



COMMUNITY HEALTH PLAN
of Washington™

Community Health Plan of Washington
Clinical Coverage Criteria

Policy Name & Link	Last Updated	Summary of Changes, if Applicable
MM125 Physical and Occupational Therapy	5/13/2019	Merged PT and OT therapy limitation extension criteria. Clarified that the therapy must be prescribed by a provider.
MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee	1/4/2019	Reviewed, no changes
MM128 Orthoptic-Pleoptic Training	1/15/2019	Indication of convergence insufficiency without traumatic brain injury added to clinical coverage criteria. Specific criteria added for Medicare members. Added criteria for continuation of therapy. Updated reference regarding dyslexia and learning disabilities.
MM129 Neuropsychological Testing	7/24/2019	Addition of two more groups that may be appropriate for neuropsychological testing and clarification of criteria. Required documentation separated out from the criteria, Change in age for rehabilitation criteria. Clarified the role of school testing and IEP.
MM130 Cardiac Stents	1/4/2019	Reviewed, no changes
MM131 Transplants and Transplant Work-ups, Donor Search, Donation	2/15/2019	Removed references to Interlink Criteria. Removed reference to Medicare Approved Transplant Programs. Added Required documentation. Changed approving body to UM Medical Subcommittee
MM132 Complementary Alternative Care	7/5/2019	Checked and corrected links. Acupuncture and Naturopathy: referred to benefit grids for coverage information. Referenced MM173 Acupuncture Limit Extension for Apple Health and IMC (FIMC). Added clinical coverage criteria for biofeedback for diagnoses of headache and pelvic floor rehabilitation
MM134 Program of Assertive Community Treatment (PACT) Program Criteria	7/18/2019	Reviewed, no changes
MM135 Positive Airway Pressure Devices	8/9/2019	Expanded definitions, removed reference to brand name BiPAP other than as an example trial. Links corrected.
MM136 Durable Medical Equipment	4/5/2019	Added criteria for standing frames and sit to stand frames. Change face to face requirement to be 6 months instead of 3 months
MM139 Skilled Nursing Facility Comprehensive Outpatient Rehab Facility	3/1/2019	Added the summary from Medicare Chapter 8 criteria for SNF level of care
MM140 Occupational Therapy	5/13/2019	Retired MM140 Occupational Therapy. Merged with MM125 Physical and Occupational therapy.

MM141 Reconstructive Plastic Surgery	7/5/2019	Reviewed, links checked, clarified that L37020 is the source of criteria for Medicare members for the procedures it addresses. Added link for Blepharoplasty, Eyelid Surgery, and Brow Lift (L36286)
MM142 Speech Therapy	4/5/2019	Added restriction on the number of sessions that can be approved at one time
MM143 Sterilization and Hysteroscopic Sterilization	3/1/2019	Specified that Medicare SNP members have same sterilization coverage and criteria as Apple Health Members. Added required documentation.
MM144 Home Oxygen	5/13/2019	Removed oxygen saturation documentation requirements for initiation of oxygen for EPSDT members and for continuation of oxygen for all members. Removed requirement for CMN as long as the necessary information is in the orders and other records. Removed requirement for face to face visit for renewal (will be encouraged by CHPW Case Management).
MM145 Bariatric Surgery	8/9/2019	Added the list of accredited MBSAQIP centers within WA state and approved bordering cities. Listed criteria for repeat authorization of Stage 2.
MM146 Tympanostomy Tubes	3/1/2019	Added criteria for adults and clarified that the policy applies to Medicare and Apple Health Members. Added required documentation.
MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders	4/5/2019	Added required documentation
MM148 Extracorporeal Membrane Oxygenation Therapy	4/5/2019	Added required documentation
MM149 Spinal Injections	1/28/2019	Added information on lateral branch nerve blocks and radiofrequency ablation for treatment of SI joint pain. Added section on non-pain indications for spinal injections.
MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression	8/6/2019	Reviewed, no changes
MM152 Intensity Modulated Radiation Therapy IMRT	7/5/2019	Combined indications from MCG and CMS and applied criteria to both AH and MA members.
MM153 Proton Beam Therapy	7/5/2019	Added MCG criteria to the HTA criteria for proton beam therapy to bring policy up to date. Clarified that the clinical coverage criteria are related to medical necessity and not only to coverage.
MM154 Applied Behavioral Analysis	3/4/2019	Updated autism and ABA descriptions and link to ABA Centers of Excellence, and defined ADOS acronym
MM155 Wraparound with Intensive Services Program (WISe)	10/29/2018	Review and Minor Edits, including addition of Medically Necessity Denials and Reductions, Suspension, and Termination of WISe services
MM156 Administrative Days	7/5/2019	Added section for Provider Billing Information.
MM158 Ankle Foot Orthotics and Ankle Knee Orthotics	10/18/2018	Added definitions and updated formatting
MM159 Medically Intensive Children's Program (MICP)	3/14/2019	Clarified reporting responsibilities for mortality
MM160 MTHFR Polymorphism Genetic Testing	2/1/2019	Added required documentation.

