Important Provider Notice

HIGHMARK WHOLECARE

March 1, 2023

PA Medicaid Policy Updates Effective April 1, 2023

An Update for Medicaid Providers and Clinicians

Annually Reviewed Medical Policies with Changes

MP-113-MD-PA Gastrointestinal Pathogen Assays

No changes to clinical criteria. CPT code 87507 now requires a dual diagnosis, with one code from Group 1 and another code from Group 2 required for billing. Removed deleted procedure code 0097U. Added the following ICD-10 codes to Group 2 diagnosis codes: B20, D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.8, D81.0, D81.1, D81.2, D81.31, D81.4, D81.5, D81.6, D81.7, D81.810, D81.818, D81.89, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D83.0, D83.1, D83.2, D83.8, D84.0, D84.1, D84.81, D84.821, D84.822, D84.89, D89.0, D89.1, D89.3, D89.41, D89.42, D89.43, D89.49, D89.810, D89.811, D89.812, D89.82, D89.89, Z94.0, Z94.1, Z94.2, Z94.3, Z94.4, Z94.5, Z94.6, Z94.81, Z94.82, Z94.83, & Z94.84 per CMS guidance. Updated 'Summary of Literature' and 'Reference Sources' sections.

Annually Reviewed Medical Policies without Changes

MP-033-MD-PA Gender Affirmation Services

No changes to clinical criteria. Reformatted 'Procedure' section numbering.

MP-094-MD-PA Magnetic Resonance-Guided Focused Ultrasound (MRgFUS)

No changes to clinical stance. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-073-MD-PA Ambulance Services – Air

No changes to coverage criteria. Updated 'Reference Sources' section.

Retired Policies

MP-067-MD-PA Electrical Bone Growth Stimulators for the Spine (Osteogenesis Stimulators)

Policy to be retired, spinal EBGS is now covered in policy MP-070-MD-PA "*Electrical Bone Growth Stimulators (Noninvasive/Invasive, Spinal, & Ultrasound)*".

MP-068-MD-PA Ultrasound Bone Growth Stimulators

Policy will be retired. Ultrasound Bone Growth Stimulators information is now covered under medical policy *MP-070-MD-PA "Electrical Bone Growth Stimulators (Noninvasive/Invasive, Spinal, & Ultrasound)".*

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).