



# Important Provider Notice



November 1, 2025

## PA Medicaid Policy Updates Effective December 1, 2025

### An Update for Medicaid Providers and Clinicians

#### New Policy

[MP-138-MD-PA Cardiovascular Disease Laboratory Testing](#)

[MP-139-MD-PA Lymphoscintigraphy](#)

[MP-140-MD-PA Pulse Oximetry, Home Use](#)

#### Annually Reviewed Medical Policies with Changes

[MP-118-MD-PA Experimental/Investigational Services](#)

Urgent Revision: No changes to clinical criteria. Updated 'Summary of Literature' section. Removed procedure codes 0607T & 0608T per PA DHS TAG determination.

[MP-126-MD-PA Pharmacogenetic Testing](#)

Added coding and Program Exception information for procedure code 0175U, per PA DHS guidance. Updated 'Summary of Literature' and 'Reference Sources' sections.

#### Annually Reviewed Medical Policies without Changes

[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.

[MP-099-MD-PA Electrical Stimulation for Oropharyngeal Dysphagia](#)

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

[MP-100-MD-PA Gene Expression and Biomarker Prostate Cancer Testing](#)

No changes to experimental/investigational stance. Updated 'Summary of Literature' and 'Reference Sources' sections.

[MP-101-MD-PA Repetitive Transcranial Magnetic Stimulation](#)

No change to Experimental/Investigational determination. Updated 'Summary of Literature' and 'Reference Sources' sections.

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[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 'Reference Sources' section.

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

No change to experimental/investigational stance. Updated 'Reference Sources' section.

[MP-109-MD-PA Bronchial Valves](#)

No changes to experimental/investigational 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-115-MD-PA Concurrent Care](#)

No changes to clinical criteria. Updated 'Reference Sources' section.

[MP-117-MD-PA Clinical Trials](#)

No changes to clinical criteria. Updated 'Reference Sources' section.

[MP-129-MD-PA Long-Term Acute Care \(LTAC\)](#)

No changes to clinical criteria. Updated 'Reference Sources' section.

**Retired Policies**

[MP-007-MD-PA Hyperbaric Oxygen Therapy \(HBOT\)](#)

Policy to be Retired. InterQual® criteria exist for hyperbaric oxygen therapy.

[MP-069-MD-PA Home Oxygen Therapy \(HOT\)](#)

Policy to be Retired. InterQual® criteria exist for home oxygen therapy.

[MP-084-MD-PA Cochlear Implants](#)

Policy to be Retired; InterQual® criteria exist for the cochlear implantation procedure and device components.

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MP-102-MD-PA Gastric Electrical Stimulation (GES)

Policy to be Retired. InterQual® criteria exist for gastric electrical stimulation.

MP-111-MD-PA Endoscopic Ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP)

Policy to be Retired, InterQual® criteria exists for listed procedures.

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”).