# Provider Information for Medical Services

These procedures and services require PRIOR AUTHORIZATION

<table>
<thead>
<tr>
<th>Procedures/Services</th>
<th>Inpatient Authorization</th>
<th>Ancillary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ All procedures and services performed by <strong>out-of-network</strong> providers (except ER, urgent care and family planning)</td>
<td>✔ All elective/scheduled admissions /observations at least 5 business days prior to the scheduled date of admit</td>
<td>✔ Air Ambulance Transport (non-emergent fixed wing airplane)</td>
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<tr>
<td>✔ Potentially <strong>Cosmetic</strong> including but not limited to: bariatric surgery, blepharoplasty, mammoplasty, otoplasty, rhinoplasty, septoplasty, varicose vein procedures, reconstructive or plastic surgery</td>
<td>✔ Observation stays less than 24 hours billed in conjunction with an emergency room visit do not require prior authorization</td>
<td>✔ DME (code specific). Please refer to the online pre-screen tool to determine if prior authorization is required.</td>
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<tr>
<td>✔ High Tech Imaging (ie.CT,MRI,PET)</td>
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<td>✔ Home health care services including hospice, home infusion, skilled nursing, personal care services, and therapy</td>
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<tr>
<td>✔ Hysterectomy</td>
<td>✔ Hospice care</td>
<td>✔ Orthotics/Prosthetics (code specific). Please refer to the online pre-screen tool to determine if prior authorization is required.</td>
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<tr>
<td>✔ Sleep Studies</td>
<td>✔ Rehabilitation facilities</td>
<td>✔ Therapy (ongoing services)</td>
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<tr>
<td>✔ Oral Surgery</td>
<td>✔ Skilled nursing facility</td>
<td>Occupational Physical Speech</td>
</tr>
<tr>
<td>✔ Pain Management</td>
<td>✔ Transplants, including evaluation</td>
<td>✔ Hearing Aid devices including cochlear implants</td>
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<tr>
<td>▪ Obtain listing of Home State patients, their benefits, eligibility, other insurance &amp; PCP</td>
<td>✔ Notification must be received for all Urgent/ Emergent Admissions and Observation stays:</td>
<td>✔ Genetic Testing</td>
</tr>
<tr>
<td>▪ Find a Network Provider</td>
<td>✔ Within 1 business day following date of admission</td>
<td></td>
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<tr>
<td>▪ Submit claims, check claim status, payment history and EOPs</td>
<td>✔ Newborn Deliveries must include birth outcomes</td>
<td></td>
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<tr>
<td>▪ Submit and view authorizations</td>
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<td></td>
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<tr>
<td>▪ View patient Health Record</td>
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<td></td>
</tr>
<tr>
<td>▪ And much more...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
# Medical Services Quick Reference Guide

## 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
- Gateway
- SSI

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

## Dental Services
Includes preventative, diagnostic, and treatment services. Must use DентаQuest 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 FFS.

## 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. Contact Cenpatico STRS for prior authorization of home and outpatient based therapies.

## 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 Opticare 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 Opticare.