

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:

Clinical Criteria	Status	Synopsis of Decision/Activity	Decision Date	Effective Date
<a href="#">Artificial Spinal Discs for Lumbar or Cervical Disc Disease</a>	New	MPC approved criteria for single-level artificial lumbar disc replacement for degenerative disc disease.	05/01/2025	10/01/2025
<a href="#">SynOne Test for diagnosis of Synucleinopathies</a>	New	MPC approved the adoption of new clinical criteria for the Syn-One Skin Biopsy Test for Synucleinopathy for both Medicare and commercial members.	05/01/2025	10/01/2025
<a href="#">Tonsillectomy &amp; Adenoidectomy Procedures</a>	New	MPC approved the adoption of new criteria for Tonsillectomy and Adenoidectomy (T&A) procedures in patients aged 18 and older, based on a review of outside medical spend and market analysis; and to establish a gold card agreement with the WPMG ENT department.	05/01/2025	10/01/2025
<a href="#">Catheter Based EP Ablation Procedures</a>	New	MPC has approved the hybrid criteria for Electrophysiologic Study and Intracardiac Catheter Ablation (KP-154 10012025) procedures, along with establishing a gold carding agreement with WPMG Cardiology.	05/01/2025	10/01/2025
<a href="#">Cardiac Defibrillators</a>	Change	MPC approved the proposed criteria for cardiac defibrillators for commercial members as presented. The changes aim to strengthen clinical appropriateness, reduce unnecessary procedures, and ensure patients receive maximized benefit from medical management before considering ICD implantation.	04/01/2025	09/01/2025
<a href="#">Bone Anchored Hearing System</a>	Change	MPC approved the proposed updates to the Bone Anchored Hearing System (BAHS) criteria. In alignment with standard practice, which recommends a 30- to 60-day hearing aid trial before considering BAHS, the updated criteria will now reflect a 30-day trial requirement.	04/01/2025	09/01/2025
<a href="#">Knee Arthroscopy</a>	Change	MPC has approved the proposed updates to the MCG Hybrid Knee Arthroscopy criteria (KP-S-705 09012025). These changes standardize conservative care pathways before surgery, strengthen clinical documentation requirements, and more clearly define treatment eligibility to support consistent, evidence-based surgical approvals.	04/01/2025	09/01/2025
<a href="#">Advanced Bronchoscopy Techniques</a>	Change	MPC approved the proposed criteria update for Advanced Bronchoscopy Techniques, specifically Electromagnetic Navigation-Guided Bronchoscopy, to clarify the policy and ensure alignment with community standards of care.	03/04/2025	08/01/2025
<a href="#">MRI Shoulder</a>	New	MPC approved the hybrid policy, KP-0056 08012025 for medical necessity criteria and to establish a gold carding agreement with WPMG Orthopedics and Sports Medicine.	03/04/2025	08/01/2025

