Important Provider Notice

HIGHMARK WHOLECARE

December 1, 2024

PA Medicaid Policy Updates Effective January 1, 2025

An Update for Medicaid Providers and Clinicians

New Policy

MP-133-MD-PA Treatment of Varicose Veins/Venous Insufficiency

Annually Reviewed Medical Policies with Changes

MP-054-MD-PA Enteral Feeding In-Line Cartridge (EFIC™)

Per PA DHS, revised age requirement from age 5-21 to age 2-21. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-076-MD-PA Single-use Ambulatory Electrocardiographic Monitors (e.g., Zio Patch)

No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. The following ICD-10 codes were deleted: I20.8, I24.8, and I47.1. The following ICD-10 codes were added: I20.81, I20.89, I24.81, I24.89, I47.10, I47.11, I47.19, all per AMA guidance.

Annually Reviewed Medical Policies without Changes

MP-075-MD-PA Myoelectric Upper Extremity Orthoses

No change to Experimental/Investigational stance. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-006-MD-PA Genetic Testing for Cystic Fibrosis

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

MP-010-MD-PA Testing for Genetic Disease

No changes to clinical criteria. Updated 'Summary of Literature'.

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").