



Dear Provider,

Thank you for your continued partnership with Peach State Health Plan. As part of our ongoing commitment to enhance Payment Integrity solutions in compliance with State and Federal regulations, we are writing to inform you of our revised policies.

This revised policy will take effect on or after **August 1, 2026**.

Edit Name	Description	Lines of Business
Drugs of Abuse: Definitive Testing (CP.MP.50)	Outlines medical necessity criteria for certain drugs / drug classes in an outpatient setting.	Medicaid
Attention Deficit Hyperactivity Disorder (ADHD) Assessment and Treatment (CP.BH.124)	Review seeks to ensure that services are medically necessary when requested for the assessment and treatment of attention deficit hyperactivity disorder (ADHD).	Medicaid
Wheelchair Seating (CP.MP.99)	Outlines criteria for when special wheelchair seating cushions are medically necessary.	Medicaid

We appreciate your continued participation and cooperation as we strive to deliver quality healthcare to our members. We look forward to working together to help you provide the highest level of care.

Sincerely,

Peach State Health Plan