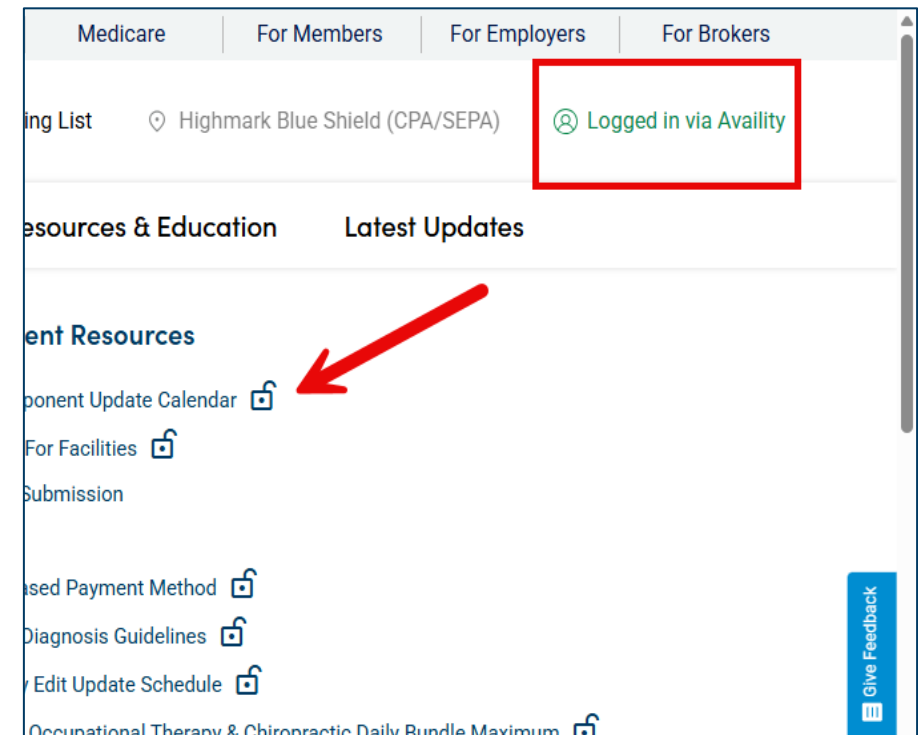
Contact Us Join Our Mailing List All Regions **Login via Availity**

Resources & Education Latest Updates

Component Resources

- Component Update Calendar 
- For Facilities 
- Submission
- Based Payment Method 
- Dispute Resolution
- Diagnosis Guidelines 
- es 
- ly Edit Update Schedule 
- Occupational Therapy & Chiropractic Daily Bundle Maximum 

Via Availity









Medicare For Members For Employers For Brokers

ing List Highmark Blue Shield (CPA/SEPA) **Logged in via Availity**

Resources & Education Latest Updates

Component Resources

- Component Update Calendar 
- For Facilities 
- Submission
- Based Payment Method 
- Diagnosis Guidelines 
- ly Edit Update Schedule 
- Occupational Therapy & Chiropractic Daily Bundle Maximum 

Give Feedback

Provider Resource Center

providers.highmark.com is the main communication channel for the Highmark's provider network to stay updated on the latest policies, procedures, and news.

Credentialing Information & Forms


Claims & Authorization Information

Formulary Information

Highmark Provider Manual

Medical & Reimbursement Policies

Bulletins, Newsletters and Updates






HIGHMARK  🔔 Conta

Claims & Authorization Policies & Programs Provider Network Resources & Education Latest Updates







Authorization Guidance

- Obtaining Authorization
- MCG Clinical Criteria
- Gold Carding Program

Reimbursement Programs

- Fee Schedule Information 
- Medicare Advantage Stars
- Quality Blue Hospital Program 
- Reimbursement Policies
- Specialist Performance Initiative 
- True Performance Programs 
- Value-Based Reimbursement Programs
- Best Practice
- NY Incentive Programs 

Reimbursement Resources

- APC Pricing Component Update Calendar 
- Billing Highlights For Facilities 
- Electronic Claim Submission
- Guidelines & Tips
- Hospital OPPS Based Payment Method 
- Independent Dispute Resolution
- Inpatient Facility Diagnosis Guidelines 
- Lab Exempt Codes 
- Medically Unlikely Edit Update Schedule 
- Physical Therapy, Occupational Therapy & Chiropractic Daily Bundle Maximum

Join our network - get credentialed to serve our members.

