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The Availity Auth Process: Register for a **TRAINING WEBINAR**

Effective Sept. 23, 2025, all initial medical authorization requests must be submitted via the **Authorizations & Referrals** process in [Availity Essentials®](#) .

To ensure a smooth transition, Highmark and Availity will offer training webinars on the following dates:

- [Thursday, Sept. 18, 12–1 p.m. ET](#) 
- [Tuesday, Sept. 23, 12–1 p.m. ET](#) 
- [Wednesday, Sept. 24, 8–9 a.m. ET](#) 

To register, log into [Availity](#)  and select one of the webinars above.

On-Demand Resources Available

For those who can't attend a live webinar, the Sept. 18 session will be recorded and posted on the Availity Learning Center (ALC). In addition, providers can access on-demand demos on the authorization process in the ALC. To access the ALC:

- Log into [Availity](#) .
- Go to the **Help & Training** tab on the homepage.
- Click [Get Trained](#)  from the drop-down menu to view recorded demos and webinars.

Additional Resources on the Provider Resource Center

- Streamlining Initial Medical Authorizations article in [Provider News](#) 
- [Obtaining Authorizations](#) 
- [Authorization Training & Resources](#) 



24/7 Coverage Requirement Change for BH Practitioners

Applies to Physicians, CRNPs, CNSs, and PA-Cs

Highmark requires that all credentialed network practitioners provide coverage for members 24 hours a day, seven days a week.

Effective Dec. 1, 2025, a referral to a crisis line/center will only be acceptable for **Allied** behavioral health (BH) providers. The crisis line/center option will **not** be acceptable for the following types of BH practitioners:

- Physicians (both MDs and DOs)
- Certified Registered Nurse Practitioners (CRNPs)
- Clinical Nurse Specialists (CNSs)
- Physician Assistant-Certified (PA-Cs)

Acceptable 24/7 coverage can be met by direct telephone access, an answering service, pager, or through an on-call arrangement with another Highmark credentialed participating practitioner of the same or similar specialty and of the same network(s).

If they have not already done so, BH physicians, CRNPs, CNSs, and PA-Cs must establish acceptable 24/7 coverage – other than a referral to a crisis line/center – by **Dec. 1, 2025**.

24/7

SHORT TAKES:

Onboarding Webinar, Fee Schedule Update, and More

Onboarding Webinar for Providers New to Highmark

Learn best practices for navigating Highmark systems, accessing provider manuals and tools, utilizing [Availity Essentials](#) , and more. Held on the third Thursday of each month, these webinars will feature live Q&A with our experts.

Who Is Invited

- Providers new to the Highmark network.
- Providers new to a practice or facility.
- Existing provider staff seeking updated information or a refresher.

To attend the session held on **Thursday, Sept. 18, 12–1 p.m.**, click [here](#) .

Annual Update to Highmark's Professional Fee Schedule and Pricing Methodology

Effective Sept. 1, 2025, Highmark will make its annual update to our standard professional fee and pricing methodology, which applies to the following Highmark's service areas — Delaware, Pennsylvania, and West Virginia — for Commercial lines of business.

For more information, read the article in [June Provider News](#) .

Expanding Access to Affordable Oncology Care

Effective Sept. 1, 2025, Highmark is expanding our Site of Care (SOC) drug management program to include select oncology drugs, continuing our ongoing effort to deliver high-quality and cost-effective care in a setting that is medically appropriate for the level of care being delivered.

The expansion will be applicable to our Commercial and Affordable Care Act (ACA) members in Delaware, Pennsylvania, and West Virginia. As always, please review member benefits to verify individual coverage details.

Click [here](#)  for more details.



HEDIS Help

The following Special Bulletins provide critical guidance on closing gaps for several challenging Healthcare Effectiveness Data and Information Set (HEDIS®) measures:

- [Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis](#) 
- [HEDIS Pediatric Immunization Measures: Protecting Children, Preventing Disease](#) 

How to Validate Your Directory Information

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.