<a href="#">MRI Cervical</a> <a href="#">MRI Lumbar Spine</a> <a href="#">MRI Thoracic Spine</a>	Change	MPC approved the proposed updates for oncologic staging or restaging of the spine to the MRI Cervical, thoracic and lumbar criteria as presented.	03/04/2025	08/01/2025
<a href="#">Dermatology</a>	Change	MPC approved the proposed changes for Excimer Laser to clarify and further address and define conservative treatment.	03/04/2025	08/01/2025
<a href="#">Reconstructive and Cosmetic Surgery Credentials</a>	Change	MPC endorsed to implement softened preferred credential language: <i>[Credentials] are preferred for [procedure]. [Procedure] may be medically necessary when the following criteria are met;</i> for the following criteria sets: <ul style="list-style-type: none"> <li>• Gender Affirming Surgeries</li> <li>• Breast Reconstruction</li> <li>• Gynecomastia</li> <li>• Breast implant removal and re-Implantation</li> <li>• Rhinoplasty</li> <li>• Blepharoplasty</li> <li>• Restorative and Cosmetic Procedures</li> </ul>	02/04/2025	07/01/2025
<a href="#">Tumor Treatment Fields Change</a>	Change	MPC approved the proposed criteria updates for Tumor Treatment Fields Therapy.	02/04/2025	07/01/2025
<a href="#">High Frequency Chest Wall Oscillation (HFCWO)</a>	Change	MPC approved the proposed criteria updates for HFCWO devices.	02/04/2025	07/01/2025
<a href="#">Gender Affirming Surgery - Breast Augmentation</a>	Change	MPC approved the criteria edits for “Gender affirming hormonal treatment regime,” of the proposed medical policy as presented.	02/04/2025	07/01/2025
<a href="#">PET PSMA</a>	Change	The MPC approved the proposed PET PSMA criteria for commercial members and initiated its application for Medicare members	01/14/2025	06/01/2025
<a href="#">Bunionectomy</a>	New	The MPC approved the adoption of new coverage criteria for Bunionectomy procedures based on the MCG-Hybrid guidelines	01/14/2025	06/01/2025
<a href="#">Mental Health Policy—Outpatient Services: Psychoanalysis for Mental Health Disorders</a>	Change	MPC approved to adopt MTAC’s recommendation and create a policy of non-coverage.	12/01/2024	05/01/2025
<a href="#">Restorative &amp; Cosmetic Procedures: Lipectomy for Lipedema</a>	Change	MPC approved the proposed criteria for Lipectomy for Lipedema as presented.	12/01/2024	05/01/2025
<a href="#">Radiofrequency Neurotomy Thoracic Spine</a>	Change	MPC approved the adoption of the Medicare LCD L38803 for medical necessity criteria for RFA Neurotomy in commercial members. In addition, MPC will reorganize the existing policies so that the facet injections and RFA procedures for facet mediated pain will be contained within the same policy.	12/01/2024	05/01/2025
<a href="#">Treatments for GERD</a>	Change	MPC approved to adopt limited criteria for EsophyX™ and LINX® procedures as presented.	12/01/2024	05/01/2025
<a href="#">SPECT Genetics Screening &amp; Testing</a>	Change	MPC approved the proposed draft criteria for SPECT for Amyloid Mediated Cardiomyopathy and Transthyretin (TTR) Amyloidosis Testing.	11/05/2024	04/01/2025
<a href="#">Surgical Procedures for Epilepsy</a>	New	MPC approved to adopt explicit criteria for Responsive Neurostimulation (RNS).	11/05/2024	04/01/2025
<a href="#">Sacral Nerve Stimulator</a>	Change	MPC approved the adoption of the proposed changes in the Sacral Nerve Stimulator policy for Medicare and Non-Medicare Members regarding conservative therapy.	11/05/2024	04/01/2025

<a href="#">Applied Behavioral Analysis</a>	Change	MPC approved to adopt the proposed criteria updates to the Applied Behavioral Analysis Therapy (ABA) policy to include clarifying language when requesting for additional time.	10/01/2024	03/01/2025
<a href="#">Gender Affirming Surgeries</a>	Change	MPC approved to adopt the proposed changes to the Gender Affirming Services criteria to include coverage criteria for body contouring.	10/01/2024	03/01/2025
<a href="#">Shoulder Arthroscopy</a>	New	MPC approved to adopt the proposed MCG Hybrid Shoulder Arthroscopy criteria as presented and establish a gold carding arrangement/audit schedule with WPMG Orthopedics department.	10/01/2024	03/01/2025
<a href="#">Fundoplication</a>	New	MPC approved to adopt the proposed medical necessity criteria above for Hiatal Hernia Repair as presented, establish a gold carding agreement with WPMG general surgery and re-evaluate the evidence for and market position of LINX and Esophyx to determine whether we should modify our policy on these procedures.	09/03/2024	02/01/2025
<a href="#">Hip Arthroscopy</a>	New	MPC approved to adopt the proposed MCG Hybrid Hip Arthroscopy KP-S-572 02012025 for Medicare and Non-Medicare Members.	09/03/2024	02/01/2025
<a href="#">MRI</a> <a href="#">Thoracic MRI</a> <a href="#">Lumbar MRI</a>	Change	MPC approved to adopt the proposed update to MRI Lumbar and Thoracic criteria as presented for Non-Medicare Members	09/03/2024	02/01/2025
<a href="#">Mental Health Services</a>	Change	MPC is recommending adding more explicit language to clarify the existing policy and the need to submit supporting documentation to clinical reviewers.	09/03/2024	02/01/2025
<a href="#">Physical Therapy Services</a> <a href="#">Occupational Therapy Services</a> <a href="#">Speech &amp; Language Therapy Services</a>	New	MPC approved the proposed medical necessity criteria for PT/OT/SLP. MPC endorsed post service review for very high utilizers, and will continue to study the best way to implement such an initiative.	09/03/2024	02/01/2025
<a href="#">Advanced Care at Home</a>	Change	MPC approved the amended changes to the policy for Medicare and Non-Medicare Members.	08/06/2024	01/01/2025
<a href="#">Knee Arthroscopy</a>	New	MPC approved to adopt the proposed MCG Hybrid Knee Arthroscopy KP-S-705 01012025 criteria as presented; approved to enter into a gold carding agreement with the WPMG Orthopedics Department.	08/06/2024	01/01/2025
<a href="#">Rhinoplasty</a>	Change	MPC approved to include a coverage statement to the Hybrid MCG policy for Rhinoplasty regarding Latera.	08/06/2024	01/01/2025
<a href="#">Thyroid Surgeries</a>	New	MPC approved the medical necessity criteria for Thyroidectomies as presented; approved to enter a gold-carding agreement with WPMG Endocrine surgeons.	08/06/2024	01/01/2025
<a href="#">Chronic Cerebrospinal Venous Insufficiency Treatment</a>	Retired	MPC approved to retire the criteria; 60-day notice is required.	07/02/2024	12/01/2024
<a href="#">Mobility Assistive Devices</a>	Change	MPC approved the proposed criteria updated to remove review requirement for code E0950, wheelchair trays when they have an approval for a	07/02/2024	12/01/2024

