

Special Bulletin

Updated December 12, 2023

For professional and facility providers

October 18, 2023

Providers Encouraged to Submit Electronic Authorizations, Forms Removed

In anticipation of an upcoming change in West Virginia Law (Senate Bill 267*), Highmark is encouraging all providers to submit prior authorization requests electronically using our provider portal ([Availity](#)®) – and for pharmacy requests – through [CoverMyMeds](#). Submitting electronically allows for faster reviews and greater transparency around the status of authorization requests.

On **December 1, 2023**, Highmark removed prior authorization forms from the West Virginia [Provider Resource Center](#) (PRC). The removal of the forms will not impact a provider's ability to submit a prior authorization request by phone or fax. However, beginning **July 1, 2024**, all authorization requests will need to be submitted via our provider portal – which is a requirement of West Virginia SB 267*.

Education and Training

Highmark will conduct outreach to ensure providers know how to successfully use the provider portal for authorization requests as well as workflows within the Predictal™ Auth Automation Hub – which enables offices to submit, update, and query these authorization requests.

On **December 11, 2023**, we added authorization submission guides for requests submitted through Availity.

- [Inpatient Authorization Submission \(Both Urgent and Non-Urgent\)](#)
- [Outpatient Authorization Submission](#)

Additional information regarding authorization submission can be found on the PRC by clicking **AUTHORIZATIONS** in the left-hand menu and then Procedures/Service Requiring Authorization.

Tips for Submitting a Prior Authorization Request

When submitting a prior authorization request, be sure to include:

- Patient name, date of birth, and ID/UMI (with prefix)
- Name of requesting provider / contact person
- Requesting provider NPI and BSID
- Requesting provider address, phone number, and fax back number

- Primary diagnosis code(s) and description(s)
- Procedure/service CPT code(s)
- Type of service requested
 - Examples: Inpatient Planned - Elective, Inpatient Planned – Continued Stay, Inpatient Urgent – Initial, Inpatient Urgent – Continued Stay, Outpatient Planned Surgery, Home Health, Skilled Nursing Facility Transfer, Inpatient Rehab Facility Transfer, Long-Term Acute Care Transfer, Physical Therapy, Speech Therapy, Occupational Therapy, Durable Medical Equipment (DME), Hospice, Other Ancillary Service/Procedure
- Start of care date
- Number of requested visits/units (if applicable)
- Facility name, NPI, BSID, and address
- Admitting/servicing provider’s name, NPI, BSID, and address

If you need assistance regarding electronic authorization workflows, you can email us at ElecAuthSubmit@highmark.com.

**West Virginia Senate Bill 267 requires prior authorizations to be submitted via an electronic portal. For more information on the bill, visit <https://www.wvlegislature.gov>.*

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