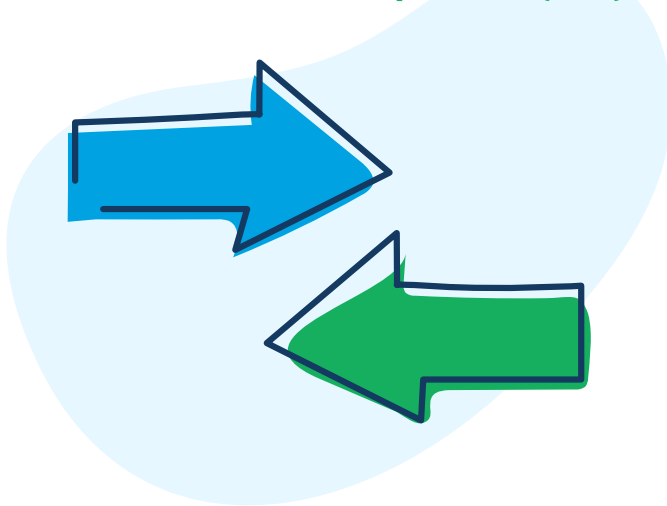
How to Attest

- **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.

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):



RECENTLY UPDATED

Aug. 4, 2025

RP-047 [Venipuncture and Lab Services](#)

This policy will be made applicable to Medicare Advantage professional.

RP-078 [Postoperative Sinus Debridement](#)

Effective **Aug. 4, 2025**, this policy is no longer in use and was archived.

Aug. 25, 2025

RP-020 [Preventive Medicine and Office/Outpatient Evaluation and Management Services](#)

This policy will be updated to add additional billing information and guidelines concerning what is included in the various types of Evaluation and Management Services for Commercial and Medicare Advantage. (**NOTE:** The effective date for this policy update was changed from June 30, 2025, to Aug. 25, 2025.)

RP-059 [Associated Services](#)

Direction in this policy will be updated to include primary procedure medical necessity denials.

UPCOMING

Dec. 1, 2025

RP-029 [Surgical Techniques, Procedures and Related Services](#)

Policy will be made applicable to Medicare Advantage.

RP-033 [Anesthesia Services](#)

A section for Epidural Anesthesia 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.

COMING SOON

Effective Date to Be Determined

RP-068 [Mid-Level Practitioners and Advanced Practice Providers](#)

This policy will be updated for Delaware Commercial to add direction for the pharmacist specialty and will be reimbursed at 85% of the allowance.

Condition Management Programs: Referring Patients via Availity Essentials



As part of Highmark's ongoing efforts to improve member health and well-being, it's now easier to refer your eligible patients into Highmark's Condition Management Programs through the [Availity Essentials®](#)  portal.

Highmark offers a range of digital solutions designed to address specific health needs and provide support for your patients in between office visits. Through Availity, you'll be able to submit referrals for the following solutions:

- [Mental Well-Being powered by Spring Health](#) : Comprehensive mental health support offering therapy appointments (virtual and in-person, where available), coaching, self-guided tools for stress management, burnout and overall wellness, medication management, and 24/7 crisis line.
- [Diabetes Management for Type 2 Diabetes \(Onduo\)](#) : Personalized support and tools for managing Type 2 diabetes.
- [Virtual Joint Health Program powered by Sword](#) : A virtual musculoskeletal program delivering at-home exercises designed by a licensed physical therapist to help members with chronic or acute joint pain.
- [Healthmap](#) : Prevention and management of chronic kidney disease for stages $\geq 3b$.
- [CHF and COPD Management powered by Vida](#) : Personalized health coaching and support for members with CHF and/or COPD.



Referring through Availity Essentials

Referring your patients to these valuable programs is simple:

1. **Log in and Navigate:** Log in to Availity, navigate to **Payer Spaces**, and select the appropriate Highmark branding, then find the Predictal tile, and choose the appropriate organization and provider.
2. **Case Management Referral:** From the briefcase icon, select **Case Management Referral**, then choose "I Acknowledge, Continue."
3. **Member Search:** Search for the member using Member ID, Name, or FEP ID. Select the member and add contact details.
4. **Complete Information and Submit:** Complete all required information, answer the member discussion question, and select a **Digital Solution**. Add comments and submit.
5. **Provider Details:** Select the Facility and Address.
6. **Submitter Information and Verification:** Complete submitter contact information, review the submission, verify, and submit the referral.
7. **Confirmation:** Referral submitted!

The portal will display the Living Health programs for which your patients are eligible based on their current Highmark benefits. Eligibility is determined by the member's specific plan and other factors and is subject to change. We encourage you to talk to your patients about their eligibility and which solution is right for them.

