



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Medicare Only – Miscellaneous Criteria

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*\*Note: This list is not all-inclusive – refer to the [Medicare Coverage Database](#) for additional coverage documentation.*

Category	Location of Policy	Name of Policy and Link
<b>Durable Medical Equipment</b>	NCD	<ul style="list-style-type: none"> <li><a href="#">Ambulatory Blood Pressure Monitoring 20.19</a></li> <li><a href="#">Ambulatory EEG Monitoring 160.22-Retired</a></li> <li><a href="#">Hospital Beds 280.7</a></li> <li><a href="#">Peridex CAPD Filter Set 230.13</a></li> </ul>
	LCD	<ul style="list-style-type: none"> <li><a href="#">Hospital Beds and Accessories L33820</a></li> <li><a href="#">Urological Supplies L33803 (addresses InFlow device A4341/A4342)</a></li> </ul>
	Decision Memo	<ul style="list-style-type: none"> <li><a href="#">Ambulatory blood Pressure Monitoring (ABPM)</a></li> </ul>
<b>Radiology</b>	NCD	<ul style="list-style-type: none"> <li><a href="#">Bone (Mineral) Density Studies 150.3</a></li> <li><a href="#">Microvolt T-Wave Alternans (MTWA) 20.3</a></li> </ul>
	LCD	<ul style="list-style-type: none"> <li><a href="#">Magnetic-Resonance-Guided Focused Ultrasound Surgery (MRgFUS) for Essential Tremor (L37738)</a></li> </ul>
<b>Laboratory</b>	NCD	<ul style="list-style-type: none"> <li><a href="#">Alpha-fetoprotein 190.25</a></li> <li><a href="#">Chimeric Antigen Receptor (CAR) T-cell Therapy 110.24</a></li> <li><a href="#">Human Tumor Stem Cell Drug Sensitivity Assays 190.7</a></li> </ul>
	LCD	<ul style="list-style-type: none"> <li><a href="#">B-type Natriuretic Peptide (BNP) Testing (L34038)</a></li> <li><a href="#">Vitamin D Assay Testing L34051</a></li> <li><a href="#">Measurement of Salivary Hormones(L36857)</a></li> </ul>
	Decision Memo	<ul style="list-style-type: none"> <li><a href="#">Chimeric Antigen Receptor (CAR) T-cell Therapy for Cancers (CAG-00451)</a></li> </ul>
<b>Other Diagnostic Tests</b>	NCD	<ul style="list-style-type: none"> <li><a href="#">Cardiac Output Monitoring by Thoracic Electrical Bioimpedance (TEB) 20.16</a></li> <li><a href="#">Challenge Ingestion Food Testing 110.12</a></li> <li><a href="#">Collagen Crosslinks, any Method 190.19</a></li> <li><a href="#">Displacement Cardiography 20.24</a></li> <li><a href="#">HIS Bundle Study 20.13</a></li> </ul>
	LCD	<ul style="list-style-type: none"> <li><a href="#">Polysomnography and Other Sleep Studies L34040</a></li> </ul>
<b>Surgical Procedures</b>	NCD	<ul style="list-style-type: none"> <li><a href="#">Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee 150.9</a></li> <li><a href="#">Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors 110.20</a></li> <li><a href="#">Carotid Body Resection/Carotid Body Denervation 20.18</a></li> <li><a href="#">Ultrasonic Surgery 50.8</a></li> <li><a href="#">Vertebral Artery Surgery 20.1</a></li> <li><a href="#">Lung Volume Reduction Surgery (Reduction Pneumoplasty) 240.1</a></li> <li><a href="#">Partial Ventriculectomy 20.26</a></li> <li><a href="#">Percutaneous Transluminal Angioplasty (PTA) 20.7</a></li> </ul>

