Important Provider Notice

HIGHMARK WHOLECARE

November 1, 2024

PA Medicaid Policy Updates Effective December 1, 2024

An Update for Medicaid Providers and Clinicians

New Policy

MP-132-MD-PA Obstetrical Ultrasound

Annually Reviewed Medical Policies with Changes

MP-007-MD-PA Hyperbaric Oxygen Therapy (HBOT)

Updated 'Procedures' section; see bullet point #2. Updated 'Reference Sources' section.

MP-071-MD-PA Non-Oncologic Genetic Testing Panels

No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Updated the code Description for the following Procedure Codes: 81400, 81402, 81407, & 81408.

MP-003-MD-PA Fetal Aneuploidy Testing Using Noninvasive Cell-Free Fetal DNA

Removed Program Exception requirement. Updated clinical guidelines for cell-free DNA testing.

Annually Reviewed Medical Policies without Changes

MP-104-MD-PA Exhaled Nitric Oxide Measurement in the Management of Respiratory Disorders

No changes to Experimental/Investigational stance. Updated 'Summary of Literature' section.

MP-105-MD-PA Breast Scintimammography

No changes to Experimental/Investigational stance. Updated 'Summary of Literature' and 'Reference Sources' sections.

MP-106-MD-PA Dual-Energy X-ray Absorptiometry (DXA) for Vertebral Fracture Assessment

No change to Experimental/Investigational clinical stance. Updated 'Reference Sources' section.

MP-114-MD-PA Cardiac Contractility Modulation (CCM) Therapy

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

MP-005-MD-PA Gene Expression Testing for Cancer Treatment (Breast, Colon, Prostate)

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

MP-099-MD-PA Electrical Stimulation for Oropharyngeal Dysphagia

No changes to Experimental/Investigational stance. Updated ‘Summary of Literature’ section.

MP-109-MD-PA Bronchial Valves

No changes to Experimental/Investigational stance. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections.

MP-070-MD-PA Electrical Bone Growth Stimulators (Noninvasive/Invasive, Spinal, & Ultrasound)

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”).