By utilizing the Availity portal, you can ensure your patients have access to the right programs to support their health and well-being.



Back to School, Back to Better Mental Health

A new school year means new challenges for children and adolescents. A new grade, new teachers, and in some cases, a new school, can all add to existing stressors, such as social anxiety, bullying, and peer/social media pressure. For those with conditions like anxiety, depression, or ADHD, these challenges can be especially difficult to manage.



Mental Well-Being powered by Spring Health

The solution is available to Highmark members as young as 6 who are covered under a commercial, ACA, ASO or CHIP PA plan. [Mental Well-Being](#) can treat children, adolescents and teens with low- to high-acuity conditions like:

- **Attention Deficit Hyperactivity Disorder (ADHD)***
- **Anxiety**
- **Bipolar spectrum disorders**
- **Burnout**
- **Depression**
- **Disordered eating**
- **Stress**

***Note:** Spring Health is not able to prescribe controlled substances such as those used for ADHD treatment. Therapy and other services remain available for this condition.

Mental Well-Being offers:

- Clinical provider appointments (therapy, medication management, psychiatry), both virtually and in-person (where available).
- Health and wellness coaching (available for members ages 13+).
- Digital Cognitive Behavioral Therapy (CBT) exercises.
- Self-guided content and educational resources.

Members have flexibility in when and how they receive care. Coaching can be complementary, independent of, or an introductory step to therapy.

Coaches can help teens in areas such as:

- Communication skills
- Future planning
- Relationships
- Self-esteem
- Stress management

Members also have access to a 24/7 Crisis Line.

Care Their Way

Members can choose a provider that meets their needs based on condition, specialty, gender, ethnicity, language, faith, and LGBTQIA+ preferences, so they can feel comfortable and confident choosing a provider that best meets their needs.

Care Navigators are also available to members when they enroll in the solution and can help with provider selection/scheduling.

While therapy or psychiatry appointments are subject to the member's regular cost-share or deductible, coaching is available at no additional cost.

We encourage you to speak to the parents/guardians of your pediatric patients about the benefits of Mental Well-Being.

In addition, you can easily enroll your patients into the solution through the [Availity Essentials®](#)  portal or Spring Health's [online referral form](#) .

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

Spring Health is an independent company that provides mental health care services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental health care services.

Spring Health



HEDIS Tips:

Two Strategies to Increase Adult Vaccinations and Improve Quality Scores



Many adults are not fully vaccinated. With flu season soon upon us, the next four months are a crucial time for protecting patients against influenza, as well as other preventable diseases.

The following two, easy-to-implement strategies can help you and your staff increase vaccinations included in the Adult Immunization Status (AIS-E) measure for HEDIS®. By doing so, you will improve overall patient health, achieve a higher level of quality care, and boost HEDIS scores, which are often connected to Highmark's value-based reimbursement programs.

1. The "Presumptive Approach" and Personalized Recommendation

ACTION: Instead of asking "Are you interested in getting vaccinated today?", providers should presume the patient will get vaccinated and frame the conversation accordingly. For example: *"Okay, Terry, today we're due for your annual flu vaccine. I'll also be recommending the updated COVID-19 vaccine. Do you have any questions about either of those before we proceed?"*

WHY IT WORKS: This approach normalizes vaccination and positions it as a routine part of health care. Coupling it with a personalized recommendation (e.g., *"Because of your age and health history, the COVID-19 vaccine is particularly important for you to protect against serious complications."*) reinforces the provider's expertise and concern for the patient's well-being.

2. Standing Orders and Streamlined Vaccination Processes

ACTION: Implement standing orders that allow nurses and other qualified staff to administer vaccines without requiring a physician's order for each patient.

HOW IT WORKS: Standing orders eliminate a barrier to vaccination and make it easier for patients to get vaccinated during routine appointments. Streamlining the process (e.g., having vaccine consent forms on the patient portal, minimizing wait times) further enhances convenience.

HEDIS and Adult Vaccinations

The AIS-E measure — specified for the commercial, Medicaid, and Medicare product lines — assesses the percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines for the following preventable diseases:

Hepatitis B – Received at least three doses of the childhood hepatitis B vaccine before their 19th birthday, which can include a newborn vaccination; received a hepatitis B vaccine series on or after their 19th birthday, including either a two-dose or three-dose series; or had a positive hepatitis B surface antigen, surface antibody, or total antibody test, a history of hepatitis B illness (excluding lab claims), or anaphylaxis due to the vaccine.