Availity Essentials

Highmark requires providers to utilize our enhanced self-service tools for most transactions.

Highmark uses Availity's multi-payer platform to support transactions necessary to manage care for its members, including eligibility and benefits, claims and prior authorizations.

All providers serving Highmark members can register at no cost.

Not using Availity Essentials yet? Any provider can register - at no cost to you!

*Sign up today - [Register and Get Started with Availity Essentials webpage.](#)

Get help with Availity: Login and go to Help & Training > Get Trained, then search for 'Highmark' to access demos and recordings and sign up for webinars.

● ● ● How to Access

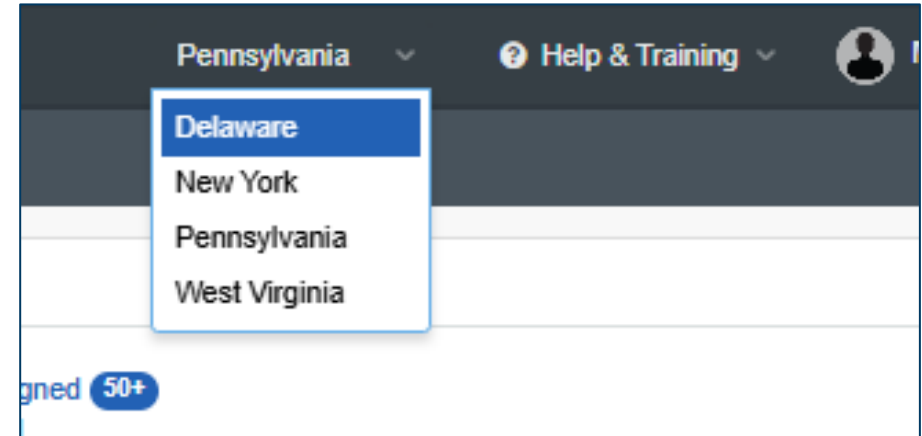
Availity Essentials (Portal)

1. Log in to Availity Essentials
2. Click Help & Training | Get Trained

Availity Essentials

If you are already registered with Availity, Highmark is available to you as a payer in the dropdown menu. One or more of our plans will be listed as the following depending on which state you are contracted with us in:

- Highmark Blue Cross Blue Shield (DE)
- Highmark Blue Cross Blue Shield (WNY)
- Highmark Blue Cross Blue Shield (WPA/NEPA)
- Highmark Blue Cross Blue Shield (WV)
- Highmark Blue Shield (CPA/SEPA)
- Highmark Blue Shield (NENY)



Note: Always select the appropriate state from the dropdown menu - located in the top navigational bar on the Availity Essentials home page.

You can refer to the [Highmark Service Area map](#) if you have questions about your region.

Availity Essentials

Patient Registration

- Eligibility and Benefits Inquiry
- Authorization & Referrals

Claim & Payments

- Claim Status
- Remittance Viewer
- Claims & Encounters
- Quick Claims
- Fee Schedule Listing

Payer Spaces

- Highmark-specific

Help & Training

- Find Help
- Get Trained
- Availity Support

The screenshot shows the Availity Essentials web application interface. At the top, there is a navigation bar with the Availity logo, 'essentials', and links for Home, Notifications, and My Favorites. Below this is a secondary navigation bar with dropdown menus for Patient Registration, Claims & Payments, My Providers, Payer Spaces, More, and Reporting. The main content area features a Notification Center with a message: 'You have no notifications.' Below this is a section titled 'My Top Applications' which contains four application tiles: 'Provider Resource Center', 'Provider Facing Analytics', 'Quality Blue', and 'Eligib' (partially visible). Each tile has a Highmark logo icon.

