PR 15-08

SPECIAL BULLETIN

FOR HEALTH OPTIONS PROVIDERS **FEBRUARY 2, 2015**

HEALTH OPTIONS: BEHAVIORAL HEALTH SERVICES

Highmark Blue Cross Blue Shield Delaware now offers Medicaid benefits to Delawareans through Health Options. As you know, Health Options benefits were effective on Jan. 1, 2015.

We are in the process of making updates to the Health Options provider manual, but wanted to share the following information about behavioral health services, authorizations and claims submission with you:

- Outpatient office visits for behavioral health services **do not** require an authorization if they are rendered by a participating Health Options provider.
- The following behavioral health services require authorization:
  - Behavioral health-related admissions, including mental health or substance abuse
  - Electroconvulsive therapy (ECT)
  - Intensive outpatient
  - Partial hospitalization
  - Psychological testing
  - Residential treatment facility
  - Any services provided by an out-of-network practitioner
- You can find more information about the behavioral health services that require prior authorization in Sections 3.2 and 5.1 of the Health Options provider manual.
  - The Health Options provider manual is available online at **www.highmarkhealthoptions.com**.
- You can fax behavioral authorization requests to the Behavioral Health department at 1-855-412-7997.
  - The *Behavioral Health Authorization Request Form* is available under the *Providers Forms* section of **www.highmarkhealthoptions.com**.
  - We will manage authorization requests, including after-hour requests, by the next business day.

BEHAVIORAL HEALTH DEPARTMENT AND NURSE LINE CONTACT INFORMATION

Health Options providers and members can reach the Behavioral Health Department by phone at 1-844-325-6257, M – F, 8 a.m. to 5 p.m.

Members also have access to the Health Options 24-hour Nurse Line at 1-855-445-4241. The Nurse Line staff support members 24 hours a day with information on managing health care needs. In the event a member is in crisis, the Nurse Line staff can give the member information about the nearest crisis services. Members who call the Nurse Line will be referred to a Health Options Clinical Care Coordinator the next business day.

(*over, please*)

Health Options
Highmark Blue Cross Blue Shield Delaware

CLAIMS, BILLING AND REIMBURSEMENT

Providers must submit claims for all services rendered, regardless of reimbursement methodology. Claims must be received within 120 days from the date of service.

Health Options accepts electronic and paper claims, but we encourage you to submit electronic claims.

Electronic Claim Submission (Preferred)

- You can send electronic data interchange (EDI) claims to Emdeon (either directly or through your clearinghouse/vendor) using Health Options payor ID number **47181**.
- Health Options uses Emdeon to transfer the 835 version 4010A health care remittance.
- You may receive electronic claims remittance advice (ERA) and electronic funds transfer (EFT).

Paper claims can be mailed to:

Health Options – Claims Department
P.O. Box 830419
Birmingham, AL 35283

Claim inquiries for administrative/medical review should be mailed to:

ATTN: Claims Review Department, Health Options
P.O. Box 22218
Pittsburgh, PA 15222-0218

You can find more information about claims, billing and reimbursement in Chapter 7 of the Health Options provider manual (available online at **www.highmarkhealthoptions.com**).