Coding:

- **Adult:** 90739, 90740, 90743, 90744, 90746, 90747, 90759
- **Childhood:** 90697, 90723, 90740, 90744, 90747, 90748

Herpes Zoster (Shingles) – Received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on Oct. 1, 2017, through the end of the measurement period.

Coding: 90750

Influenza – Received vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.

2025-2026 Flu Season Coding: 90653, 90656, 90657, 90658, 90660, 90661, 90662, 90673.

For more coding information, click [here](#).

Pneumococcal – Received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday, before or during the measurement period.

Coding: 90670, 90671, 90677, 90732

Tetanus and Diphtheria (Td) or Tetanus, Diphtheria, and Acellular Pertussis (Tdap) – Received at least one Td or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period.

Coding:

- **Td:** 90714
- **Tdap:** 90715

Additional Resources

For more information on HEDIS measures for Highmark providers, log into [Availity Essentials](#), select your state, go to **Payer Spaces**, choose **Provider Resource Center** from the applications, and then click [here](#).

**HEDIS® — an acronym for Healthcare Effectiveness Data and Information Set — is a registered trademark of NCQA.*

Highmark does not recommend particular treatments or health care services. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should determine the appropriate treatment and follow-up with your patient. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.

Medical Record Retrievals

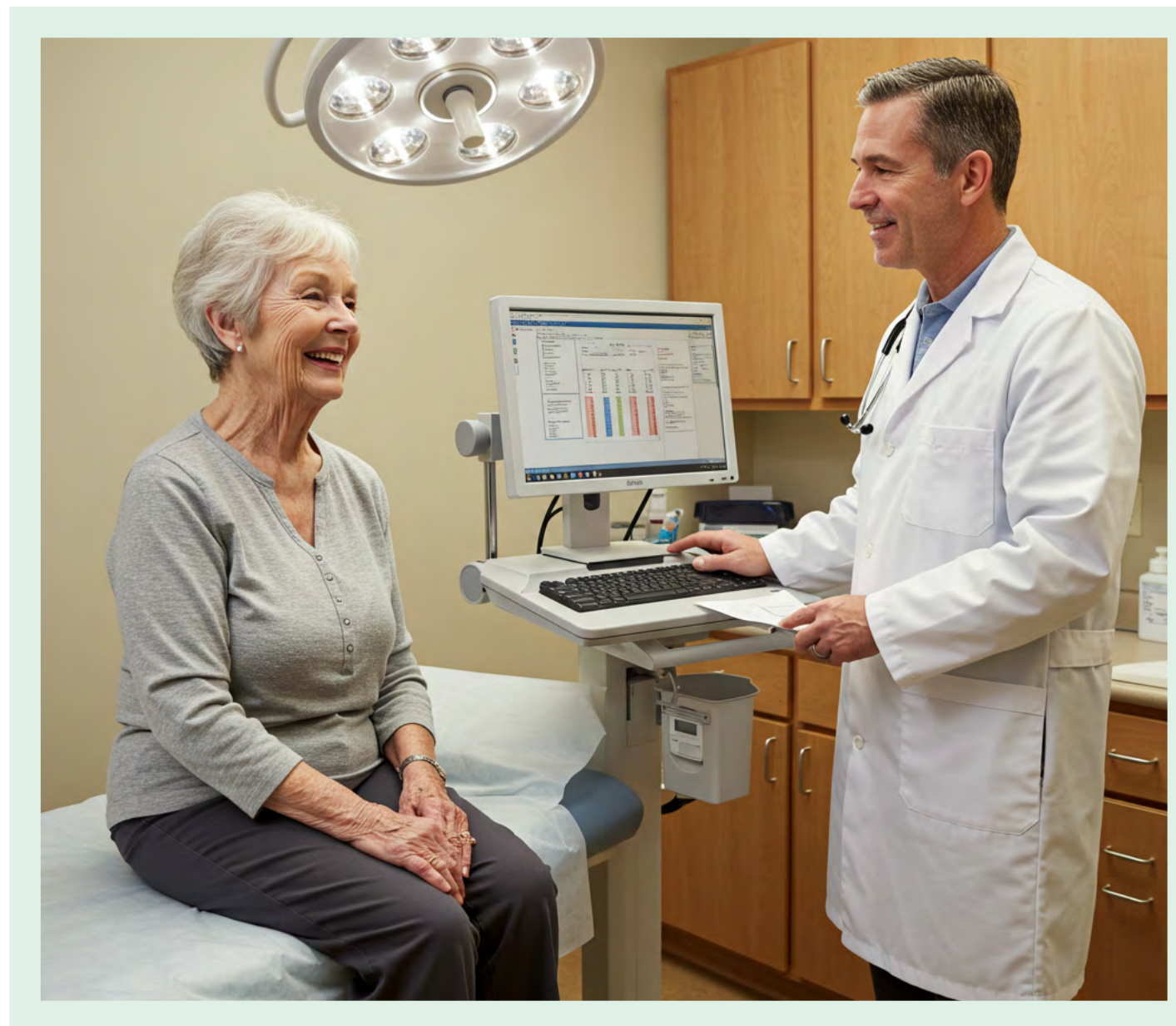
Highmark does its best to minimize the disruption of medical record requests to your practice as we work to meet continued documentation requirements. Whenever possible, we streamline our outreach to help manage multiple requests.