If you need assistance with Manage My Organization, please review this link for help in adding/editing providers:
<https://providers.highmark.com/content/dam/highmark/en/providerresourcecenter/pdfs/all/documents/pdfs/claims-and-authorization/authorization-guidance/manage-my-org.pdf>

Availity Payer Spaces Applications

Payer Spaces provides access to Highmark-specific applications.

<p>♥ Cash Management</p> <p>Payment summary and EFT/check information</p>	<p>♥ COB Questionnaire</p> <p>Update member coordination of benefits (COB) information</p>	<p>♥ CoverMyMeds</p> <p>Submit drug authorizations</p>	<p>♥ Customer Experience Survey</p> <p>Give us your feedback to help shape a better Provider Portal experience</p> <p>Recommended</p>	<p>♥ ECHO Health</p> <p>Enroll in/view EFT payments and ERAs</p> <p>PA, DE, WV only</p>
<p>♥ Home & Community Care Transitions</p> <p>Manage post-acute care services for MA members (Formerly naviHealth)</p> <p>PA, DE, WV only</p>	<p>♥ MCG CGT Tool</p> <p>Provides access to MCG clinical evidence used to support member care.</p>	<p>♥ Pain Management Program Portal - Axial</p> <p>Access patient risk information and other pain management resources</p> <p>PA, DE, WV only</p>	<p>♥ Predictal - Existing Auth & Network Exception Only</p> <p>UM tool to update and inquire on auths. New auths via Availity Essentials.</p>	<p>♥ Provider Data Maintenance</p> <p>Update provider file, provide data verification and request credentialing status</p>
<p>♥ Provider Facing Analytics</p> <p>Performance, Cost and Quality insights for eligible Providers/PCPs</p>	<p>♥ Provider Live Chat</p> <p>Verify your Member's Eligibility and Benefits or if an Authorization is required</p> <p>Recommended</p> <p>PA only</p>	<p>♥ Provider Resource Center</p> <p>Access Highmark policies, procedures, provider manual, education materials, etc.</p>	<p>♥ UDC Program</p> <p>UDC chronic conditions for Highmark MA patients attributed to your practice</p> <p>PA, DE, WV only</p>	

Support

Contact Availity Support for help with:

- Understanding errors
- Technical issues
- Account Registration questions
- Other issues related to the Availity Essentials tools.

1-800-AVAILITY (282-4548)

Monday through Friday 8 a.m. to 8 p.m. ET

Self-service support is available in Availity under **Help & Training**.



Contact Highmark Support for help with:

- Applications hosted by Highmark or its designated third-parties (such as those in Availity>Payer Spaces).
- Questions about health plan specific responses, results, errors, rules, identifiers, provider data, etc.

Primary self-service tools: Availity, the Provider Resource Center (PRC) & Interactive Voice Response (IVR) via Provider Service Center

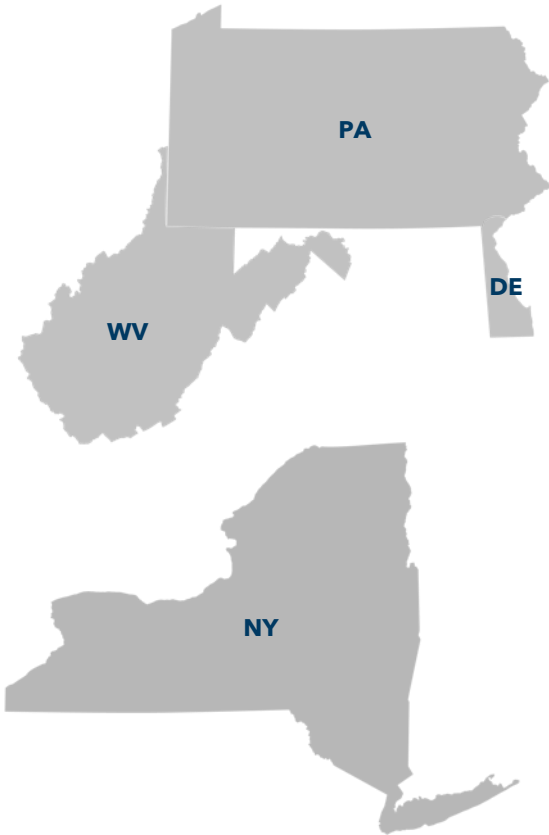
For issues that cannot be handled via self-service, contact the Provider Service Center or Clinical Service Center. Find the numbers on PRC: <https://providers.highmark.com/contact-us>