Category	Location of Policy	Name of Policy and Link
		<ul style="list-style-type: none"> <li><a href="#">Phrenic Nerve Stimulator 160.19</a></li> <li><a href="#">Transmyocardial Revascularization (TMR) 20.6</a></li> </ul>
	LCD	<ul style="list-style-type: none"> <li><a href="#">Injection - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma L34076</a></li> </ul>
	LCA	<ul style="list-style-type: none"> <li><a href="#">Arthroscopic Lavage and Arthroscopic Debridement for Osteoarthritic Knees A54063</a></li> </ul>
Medical Procedures	NCD	<ul style="list-style-type: none"> <li><a href="#">Apheresis (Therapeutic Pheresis) 100.14</a></li> <li><a href="#">Abortion 140.1</a></li> <li><a href="#">Verteporfin (Photosensitive Drugs) 80.3</a></li> </ul>
Rehabilitation Services	NCD	<ul style="list-style-type: none"> <li><a href="#">Inpatient Hospital Pain Rehabilitation Programs 10.3</a></li> <li><a href="#">Intensive Behavioral Therapy for Cardiovascular Disease 210.11</a></li> <li><a href="#">Intensive Behavioral Therapy for Obesity 210.12</a></li> <li><a href="#">Outpatient Hospital Pain Rehabilitation Programs 10.4</a></li> </ul>
Others	Manuals	<ul style="list-style-type: none"> <li><a href="#">Hospice Chapter 9</a></li> </ul>

Date Created	Date Reviewed	Date Last Revised
04/13/2009	04/13/2009 <sup>MDCRPC</sup> , 05/03/2011 <sup>MDCRPC</sup> , 08/02/2011 <sup>MDCRPC</sup> , 06/05/2012 <sup>MDCRPC</sup> , 04/02/2013 <sup>MDCRPC</sup> , 02/04/2014 <sup>MPC</sup> , 04/01/2014 <sup>MPC</sup> , 05/06/2014 <sup>MPC</sup> , 07/01/2014 <sup>MPC</sup> , 10/06/2015 <sup>MPC</sup> , 08/02/2016 <sup>MPC</sup> , 06/06/2017 <sup>MPC</sup> , 04/03/2018 <sup>MPC</sup> , 04/02/2019 <sup>MPC</sup> , 04/07/2020 <sup>MPC</sup> , 04/06/2021 <sup>MPC</sup> , 04/05/2022 <sup>MPC</sup> , 04/04/2023 <sup>MPC</sup>	03/29/2024

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description of Change
04/30/2015	Added Transcatheter Mitral Valve Repair
05/26/2015	Added Oral Appliances for Obstructive Sleep Apnea
09/08/2015	Revised LCD B-type Natriuretic Peptide (BNP) Testing L34057 and L34038, Medicare Non-Covered Services 34886, Vitamin D Assay Testing LCD L34094 and L34051, Polysomnography and Other Sleep Studies LCD L34040, Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy LCD L34995, Injection - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma L34076, Oral Appliances for Obstructive Sleep Apnea L33611
01/27/2016	Added LCD L35457 and L34980
04/11/2017	Added Decision Memo for Leadless Pacemakers
08/03/2017	Added NCD for Leadless Pacemakers
06/12/2019	Added LCD L37738
04/07/2020	Removed Leadless Pacemakers, Implantable Automatic Defibrillators and Hyperthermia for Treatment of Cancer categories since they have their own individual KPWA criteria.
12/02/2022	Added LCD L39242 replacing retired LCD L34980
03/01/2023	Added NCD 160.22 Ambulatory EEG Monitoring - Retired
03/23/2023	Review for Endothelial Cell Photography is no longer required.
04/18/2023	Removed Magnetic Resonance Imaging NCD 220.2 due to having independent criteria pages for MRI. Removed Epidural Steroid injections for Pain management L39242 due to having independent criteria page for ESI.
12/21/2023	Added NCD Microvolt T-Wave Alternans (MTWA) 20.3, Lung Volume Reduction Surgery (Reduction Pneumoplasty) 240.1, Partial Ventriculectomy 20.26, Percutaneous Transluminal Angioplasty (PTA) 20.7, Transmyocardial Revascularization (TMR) 20.6
3/29/2024	Removed the Cardiac Pacemakers NCD 20.8.3 as this has its own individual criteria where this is listed.