Coordinating Medical Record Retrieval for Other Blue Plans

Highmark Blue Cross Blue Shield will be requesting medical records from you on behalf of other Blue Cross Blue Shield and/or Blue Shield Plans when necessary. These requests are generally made for Medicare Advantage patients who are covered by out-of-area Blue Plans but receive care in Delaware.

You may also receive medical record requests from [Datavant](#)  formerly known as CIOX Health. The company is authorized to retrieve medical records for out-of-area Blue Plan patients who are covered under Affordable Care Act (ACA) programs and Medicare.

Records are requested in support of Healthcare Effectiveness Data and Information Set (HEDIS®); risk adjustment; government-required programs, including the Affordable Care Act (ACA); Health and Human Services; or Centers for Medicare and Medicaid Services (CMS) star-measure reviews. We ask that you respond to all requests from us and Datavant.



Medical Record Retrieval – A Year-Round Process

Timely and effective medical record retrieval is important for ensuring optimal quality reporting and complete and accurate risk scores. Blue Plans participate in medical record retrieval projects year-round. Earlier in the year, you may have received medical record requests regarding these programs:

- Commercial Risk Adjustment (CRA) (2025 Benefit Year)
- Medicare Advantage Risk Adjustment Data Validation (RADV)
- HEDIS

Currently, the following programs are (or will soon be) requesting medical records:

Program	Start Date	End Date
Medicare Advantage Risk Adjustment (MRA)	April 2025	December 2025
Commercial Risk Adjustment Data Validation Audit (HRADV)	June 2025	December 2025
Commercial Risk Adjustment (CRA) (2025 Benefit Year)	October 2025	April 2026

Working with Datavant

Our vendor Datavant is contractually bound to follow HIPAA (Health Insurance Portability and Accountability Act) regulations and preserve all patient-protected health information (PHI).

Medical records may be submitted to Datavant in the following ways:

- **Mail:** Mark *Confidential* on the envelope and mail the medical records to:
Datavant
2222 W. Dunlap Ave
Phoenix, AZ 85021
- **Fax:** 972-957-2168
- **Secure email** to ChartReview@datavant.com

If you have questions about delivery options, please call Datavant at **877-445-9293**.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Quarterly Formulary Updates

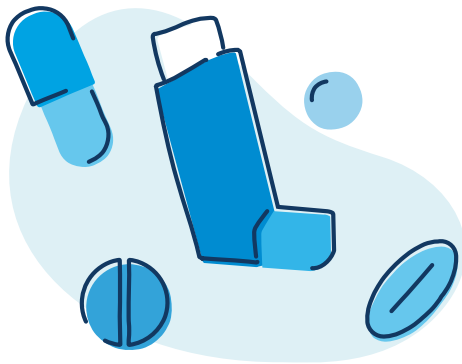
View the [June 2025 updates](#) to Highmark’s prescription drug formularies and related pharmaceutical management procedures at the Formulary Updates page on the **Provider Resource Center (PRC)**.

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.