 <p>Provider Service Center Can't find an answer? Call us: 8 a.m. to 5 p.m. EST, Monday through Friday. CONTACT INFORMATION</p>	 <p>Clinical Services Still have questions? Call us: 8:30 a.m. to 7 p.m. Monday through Friday, 8:30 a.m. to 4:30 p.m. Saturday and Sunday. CONTACT INFORMATION</p>
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Electronic Funds Transfer (EFT)

All Highmark network participating providers are required to enroll in Electronic Funds Transfer (EFT)



Providers in **PA, DE, & WV** use **ECHO Health** to receive EFT reimbursements.

- Set up an account at <https://www.echohealthinc.com/provider>
- How-to Resources:
 - [Quick Reference Set-Up Guide](#)
 - [PNC ECHO Provider Portal Demo on Vimeo](#)

Providers in **NY** - ECHO Health begins managing Highmark New York claim payments on **01/26/2026**.

Please click on this link for more information regarding the transition to ECHO.
[NY PNC ECHO Transition Frequently Asked Question](#)

Utilization Management Review

Authorization Types

Prior Authorization

Completed when:

- Services *have not* yet been rendered.
- Inpatient services with member still in the bed
- Outpatient Services are rendered within 14 days of Submission

Retrospective Pre-Claim Authorization

Completed when:

- Services *have been* rendered, but a claim *has not* been submitted.
- The "Start of Care" date can be no greater than 30 days of submission date.
 - If services are beyond 30 days of submission, a claim should be submitted/decisioned and then the Retrospective Claim Review process followed.
- Does not allow for submission for future dates of service.

Retrospective Claim Review

Completed when:

- Services *have been* rendered, and the claim was submitted and *denied*.

Select the following link to learn more about Authorizations and Retrospective Reviews - <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-5-care-and-quality-management/unit-2-authorizations>

Obtaining Authorizations

To learn more about the Authorization process, please visit the following link:

<https://providers.highmark.com/authorization/obtaining-authorizations>

This site is intended to serve as a reference summary that outlines where information about Highmark's authorization requirements can be found. You will find topics like:

- Prior Authorization Coding Lists
- Resources to assist in submitting authorization
- Contact information and where to find support

Please also visit *Availity's Help and Training* > select *Get Trained* > search for *Authorization Request and Follow-up for Highmark Providers* for recent webinars about submitting authorizations in *Availity Essentials*.

Authorizations

Always use Availity first. Availity is the **fastest** and **most accurate** means of entering & managing authorizations. If you need additional assistance regarding an authorization, you can open a ticket with Availity.

Please be sure that your fax and phone number are correct when submitting authorizations.

- If needed use the **EDIT** button to make a one-time correction Before submitting your authorization.

Faxing should be utilized **ONLY** when electronic submissions are not available. Please indicate proper return fax numbers in all fax submissions.

predictal[™] Auth Automation Hub

Exit AAH

Authorization Request

Member Name Member ID Date of Birth Client Name Plan Type Case Type Authorization Type Service Type

1. Member Search 2. Authorization Details 3. Enter Provider 4. Review Authorization 5. Confirmation

Submitting Provider

Change Provider details?

