Provider Notice: Reminder Regarding Prior Authorization Requirements for Non-Participating Providers

Important Reminder: Prior Authorization Required for Non-Participating Providers

Home State Health would like to remind participating providers that **prior authorization is required before services are rendered by a non-participating (out-of-network) provider or facility**. **To be a participating provider you must have an active agreement directly with Home State Health.**

This requirement applies to:

- Non-participating physicians and specialists
- Non-participating ancillary providers
- Non-participating inpatient facilities
- Non-participating outpatient facilities
- Services billed with Place of Service (POS) codes:
    - 14 – Group Home
    - 33 – Custodial Care Facility
    - 55 – Residential Substance Abuse Treatment Facility
    - 56 – Psychiatric Residential Treatment Facility

When referring Home State Health members for specialty services, we encourage providers to utilize our extensive network of participating specialists whenever possible. Home State Health maintains a broad network of specialty providers to support member access to quality care.

If a member's clinical needs require referral to a **non-participating provider or facility**, please ensure that a **prior authorization request is submitted and approved before services are rendered**. Failure to obtain the required authorization may result in administrative denials or delays in claims processing.

For assistance locating participating providers, please visit our Provider Directory: Find A Provider**.**

To check prior authorization requirements please access our Prior Authorization Pre Check tool Medicaid Pre-Auth.

We appreciate your partnership and commitment to helping members receive timely, coordinated care while ensuring compliance with Home State Health authorization requirements.