



An important message from  
**Provider Relations**



**New Payment and Clinical Policy**

**Effective January 15, 2020**

Ambetter from Home State Health is implementing Payment & Clinical Policies that will guide how claims for certain services are adjudicated and paid. We will be instituting these policies to provide clinically based rule content to evaluate claims against payment and clinical policies to ensure accurate reimbursement. This is in addition to all other reimbursement processes that Ambetter from Home State Health currently employs. The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits.

The policies listed below are effective **January 15, 2020 for Ambetter from Home State Health**. Several of these are already active for Home State Health's Medicaid and/or Medicare (Allwell) products.

Our current payment policies, including these policies, are located on our public website at [www.homestatehealth.com](http://www.homestatehealth.com). Below is a matrix outlining the six polices.

Number	Policy Name	Policy Description	Line of Business
CP.MP.149	Testing for Rupture of Fetal Membranes	This policy defines medical necessity criteria for testing for rupture of fetal membranes using AmniSure®, Actim® PROM and the ROM Plus Fetal Membranes Rupture Test for the diagnostic evaluation for premature rupture of membranes.	Medicaid, Marketplace (01/15/20)
CC.PP.052	Problem Oriented Visits Billed with Surgical Procedures	This policy is designed to prevent duplicate payments that occur when a provider is reimbursed for resources not directly consumed during the provision of a service.	Medicaid, Medicare, Marketplace (01/15/20)
CC.PP.054	Physician's Consultation Services	This policy defines payment criteria for consultation services when making payment decisions and administering benefits.	Marketplace (01/15/20)
CC.PP.055	Physician's Office Lab Testing	This policy defines payment criteria for in-office laboratory procedures when making payment decisions and administering benefits.	Medicaid, Medicare, Marketplace (01/15/20)
CC.PP.057	Problem Oriented Visits Billed with Preventative Visits	The purpose of this policy is to define payment criteria for problem-oriented visits when billed with preventative visits in making payment decisions and administering benefits.	Medicaid, Medicare, Marketplace (01/15/20)
CC.PP.053	Leveling of Emergency Room Services	The purpose of this policy is to provide a guide for program integrity/payment for emergency room services.	Medicaid, Medicare, Marketplace (01/15/20)