Yes No

matches found

Practice Group NPI	Practice Group Name	Practitioner NPI	Practitioner Name	Practitioner City	Prac. State	Prac. Zip Code
XXXXXXXXXX	FAMILY PRACTICE	XXXXXXXXXX	JOHN SMITH	CITY	PA	17055

Addresses

Address type	Practice Group Address	Practice Group City	State	Zip code	Contact Details
Main	123 MAIN STREET	CITY	PA	17055	Fax (717) XXX-XXXX Phone (717) XXX-XXXX Primary

Edit

Claims

Claims Submission



All claims should be submitted electronically. In fact, Highmark's claim system places higher priority on processing and payment of claims filed electronically.

Link to Chapter 6 - Billing and Payment

<https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-6-billing-and-payment>

Please see **Chapter 6 - Billing and Payment** to address all your claim questions. It's applicable to both professional and facility providers. Below are only a few highlights:

- Instructions for Facility (UB-04 / 837I) and Professional (1500 / 837P) billing.
- Claim reporting tips - including the top billing errors and how to avoid them.
- NAIC Codes are unique identifiers assigned to individual insurance carriers. Accurate reporting of NAIC Codes along with associated prefixes and suffixes to identify the appropriate payer is critical for electronic claims.
 - Please see the next slide for applicable NAIC codes for your service area.

Claims Submission - NAIC Codes

DE

For Providers in Delaware

Type of Claim	NAIC Code	Equivalent in Availity claim submission = Payer
Facility (UB-04 / 837I)	00070	Highmark Blue Cross Blue Shield Delaware
Professional (1500 / 837P)	00570	Highmark Blue Cross Blue Shield Delaware

NY

For Providers in New York

Type of Claim	NAIC Code	Equivalent in Availity claim submission = Payer
All Provider Types	55204	Highmark Blue Cross Blue Shield (NY) - Commercial and MA OR Highmark Blue Shield (NY) - Commercial and MA

Claims billed with the incorrect NAIC code will reject on your 277CA report as A3>116, "claim submitted to the incorrect payer."

PA

For Providers in Pennsylvania

Type of Claim	NAIC	Equivalent in Availity claim submission = Payer
Facility - Western and Northeastern Regions (UB-04 / 837I)	54771W	Highmark Blue Cross Blue Shield
Facility - Central Region (UB-04 / 837I)	54771C	Highmark Blue Shield
Facility - SEPA Region (UB-04 / 837I)	54771S	Highmark Blue Shield - SEPA
Professional (1500 / 837P)	54771	Highmark Blue Cross Blue Shield OR Highmark Blue Shield
Medicare Advantage - All provider types	15460	Highmark Senior Health Company

WV

For Providers in West Virginia

Type of Claim	NAIC Code	Equivalent in Availity claim submission = Payer
All Provider Types	54828	Highmark Blue Cross Blue Shield West Virginia
Medicare Advantage - All provider types	15459	Highmark Senior Solutions

Claims Submission - Electronic Solutions

Electronic claims are convenient, confidential, and operational around the clock! Below are the two ways to submit electronic claims to Highmark

Using a Claims Clearinghouse / Trading Partner?

Highmark EDI service supports a variety of HIPAA-compliant electronic inquiry and claims transactions making filing claims and accessing information faster and easier.

To find out more about the EDI services available:

Contact Highmark EDI - **800-992-0246**
Monday-Friday 8 a.m. to 4:30 p.m.



Or visit their website:

PA - <https://edi.Highmark.com/edi/index.shtml>
DE - <https://edi.Highmark.com/edi-bcbsde/index.shtml>
WV - <https://edi.Highmark.com/edi-wv/index.shtml>
NY - <https://edi.Highmark.com/edi-ny/home.html>

Submitting claims through Availity Essentials?

As discussed previously, Highmark's provider portal, **Availity**, is available to all participating providers for claim submission.

