Important Provider Notice

HIGHMARK WHOLECARE

February 1, 2024

PA Medicaid Policy Updates Effective March 1, 2024

An Update for Medicaid Providers and Clinicians

New Policies

Long-Term Acute Care (LTAC)

Annually Reviewed Medical Policies with Changes

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

No changes to clinical criteria. The following deleted ICD-10 codes were removed: 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. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-077-MD-PA Supervised Exercise Therapy (SET) in the Management of Peripheral Artery Disease

No changes to clinical criteria. Removed the following ICD-10 codes: I70.219, I70.419, I70.519, I70.619, I70.719, I73.9 per CMS guidance. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-079-MD-PA Hypoglossal Nerve Stimulation Implantation in the Treatment of Obstructive Sleep Apnea

Added clinical criteria under 'Procedure' section for hypoglossal nerve stimulator guidance for individuals with Down syndrome. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-011-MD-PA BRCA1 and BRCA2 Genetic Mutation Testing

Per PA DHS TAG determination, the following CPT codes will be listed as an Option #3 (*Approved with [or denied due to] Limited/Minimal Evidence of Effectiveness - Will require Program Exception*): 81432 & 81433. These codes will require a Program Exception for approval. Updated 'Governing Bodies Approval' section with TAG determination information.

MP-022-MD-PA Negative Pressure Wound Therapy in the Outpatient Setting

Revised 'Procedures' section, reformatted clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-074-MD-PA Oncologic Genetic Testing Panels

Added TAG determination information for Hereditary breast cancer-related disorders analysis panels; CPT codes 81432 & 81433 changed to an Option #3 and will require a Program Exception. Updated 'Governing Bodies Approval' and 'Reference Sources' sections.

Annually Reviewed Medical Policies without Changes

MP-029-MD-PA Passive Oscillatory Devices in the Outpatient Setting

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

MP-112-MD-PA Prescription Digital Therapeutics (e.g., reSET and reSET-O)

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

MP-038-MD-PA Capsule Endoscopy

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

MP-075-MD-PA Myoelectric Upper Extremity Orthoses

No changes to E/I stance. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-108-MD-PA Multimarker Serum Testing Related to Ovarian Cancer

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

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").