

Special Bulletin

For professional providers

May 15, 2024

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

Effective July 15, 2024, Highmark will make its annual update to our standard professional fee and pricing methodology¹, which applies to the following Highmark service areas — Delaware, Pennsylvania, and West Virginia — for commercial lines of business.

This change does **not** affect Highmark's Medicare, Medicaid, or any value-based fee schedule adjustments. The annual update is part of Highmark's continued effort to align with industry standard values and remains non-negotiable for contracted providers.

What Is Changing

The commercial standard professional fee schedule and pricing methodology enables Highmark to:

- Update our fee allowances based on industry research by leveraging different sources and data points, including changes the Centers for Medicare and Medicaid Services (CMS) made to the 2024 Medicare Physician Fee Schedule.
- Continue to bring our fee schedules in closer alignment with Highmark's Value-Based Reimbursement strategies through uniform standard fees.

Download and Review the Fee Schedule

You can review the updated standard professional fee schedule within [Availity](#)[®] beginning **June 15, 2024**. Once you log into [Availity](#), select **Claims & Payments** from the task bar and then **Fee Schedule Listing** from the right side. You can also access fee schedules by going to **Payer Spaces** in Availity, and then select **Provider Resource Center (PRC)** under **Applications**. Once you arrive at the PRC, choose **CLAIMS, PAYMENT & REIMBURSEMENT** from the left menu and click **Fee Schedule Information**.

¹Any changes to the commercial standard professional fee schedule and pricing methodology will comply with 18 Del. Code §§ 3342B and 3556A.

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