Availity gives providers the ability to submit claims through the HIPAA-compliant claim submission function.

Availity also allows providers to verify enrollment, eligibility, benefits claim status and much more!

Claims Inquiries

If you have a question about the way a claim has processed, *submitting inquiries via Availity **is required** for all providers* in Delaware, New York, Pennsylvania and West Virginia. The process for submitting inquiries is outlined below:

Initial Inquiry:

1. Log in to Availity.
2. Claims & Payments > Claim Status > Locate Claim.
3. Claim Details > Click "Message this Payer" to submit your inquiry.

To check the response for your inquiry, go to the messaging application and review your response.

If you find you have additional questions about your inquiry:

Follow-Up Inquiries:

1. Locate the claim in Claim Status.
2. Click "Message this Payer."
3. Select "Follow up to a previous investigation."
4. For additional inquiries, choose "Reevaluation of a follow up to a previous investigation".

Claim Adjustments

 **Never send a check for a refund** 

Claims Investigations and Inquiries

- **Use Availity**
- Go to: Claim Status >
Message This Payer >
Add Attachment (if applicable)

Adjustments

- **Use Electronic Vendor Submission OR Availity**
- Submit a corrected claim using Adjustment Bill Types XX5, XX7, XX8*

****Adjustment bill types may not be used for changes in Member ID or Provider NPI***

Please review the following for more information about adjustments -

Facilities (UB-04/837I) - <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-6-billing-and-payment/unit-3-facility-ub048371-billing>

Professional (1500/837P) - <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-6-billing-and-payment/unit-4-professional-1500837p-reporting-tips>

Coordination of Benefits (COB)

What is Coordination of Benefits?

It's how we handle patients with multiple insurance policies.

Why it matters?

Proper COB Reporting avoids claim delays and rejections.

Easy Reporting

Use the COB Questionnaire in Availity > Payer Spaces > Applications

NOTE: This questionnaire cannot be used for the following members:

- Medicare Advantage
- Law Enforcement (327)
- Federal Employees
- Highmark WV (943)
- Plan Area 362

These members should be advised to contact Member Service to report any changes regarding other insurance.



For more information on COB, please visit : <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-6-billing-and-payment/unit-6-coordination-of-benefits>

The BlueCard[®] Program

The BlueCard® Program

What is BlueCard® ?

- BlueCard® (aka Out-of-Area) is a national program that enables members of one Blue Plan to obtain health care service benefits while traveling or living in another Blue Plan's service area.
- The BlueCard Program lets you conveniently submit claims for Out-of-Area members, including international Blue Plans, directly to Highmark.
- Highmark will be your one point of contact for all your claims-related questions.
- Always look to Highmark first when you need help with information about Out-of-Area members.

How can I identify an Out-of-Area member?

- When members of out-of-area Blue Plans arrive at your office, be sure to ask them for their current ID card.
- The prefix is a key element that is used to identify, confirm a patient's membership and coverage and correctly route claims for processing.

Note: Members who are part of the Blue Cross Blue Shield Federal Employee Program (FEP), which is excluded from BlueCard, will have the letter "R" in front of their Member ID number instead of a 3-character prefix

The BlueCard[®] Program

As your local plan, Highmark is one point of contact for all your claims-related needs.

Submit Claims

- Submit to Highmark if your patient's identification card includes a Blue Cross and Blue Shield service mark, and you do not participate with that member's Home Plan.

Request Investigation / Inquiry

- Submit claim inquiries to Highmark via Availity.
- Do not contact the Home Plan for inquiries submitted through Highmark.
- BlueCard inquiries can take 6-8 weeks to process.

Receive Payment

- You will receive Reimbursement at your Highmark contracted rate.
- You will receive notice on your Highmark Electronic Remittance.

When you participate with 2 BCBSA plans in the same state...

