



home state health.

Member Services

Please direct all members inquires to
1-855-694-HOME (4663)

Provider Services

Billing/Claim Questions
1-855-694-HOME (4663)

Prior Authorizations

You may also **fax requests** to:
Medical – 1-855-286-1811
BH/SA – 1-866-694-3649

**For High Tech Imaging
For Therapy (PT, OT, ST)**

Request via phone or web at:
1-855-694-4663 · www.radmd.com

Inpatient Admissions

Fax clinical information to:
Admissions – 1-866-390-2739
Concurrent Review – 1-866-390-3139

Secure Website is available
24/7 at **HomeStateHealth.com**

- Obtain listing of Home State patients, their benefits, eligibility, other insurance & PCP information
- 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** 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
- ✓ Physical Therapy
- ✓ Occupational Therapy
- ✓ Speech Therapy

Inpatient Authorization

- ✓ **All elective/scheduled admissions /observations at least 5 business days prior** to the scheduled date of admit
 - ✓ All services performed in out-of-network facility
 - ✓ Hospice care
 - ✓ Rehabilitation facilities
- 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.
- ✓ Hearing Aid devices including cochlear implants
- ✓ Home health care services including home hospice, home infusion, skilled nursing, and personal care services, and therapy
- ✓ Genetic Testing
- ✓ Orthotics/Prosthetics (code specific). Please refer to the online pre-screen tool to determine if prior authorization is required.
- ✓ Therapy – Occupational, Physical, Speech

Prior Authorization (PA) may be submitted by fax, phone, or website. After normal business hours and on holidays, calls are directed to Envolve PeopleCare, 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 in-network providers. A listing can be found on our website under Find a Provider. Some services require prior authorization.

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 **Involve 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 portal. Select eligibility, assessments, notification of pregnancy. 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, with the exception of speech. 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 NIA 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 **1-855-694-4663** to arrange transportation services for members.

Vision

Benefits vary by age and category of eligibility. Must use **Involve 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 Involve Vision.