

PROVIDER UPDATE

An Update for Gateway HealthSM Providers and Clinicians

Notice of Pennsylvania Medicaid Policy Updates for October 1, 2017 Effective Date

NEW MEDICAL POLICY

Age-Related Macular Degeneration Treatments. 2

REVISED MEDICAL POLICY

Place of Service. 3

Age- Related Macular Degeneration Treatments

CLINICAL MEDICAL POLICY	
Policy Name:	Age-Related Macular Degeneration Treatments
Policy Number:	MP-060-MD-PA
Responsible Department(s):	Medical Management
Provider Notice Date:	09/01/2017
Original Effective Date:	10/01/2017
Annual Approval Date:	08/01/2018
Revision Date:	N/A
Products:	Gateway Health SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Gateway HealthSM provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary treatments of wet age-related macular degeneration and advanced, end-stage age-related macular degeneration.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>

DISCLAIMER

Gateway HealthSM (Gateway) medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Place of Service

CLINICAL MEDICAL POLICY	
Policy Name:	Place of Service
Policy Number:	MP-020-MD-PA
Responsible Department(s):	Medical Management
Provider Notice Date:	09/01/2017
Original Effective Date:	10/01/2017
Annual Approval Date:	08/01/2018
Revision Date:	N/A
Products:	Gateway Health SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1

POLICY SUMMARY

Gateway HealthSM provides coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary services performed as an outpatient.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

*The full version of this medical policy is available on the Gateway provider website at:

<http://gatewayhealthplan.com/MedicalPolicies>

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