Important Provider Notice

HIGHMARK WHOLECARE

July 1, 2023

PA Medicaid Policy Updates Effective August 1, 2023

An Update for Medicaid Providers and Clinicians

Annually Reviewed Medical Policies with Changes

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

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

Annually Reviewed Medical Policies without Changes

MP-096-MD-PA Scanning Computerized Ophthalmic Diagnostic Imaging

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

MP-020-MD-PA Hysterectomy for Benign Conditions

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

MP-085-MD-PA Artificial Pancreas

No changes to clinical criteria. Removed the word 'noncovered', replaced with 'not medically necessary'. 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 'Summary of Literature' and 'Reference Sources' sections.

Urgently Reviewed Policy

MP-082-MD-PA Cosmetic Procedures

Added medical necessity criteria under 'Procedures' section for 'Mammoplasty, Reduction/Breast Reduction' surgery. Added CPT code 19318 (Breast reduction) to Coding Requirements section.

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

The following codes were added: I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I47.20, I47.29 and Z79.85. The following code was removed: I47.2, all per CMS guidance.

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

Per PA DHS TAG determination, updated coverage determination for FlexHD/AllopatchHD (Q4128), & AmnioBand/Guardian (Q4151). FlexHD/AllopatchHD (Q4128), & AmnioBand/Guardian (Q4151) are now set as an Option #3, and will require a Program Exception for approval. Added HCPCS codes Q4128 and Q4151 to the 'Coding Requirements' section. Removed Q4151 from 'Noncovered Procedure Codes' section. Updated the 'Reference List of Skin Replacement Products' 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").