Important Provider Notice

HIGHMARK WHOLECARE

July 1, 2025

PA Medicaid Policy Updates Effective August 1, 2025

An Update for Medicaid Providers and Clinicians

Annually Reviewed Medical Policies with Changes

MP-032-MD-PA Skin Replacement Therapy for Chronic Non healing Wounds in the Outpatient Setting

No changes to clinical criteria. Added skin product 'Axolotl' (HCPCS code Q4215) to 'Reference List of Skin Replacement Products' under 'Not Medically Necessary' section. Added the following procedure codes to the 'Noncovered Procedure Codes' section: A2001, A2004, A2005, A2006, A2013 , Q4103, Q4114, Q4116, Q4128, Q4130, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4176, Q4177, Q4215, Q4178, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4201, Q4202, Q4204, Q4205, Q4206, Q4208, Q4209, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4224, Q4225, Q4226, Q4227, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4237, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, & Q4310.

MP-069-MD-PA Home Oxygen Therapy (HOT)

Reformatted 'Procedure' section and clinical guidelines. Added the following procedure codes: E0425, E0430, E0433, E0435, E0440, E0550, E0560, E0585, & E1356. Changed the following procedure codes from noncovered to covered: E0445, A4606, A4608, A4615, A4616, A4617, A4619, A4620, E0455, E1352, E1353, E1354, E1355, E1356, E1357, & E1358. The following procedures codes have been removed: A4575, E0446, A7525, A9900, E0580, & E1356. All diagnosis codes have been removed.

Annually Reviewed Medical Policies without Changes

MP-057-MD-PA Cardiac Rehabilitation, Phase II Outpatient

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

MP-063-MD-PA Genetic Testing for Warfarin and Clopidogrel Therapy

No changes to clinical criteria. Updated 'Procedures' section with Program Exception statement. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-103-MD-PA Minimally Invasive Lumbar Decompression (MILD)

No change to E/I status. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-107-MD-PA Treatment of the Prostate

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

MP-072-MD-PA Ambulance Services – Ground

No changes to criteria. Updated ‘Reference Sources’ section.

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