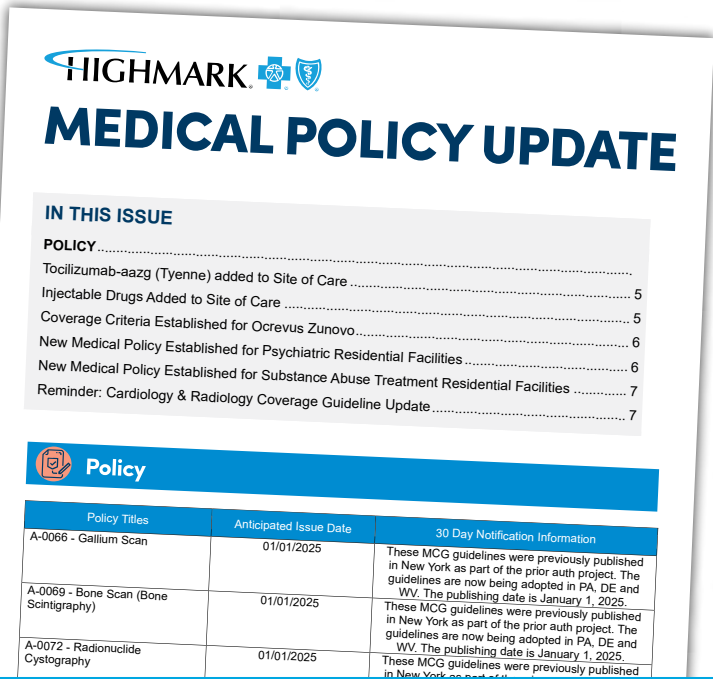


Federal Employee Program (FEP) Drug Formularies and Pharmaceutical Management Procedures

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?](#)



Staying Up to Date with the *Highmark Provider Manual*

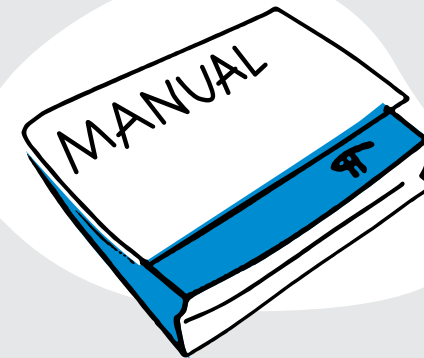
Ensure you are regularly reviewing the [Highmark Provider Manual](#) for our most recent guidance on:

- 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 2: Professional Provider Credentialing**
- **Chapter 3, Unit 3: Professional Provider Guidelines**
- **Chapter 3, Unit 4: Organizational Provider Participation (Facility/Ancillary)**
- **Chapter 4, Unit 2: Behavioral Health Providers**

To see the full list of recent changes, visit the [What's New in the Highmark Provider Manual](#) page.



FREE. FAST. SIMPLE.



**Are You Using
Availity Essentials® for Your
Highmark Transactions?**



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

What Is My Service Area?

Highmark defines its service areas as outlined in the maps.

- 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).

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue Cross companies.

Note: Your office or facility location typically determines Highmark's ability to contract with you for networks serving one or more service areas. Highmark's ability to contract is generally limited to services rendered at locations in Highmark's service areas regardless of whether a provider's location includes locations in and outside of Highmark's service areas.

Legal Information

Highmark Blue Cross Blue Shield Delaware is an independent licensee of the Blue Cross and Blue Shield Association. BlueCard is a registered trademark of the Blue Cross and Blue Shield Association.

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.

Atlas Systems, Inc. is a separate and independent company that conducts physician outreach for Highmark.

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. Healthcare Effectiveness Data and Information Set (HEDIS)[®] and Quality Compass[®] are registered trademarks of the National Committee for Quality Assurance (NCQA). Consumer Assessment of Healthcare Providers and Systems (CAHPS)[®] is a registered trademark of the Agency for Healthcare Research and Quality. CORE is a registered trademark of CAQH.

Note: This publication may contain certain administrative requirements, policies, procedures, or other similar requirements of Highmark Delaware (or changes thereto) which are binding upon Highmark Delaware and its contracted providers. Pursuant to their contract, Highmark Delaware and such providers must comply with any requirements included herein unless and until such item(s) are subsequently modified in whole or in part.

®Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield serves the state of Delaware and is an independent licensee of the Blue Cross Blue Shield Association.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.