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New and Updated Clinical Payment Policies: *October 9, 2026*

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

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 new and/or revised policies Home State Health Plan will be implementing October 9, 2026.

Policy Number	Policy Name	Policy Description	Lines of Business
CP.MP.252	Immobilized Lipase Cartridges (Relizorb)	(NEW)This policy describes the medical necessity criteria for immobilized lipase cartridges (RELiZORB®) for use with enteral feeding.	Medicaid Marketplace
V2.2025	Concert Genetic Testing: Identity and Forensics	(NEW) New policy created. Criteria previously found in Concert Genetic Testing: Oncology: Molecular Analysis of Solid Tumors and Hematologic Malignancies. Review of criteria with no changes except to change the statement from noting the test is "investigational" to stating that "current evidence does not support." Coding table and rationale updated.	Medicaid Marketplace
CP.MP.185	Skin and Soft Tissue Substitutes	Skin substitute grafts for chronic wounds must meet medical necessity criteria and be managed by a wound care specialist, with underlying conditions treated to support healing. Product selection should be based on FDA indications and may vary due to differences in product composition and evolving evidence.	Medicaid Marketplace
CP.MP.97	Testing for Select Genitourinary Conditions	Various diagnostic methods are available to identify the etiology of the signs and symptoms of vaginitis. The purpose of this policy is to define medical necessity criteria for the diagnostic evaluation of vaginitis. This policy also defines unspecified amplified DNA probe testing for genitourinary conditions.	Medicaid

Policy Number	Policy Name	Policy Description	Lines of Business
CG.PP.551C	Genetic and Molecular Testing-Version C	(NEW) 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.	Medicaid
CG.CP.MP.01	Infectious Disease: Respiratory Lab Testing	(NEW) 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.	Medicaid
CG.CP.MP.02	Infectious Disease: Multi-System Lab Testing	(New) 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.	Medicaid
CG.CP.MP.03	Infectious Disease: Dermatologic Testing	(New)This policy outlines the appropriate use of Microscopy/Peroxidase Tests, Fungal Culture, and Culture-Independent Molecular Tests (NAAT/PCR) for Onychomycosis.	Medicaid
CG.CP.MP.04	Infectious Disease: Gastroenterologic Lab Testing	(New)This policy outlines appropriate use of multi-pathogen panels, as well as diagnostic assays targeted at Helicobacter pylori (H. pylori).	Medicaid
CG.CP.MP.05	Infectious Disease Primary Care and Preventive Lab Screening	(New)This policy outlines criteria for human papillomavirus (HPV), hepatitis C virus (HCV), and group B streptococcus (GBS).	Medicaid
CG.CP.MP.06	Infectious Disease: Vector-Borne and Tropical Diseases Lab Testing	(NEW) This policy outlines criteria for Lyme disease and Zika virus testing via serologic and molecular methods.	Medicaid
CG.CP.MP.07	Infectious Disease: Genitourinary Lab Testing	(NEW) This policy outlines criteria for Targeted Vaginosis Pathogen Testing, Expanded Multiplex Vaginitis/Vaginosis Pathogen Panels, Urine Culture for Asymptomatic Bacteriuria, and Molecular/Multiplex UTI Panels.	Medicaid