

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 |
|--|--------|--|---------------|----------------|
| Advanced Bronchoscopy Techniques | 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 |
| MRI Shoulder | 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 |
| MRI Cervical MRI Lumbar Spine MRI Thoracic Spine | 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 |
| Dermatology | Change | MPC approved the proposed changes for Excimer Laser to clarify and further address and define conservative treatment. | 03/04/2025 | 08/01/2025 |
| Reconstructive and Cosmetic Surgery Credentials | 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; for the following criteria sets:</i> <ul style="list-style-type: none"> • Gender Affirming Surgeries • Breast Reconstruction • Gynecomastia • Breast implant removal and re-Implantation • Rhinoplasty • Blepharoplasty • Restorative and Cosmetic Procedures | 02/04/2025 | 07/01/2025 |
| Tumor Treatment Fields Change | Change | MPC approved the proposed criteria updates for Tumor Treatment Fields Therapy. | 02/04/2025 | 07/01/2025 |
| High Frequency Chest Wall Oscillation (HFCWO) | Change | MPC approved the proposed criteria updates for HFCWO devices. | 02/04/2025 | 07/01/2025 |
| Gender Affirming Surgery - Breast Augmentation | 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 |
| PET PSMA | 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 |
| Bunionectomy | 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 |
| Mental Health Policy—Outpatient Services: Psychoanalysis for Mental Health Disorders | Change | MPC approved to adopt MTAC’s recommendation and create a policy of non-coverage. | 12/01/2024 | 05/01/2025 |
| Restorative & Cosmetic Procedures: Lipectomy for Lipedema | Change | MPC approved the proposed criteria for Lipectomy for Lipedema as presented. | 12/01/2024 | 05/01/2025 |
| Radiofrequency Neurotomy Thoracic | Change | MPC approved the adoption of the Medicare LCD | 12/01/2024 | 05/01/2025 |

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| Spine | | 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. | | |
| Treatments for GERD | Change | MPC approved to adopt limited criteria for EsophyX™ and LINX® procedures as presented. | 12/01/2024 | 05/01/2025 |
| SPECT Genetics Screening & Testing | Change | MPC approved the proposed draft criteria for SPECT for Amyloid Mediated Cardiomyopathy and Transthyretin (TTR) Amyloidosis Testing. | 11/05/2024 | 04/01/2025 |
| Surgical Procedures for Epilepsy | New | MPC approved to adopt explicit criteria for Responsive Neurostimulation (RNS). | 11/05/2024 | 04/01/2025 |
| Sacral Nerve Stimulator | 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 |
| Applied Behavioral Analysis | 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 |
| Gender Affirming Surgeries | 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 |
| Shoulder Arthroscopy | 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 |
| Fundoplication | 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 |
| Hip Arthroscopy | 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 |
| MRI Thoracic MRI Lumbar MRI | 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 |
| Mental Health Services | 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 |
| Physical Therapy Services Occupational Therapy Services Speech & Language Therapy Services | 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 |
| Advanced Care at Home | Change | MPC approved the amended changes to the policy for Medicare and Non-Medicare Members. | 08/06/2024 | 01/01/2025 |
| Knee Arthroscopy | New | MPC approved to adopt the proposed MCG Hybrid Knee Arthroscopy KP-S-705 01012025criteria as presented; approved to enter | 08/06/2024 | 01/01/2025 |

