



home state health.

**Member Services**

Please direct all members inquires to 855-694-HOME (4663)

**Provider Services**

Billing/Claim Questions 855-694-HOME (4663)

**Prior Authorizations**

You may also *fax requests* to: Medical – 855-286-1811 BH/SA – 866-694-3649 PT/ST/OT – 855-847-1011

**For High Tech Imaging,**

request via phone or web at: 1-800-308-2615 · www.radmd.com

**Inpatient Admissions**

*Fax clinical information to:* Admissions – 866-390-2739 Concurrent Review – 866-390-3139

**Secure Website** is available 24/7 at [www.homestatehealth.com](http://www.homestatehealth.com)

- Obtain listing of Home State patients, their benefits, eligibility, other insurance & PCP
- Find a Network Provider
- Submit claims, check claim status, payment history and EOPs
- Submit and view authorizations
- View patient Health Record
- And much more...

# Provider Information for Medical Services

## These procedures and services require PRIOR AUTHORIZATION

**This list is not all-inclusive.** Visit [HomeStateHealth.com](http://HomeStateHealth.com) and use the **Pre-Screen Tool** or call our **Authorization Department** with questions. Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

### Procedures/Services

- ✓ All procedures and services performed by **out-of-network** providers (except ER, urgent care and family planning)
- ✓ Potentially **Cosmetic** including but not limited to: bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures, reconstructive or plastic surgery
- ✓ High Tech Imaging (ie.CT,MRI,PET)
- ✓ Hysterectomy
- ✓ Sleep Studies
- ✓ Oral Surgery
- ✓ Pain Management

### Inpatient Authorization

- ✓ **All elective/scheduled admissions /observations at least 5 business days prior** to the scheduled date of admit **Observation stays less than 24 hours billed in conjunction with an emergency room visit do not require prior authorization**
- ✓ All services performed in out-of-network facility
- ✓ Hospice care
- ✓ Rehabilitation facilities
- ✓ Skilled nursing facility
- ✓ Transplants, including evaluation

Notification must be received for all Urgent/ Emergent Admissions and Observation stays:

- ✓ Within **1 business day** following date of admission
- ✓ Newborn Deliveries must include birth outcomes

### Ancillary Services

- ✓ Air Ambulance Transport (non-emergent fixed wing airplane)
- ✓ DME (code specific). Please refer to the online pre- screen tool to determine if prior authorization is required.
- ✓ Home health care services including home hospice, home infusion, skilled nursing, personal care services, and therapy
- ✓ Orthotics/Prosthetics (code specific). Please refer to the online pre- screen tool to determine if prior authorization is required.
- ✓ Therapy (ongoing services) Occupational Physical Speech
- ✓ Hearing Aid devices including cochlear implants
- ✓ Genetic Testing

Prior Authorization (PA) may be submitted by fax, phone, or website. After normal business hours and on holidays, calls are directed to NurseWise, Home State's 24-hour nurse advice line. Notification of authorization decision will be returned by phone, fax or web.

HomeStateHealth.com 1-855-694-HOME (4663)

## Behavioral Health/Substance Abuse

Includes crisis intervention/access, inpatient and outpatient services. Must use Cenpatico network providers. A listing can be found on our website under Find a Provider. Some services require prior authorization through **Cenpatico**.

## Claims Submission

Claims can be submitted within 180 days of treatment date. **Electronic Claim Submissions** can be submitted through our secure web portal or by using an approved clearinghouse: (Payer ID – 68069)

- Emdeon
- Trizetto
- Avility
- SSI

For Paper claims submission, mail to:  
PO Box 4050, Farmington, MO 63640-3829

## Dental Services

Includes preventative, diagnostic, and treatment services. Must use **Evolve Dental** network providers. A listing can be found on our website under Find a Provider.

## Emergency Room Care

**Available 24/7. No prior authorization** is required for urgent or emergent care. Members may access the closest emergency room regardless of facility network status.

## Laboratory Services

Must use in-network provider for all lab services. National lab vendors include LabCorp and Quest. Other network lab providers can be found on our website under Find a Provider.

## Medical Necessity Review

Home State requires prior authorization and concurrent review in order to conduct medical necessity review. InterQual criteria are used to determine medical necessity for most services.

## Notification of Pregnancy

Providers must submit a NOP form at the time of the first prenatal visit. Forms may be faxed or submitted on our website. All pregnant members are enrolled in our **Start Smart for Your Baby** program.

## Out-of-Network Providers

Except for emergency services, members should be directed to in-network providers unless otherwise approved by Home State.

## Pain Management

Prior authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections require notes documenting progress since previous injections.

## Pharmacy Services

Pharmacy services are not covered by Home State Health Plan. These continue to be covered under the Missouri HealthNet FFS program.

## Sterilizations

Sterilization Informed Consent form must be submitted with the claim for this procedure. The surgeon is ultimately responsible for obtaining the required written informed consent. Failure to comply with any of the requirements will result in denial of all claims associated with the procedure. Sterilization is any procedure performed with the primary purpose of rendering a male or female permanently incapable of reproducing.

## Therapies

Prior authorization is not required for the initial evaluation by an in-network provider. PA is required for continuation of services. Must submit supportive documentation including the physician order for treatment. Authorization is provided for a specified number of visits and within a specified date span. Must bill using appropriate GN, GO, GP modifier.

## Transportation Services

Non-emergent transportation is covered for members and children to access covered medical services. Certain limits apply. Contact Medical Transportation Management **(MTM) at 1-888-561-8747 (Providers)** to arrange transportation services for members. (Members call **1-877-644-6443**.)

## Vision

Benefits vary by age and category of eligibility. Must use **Evolve Vision Services** Managed Vision Optometrist and Ophthalmology network providers which can be found on our website using Find a Provider. All services performed by Optometrist and Ophthalmology should be submitted to Evolve Vision.