Important Provider Notice

HIGHMARK WHOLECARE

January 1, 2025

PA Medicare Policy Updates Effective February 1, 2025

An Update for Medicare Providers and Clinicians

Annually Reviewed Medical Policies without Changes

MP-065-MC-PA Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1 & 160.7)

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

MP-062-MC-PA Fecal Microbiota Transplant

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").