



Important Provider Notice



February 1, 2025

PA Medicaid Policy Updates Effective March 1, 2025

An Update for Medicaid Providers and Clinicians

Urgently Reviewed Medical Policies

MP-071-MD-PA Non-Oncologic/Congenital Anomalies Genetic Testing Panels

Policy name changed from “*Nononcologic Genetic Testing Panels*” to “*Nononcologic/Congenital Anomalies Genetic Testing Panels*”. Added the following congenital anomaly genetic testing CPT codes: 80406, 82261, 84134, 82180, 82759, 84138, 83020, 84437, 83021, 84443, 83520, 84510, 83789 & 84030. Added Metabolic Disease list to ‘Informational’ section.

Annually Reviewed Medical Policies with Changes

MP-038-MD-PA Capsule Endoscopy

Updated clinical criteria. Added the following ICD-10 codes: D13.99, D50.1, K20.0, K22.0, K22.10, K22.11, K22.4, K22.5, K22.6, K22.81, K22.82, K22.89, K22.9, K23, K31.A0, K31.A11, K31.A12, K31.A13, K31.A14, K31.A15, K31.A19, K31.A21, K31.A22, K31.A29, K50.012, K50.013, K50.014, K50.112, K50.113, K50.114, K50.812, K50.813, K50.814, K50.912, K50.913, K50.914, K51.00, K51.011, K51.012, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.901, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919, K52.3, K58.0, K58.1, K58.2, K58.8, K58.9, K92.0, Q85.81, Q85.82, Q85.83, Q85.89, & Q85.9.

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

Updated HGNS clinical criteria under ‘Procedures’ section. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections.

Annually Reviewed Medical Policies without Changes

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

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

MP-041-MD-PA Panniculectomy/Abdominoplasty/Lipectomy

No changes to clinical criteria. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections. Added CMS information.

MP-033-MD-PA Gender Affirmation Services

No changes to clinical criteria. 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.

MP-017-MD-PA BCR-ABL1 Testing in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia

No changes to clinical 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").