

The following table displays a summary of changes made to criteria during Medical Policy Committee (MPC)

Follow this link below for a complete list of Kaiser Permanente Washington clinical criteria:

<https://wa-provider.kaiserpermanente.org/clinical-review/criteria>

	Status	Synopsis of Decision/Activity	Decision Date	Effective Date
<a href="#">Substance Use Disorder: General</a>	Change	MPC approved updates to the policy in order to stop requiring prior-authorization of office-based methadone treatment (H0020) for opioid use disorder.	10/03/2023	03/01/2024
<a href="#">Rhinoplasty</a>	Change	MPC approved the clarification of language in the clinical criteria policy regarding photographic requests.	10/03/2023	03/01/2024
<a href="#">Radiofrequency Ablation: Uterine Leiomyomas</a>	Change	MPC approved to maintain a position of noncoverage for Laparoscopic RFA by adopting KP criteria of insufficient evidence (CPT 58674).	10/03/2023	03/01/2024
<a href="#">Chromoendoscopy</a>	Change	MPC approved to eliminate the chromoendoscopy clinical criteria for use in CRC screening of patients with IBD and instead point to KPWA payment policy.	10/03/2023	03/01/2024
<a href="#">Transition of Care</a>	Change	MPC approved the proposed changes to Medicare and Non-Medicare transition of care criteria to adhere to the 2024 CMS final rule.	10/03/2023	03/01/2024
<a href="#">MRI: Cervical</a> <a href="#">MRI: Lumbar Spine</a> <a href="#">MRI: Thoracic</a>	Change	MPC approved the criteria update to allow Ankylosing Spondylitis (AS) indications.	10/03/2023	03/01/2024
<a href="#">Nasal Cryoablation, Radiofrequency Ablation &amp; Laser Treatments</a>	Change	MPC approved to adopt non-coverage criteria for both commercial and non-Medicare members.	09/05/2023	02/01/2024
<a href="#">Sinus Surgeries</a>	New	MPC approved new clinical criteria to allow coverage for FESS and Sinuplasty.	09/05/2023	02/01/2024
<a href="#">Breast Cancer Index</a>	New	MPC approved adopt new criteria to allow coverage for BCI.	09/05/2023	02/01/2024
<a href="#">Prescription Hearing Aids</a>	New	MPC approved to adopt new criteria for hearing aids as a result from a legislation that was passed in 2023.	09/05/2023	02/01/2024
<a href="#">Myocardial Perfusion Imaging</a>	New	MPC approved to adopt hybrid criteria for MPI as presented.	09/05/2023	02/01/2024
<a href="#">Continuous Glucose Monitor (CGM)</a>	Change	MPC approved the changes to criteria to expand coverage for CGM.	08/01/2023	01/01/2024
<a href="#">Bariatric Surgery</a>	Change	MPC approved to include an indication of Coronary Artery Disease as a qualifying co-morbid indication for members with BMI 35-39.9	08/01/2023	01/01/2024
<a href="#">MRI: Cervical</a> <a href="#">MRI: Lumbar Spine</a>	Change	MPC approved the updated changes to allow imaging if a surgeon or proceduralist deems it necessary prior to a procedure. This modification primarily addresses facet injections and medial branch blocks (as the imaging criteria were previously aligned with ESI criteria).	08/01/2023	01/01/2024
<a href="#">Sinus Surgeries</a>	Change	MPC approved the proposed changes to Coronary CT Angiography to offer a functional assessment of plaque/stenosis, called Fractional Flow Reserve (FFR) by CT.	08/01/2023	01/01/2024
<a href="#">Breast Pump</a>	Retire	MPC approved to retire clinical criteria for Breast Pump as it does not result in cost savings and	07/11/2023	12/01/2023

