



# Important Provider Notice



September 1, 2022

## PA Medicaid Policy Updates Effective October 1, 2022

### An Update for Medicaid Providers and Clinicians

#### Annually Reviewed Medical Policies with Changes

##### MP-072-MD-PA Ambulance Services – Ground

No changes to medical necessity criteria. Reformatted Procedures section numbering. Moved 'Documentation Requirements' and 'Utilization Guidelines' sections to Procedures section. Removed diagnosis code M54.5, added diagnosis codes M54.50 and M54.51 to Group 1 Diagnosis Codes sections, per AMA guidelines.

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

No changes to clinical criteria. Reformatted 'Procedures' section numbering. Updated 'Summary of Literature' and 'Reference Sources' sections. Removed the following 'Unspecified' ICD-10 codes: C34.00, C34.10, C34.30, C34.80, C34.90, C39.0, C39.9, C78.00, C78.30, D02.20, D02.4, I27.20, I27.9, I50.9, J43.9, J44.9, & J84.9. Added the following ICD-10 code: J84.114.

##### MP-013-MD-PA Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

Urgent Review: Updated PA TAG information, which removes the case-by-case Medical Director review requirement for Whole Exome Sequencing (WES) therapy only. No other changes to clinical criteria.

##### MP-065-MD-PA Molecular Markers for Fine Needle Aspirates of Thyroid Nodules

No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Removed the following ICD-10 codes: D44.9, & E04.9. Added the following ICD-10 codes: D34, & E04.0. Added the following statement to the 'Coding Requirements' section: "ICD-10 codes C73 and D44.2 should not be reported for ThyraMIR (0018U), Afirma (81546), Rosetta GX Reveal (81479), ThyGeNEXT (0245U) or ThyroSeq (0026U)" per CMS guidance.

##### MP-063-MD-PA Genetic Testing for Warfarin and Clopidogrel Therapy

Per DHS guidance, added the following guidance to the 'Procedures' section, #2: "*Pharmacogenetic testing of CYP2C19 may be considered medically necessary for individuals undergoing treatment of acute ischemic stroke or transient ischemic attack (TIA)*". Added TAG determination information. Updated Reference Sources section.

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

### MP-090-MD-PA Automated Ambulatory Blood Pressure Monitoring (ABPM)

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

### MP-101-MD-PA Repetitive Transcranial Magnetic Stimulation

No changes to E/I determination. Added TAG determination information. Updated 'Summary of Literature' and 'Reference Sources' sections.

### MP-062-MD-PA BRAF Mutation Analysis

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

### MP-061-MD-PA Molecular Tumor Markers for Non-Small Cell Lung Cancer (NSCLC)

No changes to clinical criteria. Added TAG determination information. Updated 'Summary of Literature' and 'Reference Sources' sections.

### MP-050-MD-PA Bronchial Thermoplasty

No changes to clinical criteria. Reformatted 'Procedure' section numbering. 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").