



Show Me Healthy Kids
MANAGED BY HOME STATE HEALTH



7711 Carondelet Ave.
St. Louis, MO 63105

New and Updated Clinical Payment Policies: *December 20th, 2026*

Thank you for your continued partnership with Home State Health Plan.

As you know, we continually review and update our payment and clinical 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 new and/or revised policies Home State Health Plan will be implementing December 20th, 2026.

Policy Number	Policy Name	Policy Description	Lines of Business
HIM.CP.MP.395	Coverage for Gender Affirming Procedures	(NEW) Policy created. To adhere to both state-specific mandates and the Federal Marketplace Integrity and Affordability Final Rule – 45 CFR § 156.115(d), this policy describes coverage for Health Insurance Marketplace health plans by listing which states do and do not consider gender affirming procedures an essential health benefit.	Marketplace
V2.2025	Concert Genetic Testing: Nutrition and Metabolism	(NEW) Policy created with criteria incorporated from other policies: G6PD Variant Analysis criteria incorporated from Concert Genetic Testing: Hematologic Conditions (Non-Cancerous); MTHFR Variant Analysis and Other Covered Metabolic Disorders criteria incorporated from MTHFR Variant Analysis. References, rationale, background and coding updated. "Investigational" policy statements changed to state that "current evidence does not support..."	Medicaid
HIM.CP.BH.500 CP.MP.500	Behavioral Health Treatment Documentation Requirements	Annual review. In policy statement I removed "Centene Advanced Behavioral Health". Added a note "Billed units not fully...". In I.C. added note "If legal name differs from the preferred name...". Added I.F. "Certification of the mental health diagnosis is rendered...." In. I.G. added "...with applicable code". In. I.L. clarified the statement by adding that documentation supports and clearly justifies the requested frequency and duration of services based on the member/enrollee's current clinical presentation. Added I.M.4 and I.M.5 to attest to review the treatment plan within state-approved guidelines and timeframes. Added "evidenced based" to I.O. Added new I.P. "Identification of all individuals who actively participated..." with an accompanied note on PHI data. Added I.Q. "When progress is not demonstrated..." with an accompanied note to document that the addenda is intended to clarify or correct existing documentation. Added I.R. and accompanying note "Addenda created to supplement...". Background reviewed. References reviewed and updated	Marketplace Medicaid



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CP.MP.186	Burn Surgery	Description revised to exclude skin substitutes. Updated “Note” section. Moved all of criteria section II to CP.MP.185 Skin and Soft Tissue Substitutes. Removed CPT codes 15271 to 15278 from CPT code table. Removed HCPCS code table. Removed skin graft information from the background.	Marketplace Medicaid
CP.MP.129	Fetal Surgery in Utero for Prenatally Diagnosed Malformations	Annual review. Under I.C. added “with treatment including”. Added additional criteria I.C.1.a. Hydropic fetus or at risk of developing hydrops, I.C.1.b. Failure of one round of maternal antenatal corticosteroid, unless contraindicated. Added note under criteria I.D. to include “Note: May include fetal pleural aspiration...”. Added additional criteria I.H.2. Under I.G.6.a added “fetal”. Singleton pregnancy. Background updated with no impact on criteria. Added CPT 59074. References reviewed and updated. Reviewed by internal and external specialist.	Marketplace Medicaid
CP.MP.164	Caudal or Interlaminar Epidural Steroid Injections	Annual review. Removed informational note about discontinuing anti-platelet therapy. Updated Criteria I.D.1 from two months to three months regarding relief and functional movement. Removed Criteria I.D.2. regarding length of time since last ESI. Coding and descriptions reviewed. References reviewed and updated.	Marketplace Medicaid
CP.MP.49	Physical, Occupational, and Speech Therapy Services	Annual review. Added Note under Criteria I.B.8. stating, “If a member/enrollee is exposed to more than one language, evaluation of speech and language abilities must be culturally and linguistically appropriate...” Background updated to support added Note after Criteria I.B.8. References reviewed and updated. Reviewed by internal specialist and external specialist.	Marketplace Medicaid