		creates member dissatisfaction.		
<a href="#">Medical Necessary Services</a>	New	MPC approved to adopt a new policy to address a specific service or procedure that may no longer be necessary or in line with current standards of care. This criteria page will maintain historical information and guide clinicians during their review process.	07/11/2023	12/01/2023
<a href="#">High End Imaging Site of Care</a>	Modified	MPC approved the modifications to the existing HEI Imaging Site of Care criteria to allow continuity of care for patients who have already started treatment at a higher level of care and require imaging within the same healthcare system. If the system cannot provide the required imaging at a lower level of care, an exception will be made to maintain the episode of care and ensure continuity with the treating clinician.	07/11/2023	12/01/2023
<a href="#">Elective Surgical Procedures</a>	Modified	MPC approved to expand the scope of our current policy which has been restricted to two procedures to date.	07/11/2023	12/01/2023
<a href="#">Negative Wound Pressure Therapy</a>	Modified	MPC has approved to remove criteria for Single Use Negative Pressure Wound Therapy (s-NPWT) when applied in the operating room or apart from an encounter for the purpose of wound care.	07/11/2023	12/01/2023
<a href="#">Fertility Services (formerly Infertility Services)</a>	Modified	MPC approved to adopt the proposed changes to the Fertility Services to support OIC concerns about discrimination against same-sex couples. The goal of the policy update is to provide clearer guidelines, considering both clinical review criteria and additional factors, to ensure transparency for both members and the review services team	06/06/2023	11/01/2023
<a href="#">Breast MRI</a>	Modified	MPC approved modifications to the existing MRI Breast criteria to align with recommendations from multiple guideline statements, including NCCN, regarding certain types of nipple discharge and the need for breast MRI to detect cancer.	06/06/2023	11/01/2023
<a href="#">Epidural Steroid Injections (ESI)</a>	Modified	MPC approved to adopt the proposed revisions to the existing ESI criteria to include acknowledge the importance of conservative therapy.	06/06/2023	11/01/2023
<a href="#">Gender Affirming Surgeries</a>	Modified	MPC has approved revisions to the clinical criteria for Gender Affirming Services, ensuring alignment with the updated guidelines from the World Professional Association for Transgender Health (WPATH).	06/06/2023	11/01/2023
<a href="#">Ambulatory Surgery Center (ASC) - Site of Care Policy</a>	Modified	MPC approved to adopt SOC restrictions for Gastroenterology procedures for ASC SOC criteria and will now include King and Thurston Counties.	05/02/2023	10/1/2023
<a href="#">Monitored Anesthesia Care</a>	Modified	MPC approved to support KPWA executive leaderships recommendation to remove prior authorization and medical necessity criteria for MAC.	05/02/2023	9/1/2023
MRI: <ul style="list-style-type: none"> <li>• <a href="#">Cervical</a></li> <li>• <a href="#">Thoracic</a></li> <li>• <a href="#">Lumbar</a></li> </ul>	Modified	MPC approved to modify MRI criteria with 4 weeks of physical therapy (instead of 6 weeks) and updated indications for cervical spine imaging.	04/04/2023	9/1/2023

<a href="#">Bone-Anchored Hearing System</a>	Modified	MPC approved the recommendation to modify BAHs criteria (KP- 0564 09012023) to include OSIA and clarification to hearing thresholds.	04/04/2023	9/1/2023
<a href="#">Facet Neurotomy</a>	Modified	MPC approved to adopt the updates to the Facet Neurotomy criteria to require 2 diagnostic blocks to prove where pain is coming from.	3/7/2023	8/1/2023
<a href="#">Facet Joint Injections (ESI)/Medial Branch Block</a>	NEW	MPC approved to adopt Medicare criteria for Facet Joint Injections/Medial Branch Block for commercial members.	3/7/2023	8/1/2023
<a href="#">Epidural Steroid Injections (ESI)</a>	NEW	MPC approved the to adopt new clinical criteria for Epidural Steroid Injections (ESI) to include indications for: <ul style="list-style-type: none"> <li>• Suspected Lumbar Radiculopathy/Radicular Pain</li> <li>• Suspected Cervical Radiculopathy/Radicular Pain</li> <li>• Suspected Thoracic Radiculopathy/Radicular Pain</li> <li>• Neurogenic claudication</li> <li>• Repeat Epidural Steroid Injections (ESI)</li> <li>• Epidural Steroid Injection (ESI) Limitations</li> <li>• Epidural Steroid Injection (ESI) exclusions/contraindications</li> </ul>	3/7/2023	8/1/2023
Clinical Criteria: Retired List	Retired	MPC approved to retire the following criteria from clinical review as there has been no claims or reviews in the last 3 years and have been endorsed by clinical experts that there is no utilization. <p><b><i>Clinical criteria sets recommended to retire:</i></b></p> <ol style="list-style-type: none"> <li>1. Axial Lumbar Interbody Fusion System</li> <li>2. Continuous 24-hr monitor of IOP/glaucoma</li> <li>3. Collagen Meniscus Implant</li> <li>4. Diaphragmatic/Phrenic Pacing</li> <li>5. Exoskeleton</li> <li>6. Intradiscal Electrothermal Therapy (IDET)</li> <li>7. Magnetic Resonance Guided Focused Ultrasound for Treatment of Uterine Fibroids</li> <li>8. Microvolt T-Wave</li> <li>9. Radioimmunosciintigraphy</li> <li>10. Retinal (Implant) Prosthesis System (Argus II)</li> <li>11. Scintimammography</li> <li>12. Thermal Capsulorrhaphy</li> <li>13. Transmyocardial Laser Revascularization for Treatment of Severe Angina</li> </ol>	02/07/2023	07/01/2023
<a href="#">Per Oral Endoscopy Myotomy (POEM)</a>	New	MPC approved the to adopt new clinical criteria Per Oral Endoscopy Myotomy (POEM) to treat Achalasia.	02/07/2023	07/01/2023
<a href="#">Breast Reconstruction</a>	Modified	MPC approved minor changes to the Breast Reconstruction criteria regarding revisions to the non-diseased breast being made to match the diseased breast. After consultations with plastic surgeons, their best recommendation is to leave the decision with the patient and surgeon.	02/07/2023	07/01/2023
<a href="#">Dermatology Services</a>	Modified	MPC approved to include non-coverage indications for <i>fractional laser for burns and traumatic scars</i> , to align with codes listed in the criteria. This minor change will help the clinical review nurses when there is a request. <p>No 60-day notice required.</p>	02/07/2023	02/07/2023

