



Dear Provider,

Thank you for your continued partnership with Wellcare by Allwell and Ambetter from Home State Health. As you know, we continually review and update 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. We are writing today to inform you of the revision to existing policies Wellcare by Allwell and Ambetter from Home State Health will be implementing effective **April 1, 2026**.

Policy Number	Policy Name	Policy Summary
CG.CP.MP.01	Infectious Disease: Respiratory Lab Testing	This policy outlines criteria for Syndromic/Multiplex Respiratory Panels with 6 or More Targets, SARS-CoV-2, RSV, or Influenza A/B, OR Multiplex Respiratory Viral Panels with 5 or Fewer Targets, Bacterial Respiratory Infection/Pneumonia Panels, Influenza A and B Antibody Tests, Group A Streptococcus Pharyngitis Tests, Group A Streptococcus Pharyngitis Cultures, and Group A Streptococcus Antibody Tests.
CG.CP.MP.02	Infectious Disease: Multi-System Lab Testing	This policy outlines the appropriate use of tests for pathogens that can cause multisystem symptoms and/or infections. Tests for pathogens that infect multiple body systems can be targeted to detect a specific pathogen(s) or non-targeted to broadly detect nucleic acid from any potential pathogen.
CG.CP.MP.03	Infectious Disease: Dermatologic Testing	This policy outlines the appropriate use of Microscopy/Peroxidase Tests, Fungal Culture, and Culture-Independent Molecular Tests (NAAT/PCR) for Onychomycosis.
CG.CP.MP.04	Infectious Disease: Gastroenterologic Lab Testing	This policy outlines appropriate use of multi-pathogen panels, as well as diagnostic assays targeted at Helicobacter pylori (H. pylori).
CG.CP.MP.05	Infectious Disease Primary Care and Preventive Lab Screening	This policy outlines criteria for human papillomavirus (HPV), hepatitis C virus (HCV), and group B streptococcus (GBS).
CG.CP.MP.06	Infectious Disease: Vector-Borne and Tropical Diseases Lab Testing	This policy outlines criteria for Lyme disease and Zika virus testing via serologic and molecular methods.
CG.CP.MP.07	Infectious Disease: Genitourinary Lab Testing	This policy outlines criteria for Targeted Vaginitis/Vaginosis Pathogen Testing, Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels, Urine Culture for Asymptomatic Bacteriuria, and Molecular/Multiplex UTI Panels.
CG.PP.551A	Genetic and Molecular Testing-Version A	This payment policy is supporting the entire Concert genetic testing QAI program. Concert outreaches to labs that have not already registered with them to inform them of the GTU and which codes are assigned to their tests as payable (never more than 5 per test), but registration is not required for them to have claims edited upon. This version (A) requires Concert's unique genetic test identifier, the GTU, on every genetic testing claim.
CG.PP.551C	Genetic and Molecular Testing-Version C	This payment policy is supporting the entire Concert genetic testing QAI program. Concert outreaches to labs that have not already registered with them to inform them of the GTU and which codes are assigned to their tests as payable (never more than 5 per test), but registration is not required for them to have claims edited upon. This version (B) only requires a procedure code description (recommended to use the GTU but test name would also suffice) for the non-specific codes, 81479, 81599 and Tier 2 Codes.
CG.CC.PP.01	Concert Laboratory Payment Policy	This policy outlines correct coding requirements for lab testing, excluding and molecular testing
MC.CP.MP106	Endometrial Ablation (Medicare)	This policy describes the medical necessity guidelines for an endometrial ablation given the absence of coverage criteria provided by the Centers for Medicare and Medicaid Services (CMS) and the applicable Medicare Advantage Contractors. Endometrial ablation is a minimally invasive surgical procedure used to treat premenopausal abnormal uterine bleeding. ^{2,12,21} Although this procedure preserves the uterus, endometrial ablation is indicated for those who have no desire for future fertility. ¹¹ The two major classifications of endometrial ablation procedures are first generation resectoscopic techniques and



		second generation nonresectoscopic methods. Quality of life resulting from reduced bleeding and amenorrhea may improve following endometrial ablation procedures.
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For detailed information about these policies, please refer to our website at <https://www.homestatehealth.com/providers/tools-resources/clinical-payment-policies.html> . And for questions about this or any of our payment policies, please don't hesitate to reach out to our Provider Services teams at 1-800-977-7522 (TTY: 711) or 1-855-650-3789 (TTY: 711).

Sincerely,

Wellcare by Allwell and Ambetter from Home State Health