



***An important
message from
Provider Relations***



**Prior Authorization Reminder
Quantitative Drug Testing and Molecular Diagnostic (Genetic) Testing**

Home State Health Plan requires prior authorization for certain services, including all **Quantitative Drug Testing for Drugs of Abuse** or **Molecular Diagnostic (Genetic) Testing**.

Certain laboratory providers have experienced a high number of claim denials for both Quantitative Drug Testing for Drugs of Abuse and Molecular Diagnostic Testing due to lack of authorization by the ordering provider. **It is the ordering provider's responsibility to request prior authorization for Quantitative Drug Testing for Drugs of Abuse and Molecular Diagnostic Testing services.**

Home State Health Plan requires laboratory providers to contact ordering providers to verify that authorization numbers have been obtained for these services. Home State Health Plan will not pay claims for laboratory tests when a required prior authorization has not been obtained by the ordering physician. As the laboratory rendering the service, you may also want to take steps to ensure that ordering physicians obtain the required prior authorization for tests that they refer to you. Some suggestions include:

- Making a field available on your requisition form for the referring physician to enter an approval number.
- Outreaching to your referring physicians to remind them of the prior authorization requirement.
- Notifying your referring physicians how you would like for them to confirm that prior authorization has been obtained for the appropriate tests.

**Prior Authorization Change
Specialized Radiation Therapy**

Effective June 6, 2014, Home State Health Plan will require prior authorization for Intensity Modulated Radiotherapy, Stereotactic Radiosurgery, and Proton/Neutron Beam Therapy. Specific codes for these services are listed on our Web Site at www.HomeStateHealth.com until the effective date at which time the prior authorization prescreen tool should be utilized as outlined below.

Helpful Tools

You may determine which specific codes require prior authorization by visiting our website at www.HomeStateHealth.com and clicking on the Prior Auth Needed tab. The Prior Auth Needed tab will take you to our PreScreen Tool. Just enter the CPT code and the PreScreen Tool will advise you whether the service requires prior authorization.

You may submit the prior authorization request by utilizing our Secure Web Portal at www.HomeStateHealth.com, by fax at 866-286-1811, or by contacting Home State's Medical Management department at 855-694-4663.

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions? Contact Provider Relations at 1-855-694-4663.