home state health

An important message from Provider Relations



Payment Policy Updates

Effective November 1, 2018

Thank you for your continued partnership with Home State Health. As you know, Home State continually reviews and updates our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. This notice is to inform you of new policies Home State Health will be implementing **effective November 1, 2018.**

In order to align with standard coding guidelines, encourage appropriate utilization of resources, and encourage the highest quality treatment, effective for dates of service beginning **November 1, 2018**, Home State is implementing three new policies and practices. We will apply these as medical claims reimbursement edits within our claims adjudication system. These policies address coding inaccuracies including diagnosis to procedure code mismatch, inappropriately modified procedures, unbundling, incidental procedures, duplication of services, medical necessity requirements and health plan specific payment rules for procedures and services. They are developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association's Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society guidance.

Our current payment policies, including these policies, are located on our public website at www.homestatehealth.com. Below is a matrix outlining the three polices and the products where they will be applied.

Please don't hesitate to reach out to your Provider Partnership Associate with any questions you may have.

Number	Policy Name	Policy Description	Line of Business
CC.PP.061	Non-obstetrical Pelvic and Transvaginal Ultrasounds	The purpose of this policy is to define payment criteria for multiple non-obstetrical ultrasound images in a single session.	Medicare, Marketplace
CC.PP.063	Place of Service Mismatch	The purpose of this policy is to identify instances in which a procedure code is billed with an inappropriate place of service per CPT/HCPCS guidelines.	Medicaid, Medicare, Marketplace
CP.MP.156	Cardiac Biomarker Testing for Acute Myocardial Infarction	This policy discusses the medical necessity requirements for testing of cardiac biomarkers.	Medicaid, Medicare, Marketplace

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