<a href="#">Pluvicto (Lutetium Lu 177 vipivotide Tetraxetan)</a>	New	MPC approved to adopt new clinical criteria for Pluvicto, a radiopharmaceutical treatment, that coincides with PSMA-PET	01/10/2023	06/01/2023
<a href="#">Sacroiliac Joint Fusion (SIJ Fusion)</a>	Modified	MPC approved to adopt revised changes to the SI Joint Fusion criteria to allow coverage in certain situations.	01/10/2023	06/01/2023
<a href="#">PSMA-PET Scan</a>	New	MPC approved to adopt new clinical criteria for PSMA-PET Scan for the treatment of prostate cancer.	01/10/2023	06/01/2023
<a href="#">Stereotactic Radiosurgery</a>	Modified	MPC approved to adopt the revised changes to the SRS criteria to include indications for brain metastasis.	01/10/2023	06/01/2023
<a href="#">Total Hip Arthroplasty</a>	New	MPC approved new criteria for Total Hip Arthroplasty. Gold carding privileges will be granted to the orthopedic department. Procedure will continue to be reviewed for Site of Care (when indicated) in addition to medical necessity review	01/10/2023	06/01/2023
<a href="#">Positron Emission Tomography (PET) Scan</a>	Modified	MPC approved to adopt the revised criteria for Whole Body CT to include indications for Multiple Myeloma for Medicare and Non-Medicare members.	01/10/2023	06/01/2023
<a href="#">Bone Graft Substitutes &amp; Adjuncts</a>	Modified	MPC approved to amend the Infuse Bone Graft to include a list of various types of bone graft substitutes that are considered experimental and investigational. There are no specific codes for the other brand name products.	12/01/2022	05/01/2023
<a href="#">Thoracic Spine MRI</a>	New	MPC approved the to adopt new clinical criteria for Thoracic MRI.	12/01/2022	05/01/2023
<a href="#">Pharmacogenomic Testing</a>	Modified	MPC approved to remove medical necessity review for the following pharmacogenomic tests listed below: <ul style="list-style-type: none"> <li>• Anaplastic Lymphoma Kinase (ALK) Gene Rearrangement Testing for Locally Advanced or Metastatic Non- Small-Cell Lung Cancer</li> <li>• Epidermal Growth Factor Receptor (EGFR) Testing for Predicting Response of Patients with NSCLC to Tyrosine Kinase Inhibitors (TKIs) Such as VeriStrat</li> <li>• KRAS</li> <li>• NRAS</li> </ul>	12/01/2022	05/01/2023
<a href="#">Elective Surgical Procedures (Level of Care)</a>	New	MPC approved the new Elective Surgical Procedures (Level of Care) criteria. Cardiac Catheterization/Pacemaker is the first approved elective procedure to be done on an outpatient basis. This policy creates criteria for a planned cardiac catheterization procedure or a planned pacemaker procedure.	11/01/2022	04/01/2023
<a href="#">MRI Cervical Spine</a>	Modified	MPC approved the minor change for MRI- Cervical Spine criteria to include language for MS patients. The recommendation from KP MS working group is that MS patients should also receive an annual cervical spine MRI as well as brain.	11/01/2022	04/01/2023

