



Updated Coding, Payment and Clinical Policies: *Effective 6/15/2025*

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 effective **6/15/2025**.

Policy Number	Policy Name	Policy Description	Lines of Business
CP.BH.300	Biofeedback for Behavioral Health Disorders	Annual Review. Updated description. Minor rewording in criteria with no clinical significance. Removed coding implications section about billing for neurosounds/biosound. Added criteria point V. to indicate insufficient scientific evidence to support the efficacy of neurosound/biosound treatment. References reviewed and updated.	Medicaid Marketplace
CP.BH.124	Attention Deficit Hyperactivity Disorder Assessment and Treatment	Annual Review. Changed reference number for the policy from "CP.MP.124" to "CP.BH.124". Added the following statement to section I and II: "It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation". In criteria point II. A. 1. replaced "Actometer" with "Actigraphy". In criteria point I.A. 2. added "Acoustic reflex testing". In criteria point I.A.12: removed Magnetic resonance imaging, brain functional MRI as it is already captured in I.A.16: under MRI. Removed I.A.14. "Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping". In criteria point I.A.16. added "brain mapping" to the brain imaging section. In Criteria point I.A. 24 removed "Triiodothyronine T3 levels in the blood" and reworded as "Measures of thyroid hormones". Removed II.A.18 "neuropsychological testing from the insufficient evidence list", with corresponding codes also removed. In criteria point II. B.2., added "Application of modality (e.g. hot or cold packs, traction,	Medicaid Marketplace

Contact Provider Partnership:

HomeStateHealth.com

Allwell.HomeStateHealth.com

Ambetter.HomeStateHealth.com

Home State: 1-855-694-4663

MAPD: 1-855-766-1452 / D-SNP: 1-833-298-3361 / TTY:711

Ambetter: 1-855-650-3789 TTY/TDD: 1-877-250-6113



		<p>mechanical, electrical stimulation (unattended), vasopneumatic devices, paraffin bath, whirlpool, diathermy (eg, microwave), infrared, ultraviolet, electrical stimulation (manual), iontophoresis, contrast baths, ultrasound, hubbard tank”.</p> <p>Removed education interventions from criteria point II.B.19. and added policy statement III. “It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation that interventions that are strictly educational in nature (e.g., classroom environmental manipulation, academic skills training training) are not medically necessary as they are not considered medical interventions”. Added criteria point II.B.19. “EndeavorRx®”. Replaced instances of dashes (-) with the word “to” within the CPT description code list. Coding reviewed. Added the following codes and related indications as not medically necessary when billed with a sole diagnosis of ADHD: 70496, 70554, 70555, 78610, 84436, 84437, 84439, 84442, 84443, 84445, 84478, 84479, 84481, 92568, 92569, 92570, 95954, 96020, 96902, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036. References reviewed and updated. Policy reviewed by internal specialist. Policy reviewed by an external specialist.</p>	
CP.MP.180	Implantable Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	<p>Added criteria II. regarding drug induced sleep endoscopy (DISE) being medically necessary when completed to evaluate the appropriateness of a hypoglossal nerve stimulation device. Background updated with no clinical significance. CPT code “42975” added.</p>	Medicaid Marketplace
CP.MP.182	Short Inpatient Hospital Stay	<p>Updated to policy description. Changed policy statement I. to “an inpatient level of care for hospital stays of less than three midnights is medically necessary...”. Added “in use by the applicable plan” to criteria I.B. In I.F., clarified that the transfer is from an “inpatient” stay and changed “of two days or more” to “of three midnights or more.” Updated policy statement II. to “inpatient hospital stays lasting three midnights and beyond...”.</p>	Medicaid Marketplace
CP.MP.12	Vagus Nerve Stimulation	<p>Correct criteria II.J. to read “essential tremor”.</p>	Medicaid Marketplace

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