



# Important Provider Notice



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.

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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").