Highmark Member Claims

Must be submitted to Highmark

Member Claims for other Blue Plans in the same state

Must be submitted to the other Blue Plan

All other BCBSA Plan Member Claims

Can be submitted to either Highmark or the other Blue Plan*

For example, a patient lives in the 5 counties of eastern PA that are also serviced by IBC. Highmark members should be submitted to Highmark. IBC members should be submitted to IBC. All other BCBSA member claims can be submitted to either Highmark or IBC.*

NOTES

- A claim cannot be sent to **both** Highmark and other Blue Plan
- Claim adjudication and follow-up must be completed with the plan in which the claim was submitted

*If you have a direct contract with another Home Plan, you must submit those member claims to that Home Plan

BlueCard and Third-Party Administrator (TPA) Members

All medical management is coordinated with the member's Home Plan / TPA

- Medical Management, Medical Policy, and Final Determinations of eligibility are determined by the member's Home Plan / TPA.
- Highmark Policy is not applied.

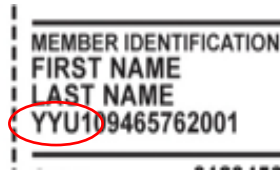
Provider appeals are submitted to the Local Plan.

Peer-to-Peer reviews can be submitted to the Local Plan or directly to the Home Plan / TPA.

The BlueCard® Program

The main identifiers for BlueCard Members are:

The **Three-Character Prefix**: used to identify the Blue Plan or national account to which the member belongs



The **blank suitcase logo** on the ID card: means the member has traditional, Point of Service, or HMO



The **PPO in a suitcase** logo on the ID card: means the member has PPO or EPO benefits



The **MA in a suitcase** logo on the ID card: means they are a Medicare Advantage PPO member



To determine benefits and eligibility for out-of-area patients:

Online via Availity's Eligibility and Benefits > HIPAA Standard Search

Submit an electronic HIPAA 270 transaction to Highmark (registration required with Highmark EDI)

Call BlueCard eligibility
800-676-BLUE (2583)

Click on the following link to find out more about the out-of-area BlueCard program - <https://providers.highmark.com/resources-and-education/highmark-provider-manual/chapter-2-product-information/unit-6-the-bluecard-program>

Resources

Availity Essentials

Both Availity and Highmark's Provider Resource Center (PRC) offer valuable training resources for providers and their teams to make it easier to navigate the portal and its many capabilities.

Training Courses

- Log into [Availity](#).
- Select **Help & Training** tab on the homepage:
 - Click [Get Trained](#) from the drop-down menu and search "Highmark" to view recorded demos and webinars (there were a total of 27 live webinars between September 2023-May 2024). Direct links below (you must be logged into Availity to view).
 - [Availity Essentials Introduction for Highmark Providers - Recorded Webinar](#)
 - [Claim Submission for Highmark Providers - Recorded Webinar](#)
 - [Claims Follow-up & Payment Applications for Highmark Providers - Recorded Webinar](#)
 - [Quick Claims for Highmark Providers - Recorded Webinar](#)

Availity Essentials

Registration Website and Information

- [Essentials Registration & Support](#)

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](#)

Highmark Resources

Information on Highmark's Provider Resource Center

- [Communications Hub](#) – Visit for access to exclusive newsletters, nets and policy updates.
- [Self-Service Hub](#) – One-stop-shop to access Highmark's self-service tools
- [Authorizations](#) – This page contains an abundance of instructional videos and resources.
- [Electronic Claims](#) – Find information and instructions on submitting claims electronically and leveraging self-service tools for claim status and claim inquiry.

