

# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

DECEMBER 19, 2014

## HEALTH OPTIONS PROVIDER MANUAL UPDATED

As you know, Health Options is Highmark Blue Cross Blue Shield Delaware's (Highmark Delaware's) managed care organization contracted with the State of Delaware to provide Medicaid benefits.

In early December, we published the Health Options provider manual (see PR 14-72 for more details). We continue to learn new details from the State of Delaware about the Medicaid program, and as a result, have made changes to the provider manual. Please see the summary below for details on these changes.

- The timely filing date for Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims is **120** days.
  - The following chapters and units were updated to reflect this:
    - Chapter 3, Unit 3
    - Chapter 7, Units 1 and 2
- Prosthetics and Orthotics are a covered service, but prior authorization is required if the dollar amount is more than \$500.
  - The following chapter and unit was updated to reflect this:
    - Chapter 3, Unit 1

We are committed to informing you of any changes regarding Health Options. Please contact your Provider Relations Representative if you have questions about this communication.

Thank you for your continued support.

To access the Health Options provider manual, visit [www.highmarkhealthoptions.com](http://www.highmarkhealthoptions.com) and choose *Providers* from the menu at the top of the page). Then, scroll down and select the "Health Options Provider Manual" link.

You can also view the manual on the Highmark Delaware Provider Resource Center (accessible via NaviNet® or [www.highmarkbcbsde.com](http://www.highmarkbcbsde.com)). Select *Administrative Reference Materials* from the menu on the left and then choose *The Health Options Provider Manual*.

