



Important Provider Notice



March 1, 2025

PA Medicaid Policy Updates Effective April 1, 2025

An Update for Medicaid Providers and Clinicians

New Policy

[MP-136-MD-PA Cardiac Monitors](#)

Annually Reviewed Medical Policies with Changes

[MP-003-MD-PA Fetal Aneuploidy Testing Using Noninvasive Cell-Free Fetal DNA](#)

Removed clinical guidelines for high-risk testing and Prior Authorization requirement. Prior authorization no longer required for CPT codes 81420 and 81507.

Annually Reviewed Medical Policies without Changes

[MP-082-MD-PA Cosmetic Procedures](#)

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

[MP-012-MD-PA Chromosomal Microarray Analysis \(CMA\): Comparative Genomic Hybridization \(CGH\) and Single Nucleotide Polymorphism \(SNP\)](#)

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

[MP-128-MD-PA Nerve Conduction Studies \(NCS\) and Electromyography \(EMG\)](#)

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

[MP-130-MD-PA Intraoperative Neurophysiologic Monitoring](#)

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

[MP-013-MD-PA Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders](#)

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

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

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

MP-113-MD-PA Gastrointestinal Pathogen Assays

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

MP-073-MD-PA Ambulance Services – Air

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

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").