		60-day notice is required.		
<a href="#">Genetic Screening &amp; Testing</a>	New	<ul style="list-style-type: none"> <li>Chromosomal Microarray Testing was revised include clarifying language for recurrent (two or more) intrauterine fetal demise. In addition, criteria include the contracted lab vendors, LabCorp and Prevention, and a blanket statement for all genetic tests to read: carrier screening is limited to once per lifetime. <b>No 60-day notice is required.</b></li> <li>MPC approved the new criteria for Thyroid Nodule Gene Expression Testing: ThyGenNext 024U; ThyrMIR 0018U used as companion test to ThyGenNext when results are inconclusive. <b>60-day notice is required.</b></li> <li>MPC approved criteria for Prolaris Prostate Testing and ConfirmMDx. <b>60-day notice is required.</b></li> </ul>	11/01/2022	Chromosomal Microarray Testing: 11/01/2022  Thyroid Nodule Testing, Prolaris & ConfirmMdx Testing: 04/01/2023
Physical Therapy standards for MRI, Cervical/Lumbar Spine for MS patients <ul style="list-style-type: none"> <li><a href="#">MRI Lumbar Spine</a></li> <li><a href="#">MRI Cervical Spine</a></li> <li><a href="#">Lumbar Fusion</a></li> <li><a href="#">Cervical Fusion</a></li> </ul>	Modified	MPC approved to adopt the recommend changes to the MRI Lumbar, MRI Cervical, Lumbar Fusion and Cervical Fusion criteria to quantify the PT visits to a minimum of 3 visits. Also, updated red flag updates for fusion only.  This will require a 60-day notice.	10/04/2022	03/01/2023
<a href="#">Bariatric Surgery: Adolescents &amp; Duodenal Switch</a>	Modified	MPC approved the recommended changes to the hybrid criteria for Bariatric Surgery, KP-516 03012023. Changes include indications for adolescents and coverage for Biliopancreatic Diversion with Duodenal Switch and Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy (SADI-S)).  This will require a 60-day notice.	10/04/2022	03/01/2023
<a href="#">Applied Behavioral Analysis Therapy (ABA)</a>	Modified	MPC approved the recommended changes to the ABA Therapy criteria. ABA services do not eliminate the requirement that the school district to provide appropriate mandatory services. ABA services are not to be used for custodial caregiving services, including respite for caregivers. The provider must use KP WA required report templates and clarified language related to caregiver training.  This will require a 60-day notice.	10/04/2022	03/01/2023
<a href="#">Monitored Anesthesia Care (MAC)</a>	Modified	MPC approved the criteria changes to include updates for ASA Class from IV to III and the inclusion coverage members with current suboxone use.  This will require a 60-day notice.	09/06/2022	03/01/2023
<a href="#">Next Generation Sequencing (NGS)</a>	Modified	MPC approved to expand criteria for NGS to include addition of 7 advanced care types: Stage IV Prostate, ovarian, endometrial, biliary, gastric, esophageal gastroesophageal, and breast; and	09/06/2022	02/01/2023

		<p>updated vendors for PPO members.</p> <p>This will require a 60-day notice.</p>		
<a href="#">Advanced Home Care</a>	New	<p>MPC approved the Advanced Home Criteria that outlines the details of the benefit and meets OIC requirements.</p> <p>This will require a 60-day notice.</p>	08/02/2022	12/01/2022
<a href="#">Insulin Pump</a>	Modified	<p>MPC approved to apply Omnipod 5- the newest addition of the Omnipod Insulin Management System to the current Insulin Pump criteria.</p> <p>No 60-day notice is required.</p>	07/05/2022	07/19/2022
<a href="#">Cochlear Implant</a>	Modified	<p>MPC approved to adopt changes to the hybrid Cochlear Implant criteria (KP-0177 v2) to include indications for single sided deafness and language for obsolescence/warranty guidelines.</p> <p>This will require a 60-day notice.</p>	07/05/2022	12/01/2022
<a href="#">Cervical Spine Fusion</a>	New	<p>MPC approved to adopt new clinical criteria for Cervical Spine Fusion. Criteria will include indications for the following categories related to Cervical Spine Fusion: Anterior Cervical Fusion for Degenerative Disease, Cervical Fusion for Stability, Cervical Fusion for Instability, Posterior Cervical Fusion: Spinal Stenosis, Cervical Fusion Following Prior Spinal Surgery, Cervical Fusion Following Prior Spinal Surgery: Pseudoarthrosis.</p> <p>This will require a 60-day notice.</p>	07/05/2022	12/01/2022
<a href="#">Spinal (Lumbar) Fusion</a>	Modified	<p>MPC approved to adopt the changes to the Lumbar Spinal Fusion to align with L&amp;I guidelines which include indications for smoking-cessation, BMI, and definitions for Spondylolisthesis grading.</p> <p>This will require a 60-day notice.</p>	06/07/2022	11/01/2022
<a href="#">High End Imaging</a>	Modified	<p>MPC approved to adopt changes to include additional language when high-end imaging is appropriate in a hospital-based imaging department or facility.</p> <p>This will require a 60-day notice.</p>	06/07/2022	11/01/2022
<a href="#">Home Pulse Oximetry</a>	Modified	<p>MPC approved to move the Home Pulse Oximetry criteria to the DME policy which states home pulse oximetry will no longer be reimbursable.</p> <p>This will require a 60-day notice.</p>	06/07/2022	11/01/2022

