

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>

Clinical Criteria	Status	Synopsis of Decision/Activity	Decision Date	Effective Date
Pneumatic Compression Garments	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
Ultrasonic Bone Growth Stimulators	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
Femoroacetabular Impingement Syndrome (FAI)	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
Sleep Apnea Treatments: Hypoglossal Nerve Stimulator	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
Genetic Screening & Testing: Apolipoprotein E (APOE) Testing	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
MRI - Brain	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
PET Scan for Breast Cancer Imaging	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
Home Pulse Oximetry	Change	MPC approved to endorse a position of non-coverage, aligning with CMS payment methodology.	12/09/2023	05/01/2024
Cardiac Defibrillator & Leadless Pacemaker	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
Myocardial Perfusion Imaging (MPI)	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
Applied Behavioral Analysis (ABA) Therapy	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	11/07/2023	04/01/2024

		plan as an integral component of ABA treatment plan requirements.		
Substance Use Disorder: General	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
Rhinoplasty	Change	MPC approved the clarification of language in the clinical criteria policy regarding photographic requests.	10/03/2023	03/01/2024
Radiofrequency Ablation: Uterine Leiomyomas	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
Chromoendoscopy	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
Transition of Care	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
MRI: Cervical MRI: Lumbar Spine MRI: Thoracic	Change	MPC approved the criteria update to allow Ankylosing Spondylitis (AS) indications.	10/03/2023	03/01/2024
Nasal Cryoablation, Radiofrequency Ablation & Laser Treatments	Change	MPC approved to adopt non-coverage criteria for both commercial and non-Medicare members.	09/05/2023	02/01/2024
Sinus Surgeries	New	MPC approved new clinical criteria to allow coverage for FESS and Sinuplasty.	09/05/2023	02/01/2024
Breast Cancer Index	New	MPC approved adopt new criteria to allow coverage for BCI.	09/05/2023	02/01/2024
Prescription Hearing Aids	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
Myocardial Perfusion Imaging	New	MPC approved to adopt hybrid criteria for MPI as presented.	09/05/2023	02/01/2024
Continuous Glucose Monitor (CGM)	Change	MPC approved the changes to criteria to expand coverage for CGM.	08/01/2023	01/01/2024
Bariatric Surgery	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
MRI: Cervical MRI: Lumbar Spine	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
Sinus Surgeries	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
Breast Pump	Retire	MPC approved to retire clinical criteria for Breast Pump as it does not result in cost savings and creates member dissatisfaction.	07/11/2023	12/01/2023

Medical Necessary Services	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
High End Imaging Site of Care	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
Elective Surgical Procedures	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
Negative Wound Pressure Therapy	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
Fertility Services (formerly Infertility Services)	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
Breast MRI	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
Epidural Steroid Injections (ESI)	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
Gender Affirming Surgeries	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
Ambulatory Surgery Center (ASC) - Site of Care Policy	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
Monitored Anesthesia Care	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"> • Cervical • Thoracic • Lumbar 	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
Bone-Anchored Hearing System	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

Facet Neurotomy	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
Facet Joint Injections (ESI)/Medial Branch Block	NEW	MPC approved to adopt Medicare criteria for Facet Joint Injections/Medial Branch Block for commercial members.	3/7/2023	8/1/2023
Epidural Steroid Injections (ESI)	NEW	MPC approved the to adopt new clinical criteria for Epidural Steroid Injections (ESI) to include indications for: <ul style="list-style-type: none"> • Suspected Lumbar Radiculopathy/Radicular Pain • Suspected Cervical Radiculopathy/Radicular Pain • Suspected Thoracic Radiculopathy/Radicular Pain • Neurogenic claudication • Repeat Epidural Steroid Injections (ESI) • Epidural Steroid Injection (ESI) Limitations • Epidural Steroid Injection (ESI) exclusions/contraindications 	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><i>Clinical criteria sets recommended to retire:</i></p> <ol style="list-style-type: none"> 1. Axial Lumbar Interbody Fusion System 2. Continuous 24-hr monitor of IOP/glaucoma 3. Collagen Meniscus Implant 4. Diaphragmatic/Phrenic Pacing 5. Exoskeleton 6. Intradiscal Electrothermal Therapy (IDET) 7. Magnetic Resonance Guided Focused Ultrasound for Treatment of Uterine Fibroids 8. Microvolt T-Wave 9. Radioimmunosintigraphy 10. Retinal (Implant) Prosthesis System (Argus II) 11. Scintimammography 12. Thermal Capsulorrhaphy 13. Transmyocardial Laser Revascularization for Treatment of Severe Angina 	02/07/2023	07/01/2023
Per Oral Endoscopy Myotomy (POEM)	New	MPC approved the to adopt new clinical criteria Per Oral Endoscopy Myotomy (POEM) to treat Achalasia.	02/07/2023	07/01/2023
Breast Reconstruction	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
Dermatology Services	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

Pluvicto (Lutetium Lu 177 vipivotide Tetraxetan)	New	MPC approved to adopt new clinical criteria for Pluvicto, a radiopharmaceutical treatment, that coincides with PSMA-PET	01/10/2023	06/01/2023
Sacroiliac Joint Fusion (SIJ Fusion)	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
PSMA-PET Scan	New	MPC approved to adopt new clinical criteria for PSMA-PET Scan for the treatment of prostate cancer.	01/10/2023	06/01/2023
Stereotactic Radiosurgery	Modified	MPC approved to adopt the revised changes to the SRS criteria to include indications for brain metastasis.	01/10/2023	06/01/2023
Total Hip Arthroplasty	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
Positron Emission Tomography (PET) Scan	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
Bone Graft Substitutes & Adjuncts	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
Thoracic Spine MRI	New	MPC approved the to adopt new clinical criteria for Thoracic MRI.	12/01/2022	05/01/2023
Pharmacogenomic Testing	Modified	MPC approved to remove medical necessity review for the following pharmacogenomic tests listed below: <ul style="list-style-type: none"> • Anaplastic Lymphoma Kinase (ALK) Gene Rearrangement Testing for Locally Advanced or Metastatic Non- Small-Cell Lung Cancer • Epidermal Growth Factor Receptor (EGFR) Testing for Predicting Response of Patients with NSCLC to Tyrosine Kinase Inhibitors (TKIs) Such as VeriStrat • KRAS • NRAS 	12/01/2022	05/01/2023
Elective Surgical Procedures (Level of Care)	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
MRI Cervical Spine	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.		
Genetic Screening & Testing	New	<ul style="list-style-type: none"> 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. No 60-day notice is required. 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. 60-day notice is required. MPC approved criteria for Prolaris Prostate Testing and ConfirmMDx. 60-day notice is required. 	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"> MRI Lumbar Spine MRI Cervical Spine Lumbar Fusion Cervical Fusion 	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
Bariatric Surgery: Adolescents & Duodenal Switch	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
Applied Behavioral Analysis Therapy (ABA)	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
Monitored Anesthesia Care (MAC)	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
Next Generation Sequencing (NGS)	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

		updated vendors for PPO members. This will require a 60-day notice.		
--	--	--	--	--

