



1700 Bent Creek Blvd.  
Suite 200  
Mechanicsburg, PA 17050

1/28/2026

Dear Provider,

Thank you for your continued partnership with PA Health & Wellness. As you know, we continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. We are writing today to inform you of the revision to existing policies PA Health & Wellness will be implementing effective of **03/01/2026**. The below policy changes impact Community HealthChoices (Medicaid), Wellcare (Medicare) and Ambetter Health (Marketplace).

Policy Number	Policy Name	Policy Description	Lines of Business
CP.MP.98	Urodynamic Testing	Urodynamic testing is an important part of the comprehensive evaluation of voiding dysfunction. The clinician must exercise clinical judgment in the appropriate selection of urodynamic tests following an appropriate evaluation and symptom characterization. The purpose of this policy is to define medical necessity criteria for commonly used urodynamic studies.	Medicaid Medicare Marketplace Commercial
CP.MP.209	Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing	Multiplex molecular panels are used for the qualitative detection of nucleic acid from multiple viral, parasitic, and bacterial pathogens that cause a variety of illnesses, including infectious gastroenteritis and infectious colitis. <sup>1</sup> The Food and Drug Administration (FDA) has cleared several panels for diagnosis of gastrointestinal infections. This policy addresses the medical necessity criteria for Gastrointestinal Pathogen Nucleic Acid Detection Panel Testing.	Medicaid Marketplace Commercial
CP.MP.99	Wheelchair Seating	<ul style="list-style-type: none"><li>I. It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that special wheelchair seating cushions are <b>medically necessary</b> for the following indications:<ul style="list-style-type: none"><li>A. A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611, E2612) for an approved manual</li></ul></li></ul>	Medicaid Marketplace Commercial



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	<p>wheelchair or power wheelchair with a sling or solid seat or back.</p> <p>B. A skin-protection seat cushion (E2603, E2604, E2622, E2623) with an approved manual wheelchair or power wheelchair, with a sling/solid seat/back; and either of the following:</p> <p>C. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613, E2614, E2615, E2616, E2620, E2621), and positioning accessory (E0953, E0955, E0956, E0957, E0960) with both of the following:</p> <p>D. A headrest (E0955) when the member/enrollee has an approved manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.</p> <p>E. A combination skin-protection and positioning seat cushion (E2607, E2608, E2624, E2625) if the criteria for both a skin-protection seat cushion and a positioning seat cushion are met.</p> <p>F. A custom fabricated seat cushion (E2609) if criteria (1) and (3) below are met. A custom fabricated back cushion (E2617) if criteria (2) and (3) below are met:</p> <p><b>II.</b> It is the policy of health plans affiliated with Centene Corporation that special wheelchair cushions and accessories are <b>not medically necessary</b> for the following indications:</p> <p>A. A general use seat cushion (E2601, E2602) if the member/enrollee has a power-operated vehicle (POV) or a power wheelchair with a captain's chair seat.</p> <p>B. A separate seat, back cushion, headrest, and/or other positioning accessories if the member/enrollee has a POV or power wheelchair with a captain's chair seat.</p> <p>Power wheelchair bases that do not include a captain's chair model are: K0839, K0840,</p>	
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		<p>K0843, K0860, K0861, K0862, K0863 K0864, K0890, K0891.</p> <p>C. A seat or back cushion that is provided for use with a transport chair (E1037, E1038).</p> <p>D. Powered seat cushion (E2610) for any indication as effectiveness has not been established.</p>	
<b>CP.MP.157</b>	25-Hydroxyvitamin D Testing in Children and Adolescents	A global consensus statement recommends against universal screening for vitamin D deficiency in healthy children as there is insufficient evidence that the potential benefits of testing outweigh the potential harms. <sup>2</sup>	Medicaid Medicare Marketplace Commercial
<b>CP.MP.105</b>	Digital EEG Spike Analysis	Electroencephalography (EEG) is a significant component of epilepsy diagnosis, along with a thorough medical history and neurological workup. <sup>1</sup> Most EEGs today are performed on digital machines, which record data and automatically detect spikes that may indicate seizures. <sup>2</sup> For the purpose of this policy, digital EEG spike analysis, also known as 3D dipole localization or dipole source imaging, refers to additional analysis of digitally recorded EEG spikes by a technician and a physician.	Medicaid Marketplace Commercial

Thank you for your continued participation and cooperation in our ongoing efforts to render quality health care to our members. We look forward to helping you provide the highest quality of care for our members.

Sincerely,

PA Health & Wellness