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| | | into a gold carding agreement with the WPMG Orthopedics Department. | | |
| Rhinoplasty | Change | MPC approved to include a coverage statement to the Hybrid MCG policy for Rhinoplasty regarding Latera. | 08/06/2024 | 01/01/2025 |
| Thyroid Surgeries | 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 |
| Chronic Cerebrospinal Venous Insufficiency Treatment | Retired | MPC approved to retire the criteria; 60-day notice is required. | 07/02/2024 | 12/01/2024 |
| Mobility Assistive Devices | Change | MPC approved the proposed criteria updated to remove review requirement for code E0950, wheelchair trays when they have an approval for a wheelchair or being ordered for a patient with documentation of current wheelchair use. | 07/02/2024 | 12/01/2024 |
| Genetic Screening and Testing: Colorectal Cancer Screening (Hereditary) | Change | MPC approved to adopt Colorectal Cancer (Hereditary) - Gene Panel (MCG Hybrid KP-0774 12012024) as presented. | 07/02/2024 | 12/01/2024 |
| Genetic Screening and Testing: SOD1 for ALS | 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 |
| Hip Surgery Procedures for Femoroacetabular Impingement Syndrome | 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 |
| Elective Surgical- Level of Care | 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"> • Approve the addition of all the ASC soc codes to the Level of Care Policy • Approve the proposed codes for procedures nearly always billed as outpatient to be added to the level of care policy • Approve the proposed codes for procedures are often billed as outpatient (but sometimes inpatient) to be added to the level of care policy • 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 | 07/02/2024 | 12/01/2024 |
| Genetic Panel Testing: Cytochrome P450 Pharmacogenetics | 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 |
| Electrical Stimulation Devices: Gastric Stimulation Device | 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 |
| Shoulder Arthroplasty | 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 | 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 | 05/07/2024 | 10/01/2024 |

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| | | <p>by clinical experts that there is no utilization.</p> <p>Clinical criteria sets recommended to retire:</p> <ul style="list-style-type: none"> • Defecography • Digital Breast Tomography • Magnetic Resonance Enterography • Perfusion Computed Tomography • Whole Body Computed Tomography Scan • Peanut challenge/LEAP • SpaceOar | | |
| High End Imaging Site of Care—PET Scan | Change | MPC approved the addition of PET scan to the Site of Care criteria. | 05/07/2024 | 10/01/2024 |
| Facility Based Sleep Studies | New | MPC approved new medical necessity criteria for in-lab sleep studies. | 04/02/2024 | 09/01/2024 |
| Lower Extremity Prosthesis | Change | MPC approved the Medicare criteria for Lower Limb Prosthesis for commercial members. | 04/02/2024 | 09/01/2024 |
| Electrical Stimulation Devices—TENS units | Change | MPC approved the modified hybrid criteria for TENS units for commercial members. | 04/02/2024 | 09/01/2024 |
| Bone Lengthening | New | MPC approved new clinical criteria for Bone Lengthening. | 04/02/2024 | 09/01/2024 |
| Biofeedback for Urinary Incontinence | Change | MPC approved to discontinue medical necessity review of biofeedback for the treatment of urinary incontinence. | 03/12/2024 | 08/01/2024 |
| Bulking Agents | Change | MPC approved the revised clinical criteria for use of urethral bulking agents in commercial members. | 03/12/2024 | 08/01/2024 |
| Pubovaginal Slings | Change | MPC approved the revised clinical criteria for sling procedures to treat urinary incontinence. | 03/12/2024 | 08/01/2024 |
| Capsule Endoscopy | Change | MPC approved the modified review criteria for capsule endoscopy. | 03/12/2024 | 08/01/2024 |
| Transcranial Magnetic Stimulation (TMS) | Change | MPC approved the revised clinical criteria for Transcranial Magnetic Stimulation (TMS). | 03/12/2024 | 08/01/2024 |
| Durable Medical Equipment | 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 |
| Hereditary Retinal Disorders | Change | MPC approved the proposed draft criteria above for Retinal Disorders (Hereditary) - Gene Panels MCG KP-0912 (hybrid). | 02/13/2024 | 07/01/2024 |
| PET Scan: Breast Cancer Staging | Change | MPC approved the revised clinical criteria for PET scan in the staging of breast cancer. | 02/13/2024 | 07/01/2024 |
| 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 |

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| 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 | 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 plan as an integral component of ABA treatment plan requirements. | 11/07/2023 | 04/01/2024 |