		wheelchair or being ordered for a patient with documentation of current wheelchair use.		
<a href="#">Genetic Screening and Testing: Colorectal Cancer Screening (Hereditary)</a>	Change	MPC approved to adopt Colorectal Cancer (Hereditary) - Gene Panel (MCG Hybrid KP-0774 12012024) as presented.	07/02/2024	12/01/2024
<a href="#">Genetic Screening and Testing: SOD1 for ALS</a>	Change	MPC approved to adopt the proposed hybrid criteria for Amyotrophic Lateral Sclerosis (ALS) - SOD1 Gene (MCG KP-0591 12012024) from the 28th edition.	07/02/2024	12/01/2024
<a href="#">Hip Surgery Procedures for Femoroacetabular Impingement Syndrome</a>	Change	MPC approved changes to the existing FAI criteria for Medicare and Non-Medicare members. 60-day notice is required.	07/02/2024	12/01/2024
<a href="#">Elective Surgical- Level of Care</a>	Change	<p>MPC approved the following recommendations for Medicare and Non-Medicare members; 60-day notice is required.</p> <ul style="list-style-type: none"> <li>• Approve the addition of all the ASC soc codes to the Level of Care Policy</li> <li>• Approve the proposed codes for procedures nearly always billed as outpatient to be added to the level of care policy</li> <li>• Approve the proposed codes for procedures are often billed as outpatient (but sometimes inpatient) to be added to the level of care policy</li> <li>• Approve the proposed codes usually billed as inpatient (but sometimes outpatient) that often discharge in 1 Midnight or less to be added to the level of care policy</li> </ul>	07/02/2024	12/01/2024
<a href="#">Genetic Panel Testing: Cytochrome P450 Pharmacogenetics</a>	New	MPC approved to adopt the MCG 28th edition policy on Cytochrome P450 testing, A-0775 for Non-Medicare Members.	06/04/2024	11/02/2024
<a href="#">Electrical Stimulation Devices: Gastric Stimulation Device</a>	New	MPC approved adoption of the 28th edition of MCG for Gastric Stimulation (Electrical) criteria, A-0395 for Medicare and Non-Medicare Members.	06/04/2024	11/02/2024
<a href="#">Shoulder Arthroplasty</a>	New	MPC approved to adopt hybrid MCG criteria for Shoulder Arthroplasty & Shoulder Hemiarthroplasty procedures for Medicare and Non-Medicare Members.	06/04/2024	11/02/2024
Clinical Criteria: Retired List	Retired	<p>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> <p>Clinical criteria sets recommended to retire:</p> <ul style="list-style-type: none"> <li>• Defecography</li> <li>• Digital Breast Tomography</li> <li>• Magnetic Resonance Enterography</li> <li>• Perfusion Computed Tomography</li> <li>• Whole Body Computed Tomography Scan</li> <li>• Peanut challenge/LEAP</li> <li>• SpaceOar</li> </ul>	05/07/2024	10/01/2024
<a href="#">High End Imaging Site of Care—PET Scan</a>	Change	MPC approved the addition of PET scan to the Site of Care criteria.	05/07/2024	10/01/2024
<a href="#">Facility Based Sleep Studies</a>	New	MPC approved new medical necessity criteria for in-lab sleep studies.	04/02/2024	09/01/2024
<a href="#">Lower Extremity Prosthesis</a>	Change	MPC approved the Medicare criteria for Lower Limb Prosthesis for commercial members.	04/02/2024	09/01/2024

