



Notice of Updated or Retired Clinical Policies (Effective 8/15/2025)

Dear Provider and Staff,

Thank you for your continued partnership in serving WellCare of Kentucky members. We have some important information to share with you. Below is a list of updated and/or retired clinical policies followed by a link to where the updated versions can be viewed.

The updated versions will become effective on 8/15/25.

Policy Number	Policy Title	Revision Date	Effective Date
	UPDATED		
V1.2025	CG Testing: Aortopathies and Connective Tissue Disorders	11/30/24	8/15/25
V1.2025	CG Oncology: Algorithmic Testing	11/30/24	8/15/25
V1.2025	CG Oncology: Cancer Screening	11/30/24	8/15/25
V1.2025	CG Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)	11/30/24	8/15/25
V1.2025	CG Testing: Dermatologic Conditions	11/30/24	8/15/25
V1.2025	CG Testing: Epilepsy, Neurodegenerative, and Neuromuscular Conditions	11/30/24	8/15/25
V1.2025	CG Testing: Exome and Genome Sequencing for the Diagnosis of Genetic Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Eye Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Hematologic Conditions Non-Cancerous	11/30/24	8/15/25
V1.2025	CG Testing: Immune, Autoimmune, and Rheumatoid Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Kidney Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Lung Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Metabolic, Endocrine, and Mitochondrial Disorders	11/30/24	8/15/25
V1.2025	CG Testing: Pharmacogenetics (Version B)	10/31/24	8/15/25

V1.2025	CG Testing: Preimplantation Genetic Testing	11/30/24	8/15/25
V1.2025	CG Testing: Prenatal and Preconception Carrier Screening	11/30/24	8/15/25
V1.2025	CG Testing: Prenatal Cell-Free DNA Testing	11/30/24	8/15/25
V1.2025	CG Testing: Prenatal Diagnosis (via Amniocentesis, CVS, or PUBS) and Pregnancy Loss	11/30/24	8/15/25
V1.2025	CG Testing: Skeletal Dysplasia and Rare Bone Disorders	11/30/24	8/15/25
CP.MP.102	Pancreas Transplantation	1/31/25	8/15/25
CP.MP.142	Urinary Incontinence Devices and Treatments	11/30/24	8/15/25
CP.MP.162	Tandem Transplant	1/31/25	8/15/25
CP.MP.173	Implantable Intrathecal or Epidural Pain Pump	11/30/24	8/15/25
CP.MP.180	Implantable Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	11/30/24	8/15/25
CP.MP.248	Facility-based Sleep Studies for Obstructive Sleep Apnea	10/31/24	8/15/25
CP.MP.40	Gastric Electrical Stimulation	1/31/25	8/15/25
CP.MP.70	Proton and Neutron Beam Therapies	11/30/24	8/15/25
CP.MP.81	NICU Discharge Guidelines	1/31/25	8/15/25
CP.MP.82	NICU Apnea Bradycardia Guidelines	1/31/25	8/15/25
CP.MP.86	Neonatal Abstinence Syndrome Guidelines	1/31/25	8/15/25
	RETIRED		
CP.MP.146	Sclerotherapy and Chemical Endovenous Ablation for Varicose Veins Retired	3/31/25	8/15/25
CP.MP.147	Percutaneous Left Atrial Appendage Closure Device for Stroke Prevention Retired	3/31/25	8/15/25
CP.MP.184	Home Ventilators Retired	3/31/25	8/15/25
CC.PP.206	SNF Leveling Retired	3/31/25	8/15/25



Link to WellCare Kentucky Clinical Coverage Guidelines -

<https://www.wellcare.com/en/kentucky/providers/clinical-guidelines/ccg-list>

Again, we thank you for your continued partnership in delivering quality healthcare to our members. If you have any question regarding this notice, please contact your Provider Relations Representative.

Sincerely,
WellCare of Kentucky