

Eligible Providers

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

1. For reimbursement by the Plan, covered services must be performed by an eligible professional provider or performed under that provider's supervision (in accordance with the licensure, certification and/or employment criteria).
2. Eligible professional providers

Eligible professional providers are those providers duly licensed or certified by the state and acting within their state defined scope of license. They include:

- Audiologists
- Behavior health rehabilitation agency providers (solely for the diagnosis or treatment of autism spectrum disorders)
- Behavior specialist
- Certified registered nurses as follows:
 - Certified registered nurse anesthetists
 - Certified registered nurse practitioners (CRNPs can function as PCPs in pediatrics, internal medicine or family practice; or they can function as specialists in neonatology, diabetes management, women’s health, oncology, gerontology, psychiatry/mental health)
 - Certified registered nurse midwives
 - Certified enterostomal therapy nurses
 - Certified community health nurses
 - Certified psychiatric mental health nurses
- Clinical laboratories
- Dentists
- Doctor of Chiropractic
- Doctor of Medicine
- Doctors of osteopathy
- Licensed clinical social workers
- Licensed dietitian-nutritionists
- Marriage and family therapists
- Occupational therapists
- Optometrists
- Physical therapists
- Physician assistants
- Podiatrists
- Professional counselors
- Psychologists
- Speech pathologists
- Teachers of the hearing impaired

Eligible professional providers (as listed above) are not subject to these employment and/or supervision requirements. Rather, they are governed by the state licensure or certification statutes and regulations applicable to their profession.

The Plan will also reimburse covered services performed by state licensed or state certified health care practitioners, who are employed and supervised by eligible professional providers. For purposes of this guideline, "health care practitioner" is defined as a person who is state licensed or state certified to perform health-related services, but is not eligible for direct reimbursement from the Plan.

References

Clinical Policy Management Committee – May 06, 2021.

POLICY UPDATE HISTORY

09/28/2022	Approved in Medical Policy Committee
10/2022	Approved in QI/UM

