



# Important Provider Notice



December 1, 2022

## PA Medicaid Policy Updates Effective January 1, 2023

### An Update for Medicaid Providers and Clinicians

#### Annually Reviewed Medical Policies with Changes

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

Combined medical policies MP-068-MD-PA 'Ultrasound Bone Growth Stimulators' & MP-067-MD-PA 'Electrical Bone Growth Stimulators for the Spine (Osteogenesis Stimulators)' to this policy. Changed policy title from "*Noninvasive Electrical Bone Growth Stimulators*" to "*Electrical Bone Growth Stimulators (Noninvasive/Invasive, Spinal, & Ultrasound)*". Reformatted 'Procedures' section wording. Added Spinal EBGs and Ultrasound BGS clinical criteria to policy. Added TAG determination information for ultrasound BGS. Updated 'Summary of Literature' and 'Reference Sources'.

##### MP-006-MD-PA Genetic Testing for Cystic Fibrosis

No changes to clinical criteria. Revised 'Procedure' section wording. Added TAG Option #1 determination information. Updated 'Summary of Literature' and 'Reference Sources' section. Corrected code description for the following CPT codes: 81221, 81222, 81223, & 81224.

##### MP-029-MD-PA Passive Oscillatory Devices in the Outpatient Setting

No changes to clinical criteria. Revised 'Procedure' section wording. Updated 'Summary of Literature' and 'Reference Sources' sections. Corrected code description for the following ICD-10 codes: A15.0, E84.9, G12.20, & M35.03

##### MP-112-MD-PA Prescription Digital Therapeutics (e.g., reSET and reSET-O)

No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Removed generic HCPCS code A9999, replaced with updated HCPCS code A9291 (Prescription digital behavioral therapy, FDA-cleared, per course of treatment) according to CMS HCPCS guidance. New code effective as of 4/1/2022.

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## **Annually Reviewed Medical Policies without Changes**

### MP-059-MD-PA Electrical Stimulation for Oropharyngeal Dysphagia

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

### MP-075-MD-PA Myoelectric Upper Extremity Orthoses

No changes to clinical criteria. Updated FDA guidance in 'Governing Bodies Approval' section. Updated 'Summary of Literature' and 'Reference Sources' sections.

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

No changes to clinical criteria. Edited 'Procedure' section wording. Updated 'Summary of Literature' and 'Reference Sources' sections.

### MP-105-MD-PA Breast Scintimammography

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

### MP-010-MD-PA Testing for Genetic Disease

No changes to clinical criteria. Reformatted 'Procedure' section numbering. Updated 'Summary of Literature' and 'Reference Sources' sections.

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

No changes to clinical stance. 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").