Highmark Plan Codes

Plan Code	Location
376 377	SEPA
363 364 378 865	Non-SEPA Pennsylvania
070 570	Delaware
278 379	New York
443 943 944	West Virginia

Highmark Service Centers

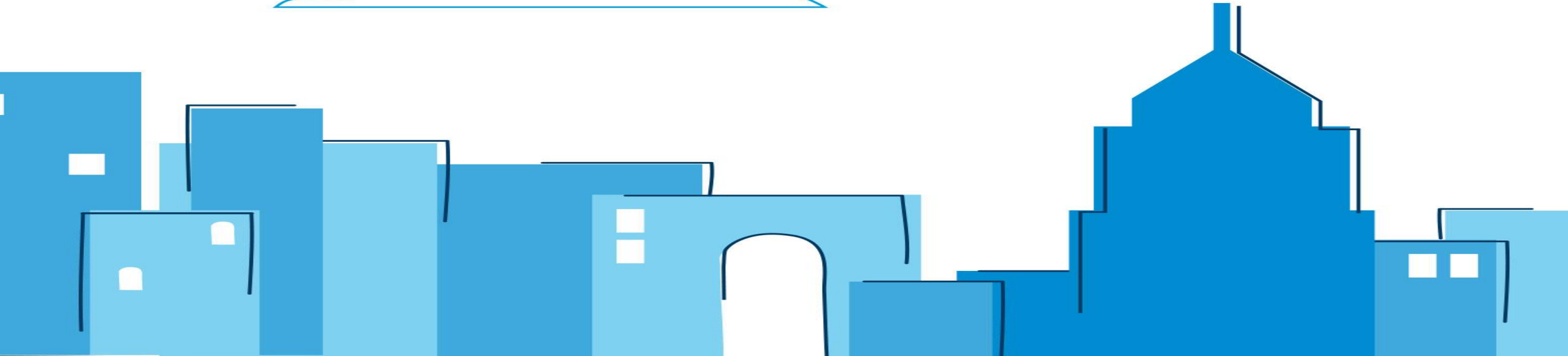
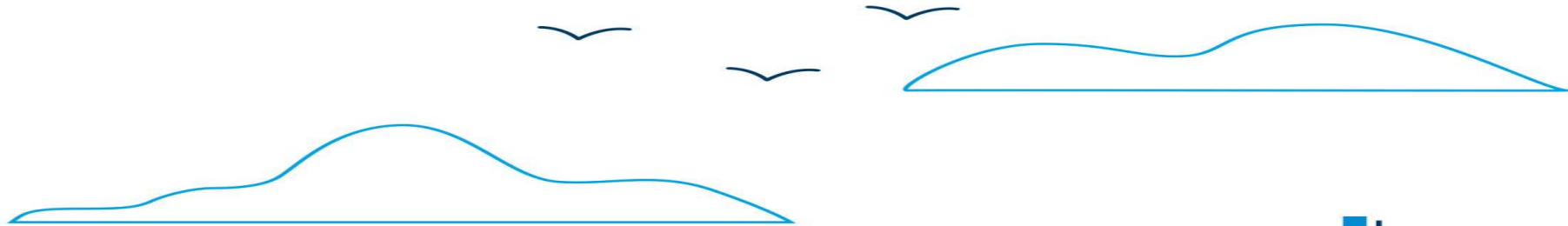
Still have questions? For issues that cannot be resolved using our self-service tools, you can:

- Use the **Contact Us** link at the top of each page.
- The bottom of each section of the PRC also has a link to the **Provider Manual** as well as contact information for the **Provider Service Center** and **Clinical Service**.

The screenshot shows the Highmark website's 'Policies & Programs' page. At the top, there is a navigation bar with links for 'Medicare', 'For Members', 'For Employers', and 'For Brokers'. A 'Contact Us' link is highlighted with a red star. Below the navigation bar, there is a search bar and a 'SEARCH' button. The main content area features a large banner for 'Policies & Programs' with the text 'Learn about Highmark's'. Below this, there is a section for 'Additional Help' with a 'READ THE PROVIDER MANUAL' button. At the bottom, there are two columns for 'Provider Service Center' and 'Clinical Services', each with contact information and a 'CONTACT INFORMATION' link. The footer includes the Highmark logo and the tagline 'Because Life.' along with various links for 'About Highmark', 'Be Informed', and 'Related Sites'.

Questions?

Thank you for attending



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