<a href="#">Electrical Stimulation Devices—TENS units</a>	Change	MPC approved the modified hybrid criteria for TENS units for commercial members.	04/02/2024	09/01/2024
<a href="#">Bone Lengthening</a>	New	MPC approved new clinical criteria for Bone Lengthening.	04/02/2024	09/01/2024
<a href="#">Biofeedback for Urinary Incontinence</a>	Change	MPC approved to discontinue medical necessity review of biofeedback for the treatment of urinary incontinence.	03/12/2024	08/01/2024
<a href="#">Bulking Agents</a>	Change	MPC approved the revised clinical criteria for use of urethral bulking agents in commercial members.	03/12/2024	08/01/2024
<a href="#">Pubovaginal Slings</a>	Change	MPC approved the revised clinical criteria for sling procedures to treat urinary incontinence.	03/12/2024	08/01/2024
<a href="#">Capsule Endoscopy</a>	Change	MPC approved the modified review criteria for capsule endoscopy.	03/12/2024	08/01/2024
<a href="#">Transcranial Magnetic Stimulation (TMS)</a>	Change	MPC approved the revised clinical criteria for Transcranial Magnetic Stimulation (TMS).	03/12/2024	08/01/2024
<a href="#">Durable Medical Equipment</a>	Change	MPC approved a new payment method for certain DME billing codes and removed payment methods for others, which will now be detailed on the DME page.	02/13/2024	07/01/2024
<a href="#">Hereditary Retinal Disorders</a>	Change	MPC approved the proposed draft criteria above for Retinal Disorders (Hereditary) - Gene Panels MCG KP-0912 (hybrid).	02/13/2024	07/01/2024
<a href="#">PET Scan: Breast Cancer Staging</a>	Change	MPC approved the revised clinical criteria for PET scan in the staging of breast cancer.	02/13/2024	07/01/2024
<a href="#">Pneumatic Compression Garments</a>	Change	MPC approved to endorse the proposed criteria as presented, adopting the Medicare LCD Pneumatic compression devices L33829 for our commercial line of business.	01/09/2024	06/01/2024
<a href="#">Ultrasonic Bone Growth Stimulators</a>	Change	MPC approved the proposed criteria to adopt non-hybridized criteria MCG Bone Growth Stimulators Ultrasonic MCG A-0414, which aligns with the market and Medicare.	01/09/2024	06/01/2024
<a href="#">Femoroacetabular Impingement Syndrome (FAI)</a>	Change	MPC approved to revise the FAI policy to allow for FAI procedures to be authorized when a separate procedure for labral repair is indicated. 60-day notice is not required.	01/09/2024	01/23/2024
<a href="#">Sleep Apnea Treatments: Hypoglossal Nerve Stimulator</a>	Change	MPC approved clinical coverage criteria for hypoglossal nerve stimulation and DISE procedure in support of the MTAC review.	01/09/2024	06/01/2024
<a href="#">Genetic Screening &amp; Testing: Apolipoprotein E (APOE) Testing</a>	Change	MPC approved medical necessity criteria for Apolipoprotein E (APOE) testing for patients with Alzheimer disease (AD) who are considering monoclonal antibody therapy against aggregated forms of beta amyloid.	01/09/2024	06/01/2024
<a href="#">MRI - Brain</a>	Change	MPC approved to modify medical necessity criteria for brain and cervical spine MRI as in the SBAR, allowing for a short-term imaging follow-up after radiologic signs of MS disease activity and more rapid imaging follow-up for up to one year following a change in therapy.	12/09/2023	05/01/2024
<a href="#">PET Scan for Breast Cancer Imaging</a>	Change	MPC approved to edit the clinical criteria for PET Scans to include an indication of breast cancer in order to more clearly align with the current NCCN guidelines and revise criteria as needed if/when NCCN updates their criteria further.	12/09/2023	05/01/2024

<a href="#">Home Pulse Oximetry</a>	Change	MPC approved to endorse a position of non-coverage, aligning with CMS payment methodology.	12/09/2023	05/01/2024
<a href="#">Cardiac Defibrillator</a>	Change	MPC approved adopting Medicare coverage criteria of Defibrillator and Pacemaker placement for commercial members and gold card WPMG Cardiology subject to ongoing audits of compliance with the stated criteria.	11/07/2023	04/01/2024
<a href="#">Myocardial Perfusion Imaging (MPI)</a>	Change	MPC approved to initiate medical necessity review of MPI for Medicare Advantage members to align with 2024 CMS final rule.	11/07/2023	02/01/2024
<a href="#">Applied Behavioral Analysis (ABA) Therapy</a>	Change	MPC approved to edit language in the current policy to reference WAC 388-823-0500 and align clinical criteria language of provider types with the WAC. MPC should remove lack of parental involvement with ABA treatment from discharge criteria but maintain parent/guardian coaching plan as an integral component of ABA treatment plan requirements.	11/07/2023	04/01/2024

