



# Important Provider Notice



November 1, 2022

## PA Medicaid Policy Updates Effective December 1, 2022

### An Update for Medicaid Providers and Clinicians

#### New Policies

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

Policy lists medical necessity requirements for CCM therapy as well as Program Exception guidelines.

#### Annually Reviewed Medical Policies with Changes

##### MP-004-MD-PA Bariatric Surgery

Urgent Review: Corrected sleeve gastrectomy (laparoscopic) performed as part of a two-staged procedure guidelines under Eligible Bariatric Procedures section from “BMI is greater than or equal to 50 kg/m<sup>2</sup>” to “BMI is greater than or equal to 40 kg/m<sup>2</sup>”. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections.

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

Policy name changed from “Gene Expression Testing for Breast Cancer Treatment” to “Gene Expression Testing for Cancer Treatment (Breast, Colon, Prostate)” to account for colon and prostate cancer. No changes to clinical criteria. Removed the word “covered” and replaced with “not medically necessary”. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections. Updated the code description for CPT code 81519. Removed deleted CPT code 0008M; replaced with new code 81520. Removed the following unspecified ICD-10 codes: C50.019, C50.029, C50.119, C50.129, C50.219, C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, & C50.929.

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

No changes to clinical criteria. Removed the word ‘noncovered’ from the Procedures section, replaced with ‘not medically necessary’. Updated code description for ICD-10 code M86.29. Removed the word ‘obstetric’ from the code description for ICD-10 codes O88.011- O88.019 per AMA guidance.

##### MP-082-MD-PA Cosmetic Procedures

Per PARP guidance, mastectomy for gynecomastia is now considered medically necessary under certain conditions. The medical necessity guidelines for mastectomy for gynecomastia will be listed in full under Highmark Wholecare medical policy “MP-052-MD-PA - Breast Reconstructive & Gynecomastia Surgery”. Added the following statement to the ‘Limitations’ section: *Any surgery to improve body appearance in the absence of functional impairment is considered cosmetic in nature, and therefore not medically necessary.* Removed deleted CPT code 20926, replaced with the following CPT codes: 15271, 15272, 15769, 15771, 15772, & 15777, per AMA guidance. Updated ‘Summary of Literature’ and ‘Reference Sources’ sections.

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

### MP-084-MD-PA Cochlear Implants

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

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

No changes to clinical criteria. Removed Archived Hayes information, updated 'Summary of Literature' and 'Reference Sources' sections.

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

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

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

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

### MP-109-MD-PA Bronchial Valves

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").