MM161 New Technology Evaluation	4/5/2019	Reviewed No Changes
MM162 Medical Appropriateness for Service or Medication	3/1/2019	Reviewed, no changes
MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care	3/1/2019	Added information about Medicare members being able to elect hospice care either through Original Medicare or through CHPW.
MM164 Clinical Trials for Treatments and Devices	4/5/2019	Added special considerations for rare diseases
MM165 Genetic Testing Medical Policy for Non Pregnancy-Related Scenarios	4/5/2019	Corrected erroneous statement that prenatal testing is a carve out service. Added Required documentation.
MM166 Gender Transition Policy	7/5/2019	Reviewed, no changes
MM167 Speech Generating Devices (Augmentative Communication Devices)	7/5/2019	Changed face to face provider and SLP requirement to 6 months.
MM168 Hearing Assist Devices	8/9/2019	Clarified clinical coverage criteria for Apple Health Members 20 and under and 21 and older
MM169 Bathroom and Toilet DME and Supplies	12/12/2018	Removed reference to EPSDT based on CMS requirement for all DME to have medical necessity review.
MM170 Urine Drug Testing in Addiction Treatment	7/18/2019	Clarified that this is a limitation extension policy and that the results of all prior tests must have impacted care. Included limitations of testing in various treatment settings. CPT codes added.
MM171 Inpatient Rehabilitation	4/5/2019	Added MBI scoring as an alternative
MM172 Home Health Skilled Services	12/12/2018	Approval (New Policy)
MM173 Acupuncture Limit Extension for AH and FIMC	3/26/2019	Approval (New Policy)
PM101 Hydroxyprogesterone caproate (Makena) injection for intramuscular use	5/10/2019	Annual review. Updated quantity limits per HCA
PM103 Ipilimumab (Yervoy)	3/8/2019	Annual revision:- New indications for colon, kidney, and rectal cancer.
PM104 Pemetrexed (Alimta)	12/12/2018	Annual revision: approval duration changed to 1 yr from 6 months. Added requirements for prior therapy for PCNSL and thymic carcinoma.
PM105 Brentuximab vedotin (Adcetris)	3/8/2019	Annual revision- new nomenclature for some types of lymphomas
PM106 Ecallantide (Kalbitor)	3/8/2019	Updated background, indications, waste management and conditions not recommended for approval
PM108 Pertuzumab (Perjeta)	9/19/2018	Annual revision: Neoadjuvant therapy criteria were separated from criteria for adjuvant therapy. Duration of therapy was changed.
PM109 Palivizumab (Synagis)	12/12/2018	Annual review. No changes
PM110 Nanoparticle albumin bound paclitaxel (Abraxane)	3/14/2019	New indication of uveal melanoma. Approval duration changed to 1 year
PM112 Ramucirumab (Cyramza)	9/19/2018	Annual revision: For NSCLC, section divided into non-squamous and squamous. Non-squamous requires testing for mutations for EGFR and ALK for approval
PM114 Epoprostenol (Flolan, Veletri), generics	5/20/2019	Annual review. Addition of appendices for PAH classification.

PM115 Cetuximab (Erbix)	1/10/2019	Annual revision: Colorectal cancer criteria updated to include: Erbitux in combination with irinotecan, or irinotecan plus vemurafenib (BRAF V600E mutation positive).
PM116 Ado-trastuzumab emtansine (Kadcyla)	1/10/2019	Annual revision: addition of indication for HER2 positive NSCLC
PM117 Pembrolizumab (Keytruda)	3/26/2019	Significant revisions, including added indications, updated existing indications, changed initial/extended approval from 6 to 12 months, and added dosing regimens
PM118 Alemtuzumab (Lemtrada)	3/14/2019	Revised. Defined highly-active or aggressive disease. Updated criteria such that patients with highly-active or aggressive MS need not try and fail two disease-modifying agents.
PM119 Nivolumab (Opdivo)	9/19/2018	Annual revision: Changed to standardized dosing. It was 3mg/kg. Now 240mg or 480mg for most indications
PM121 Zoledronic acid (Reclast)	5/9/2019	Annual review-minor revisions including dose update for Paget's disease
PM122 Treprostinil (Remodulin)	5/9/2019	Annual review. No changes
PM124 Zoledronic acid (Zometa)	5/9/2019	Criteria completely updated and revised
PM126 Natalizumab (Tysabri)	3/14/2019	Revised. Defined highly active/aggressive disease. Minor formatting changes.
PM127 Panitumumab (Vectibix) solution for intravenous infusion	1/10/2019	Annual revision: included combinations of treatment (with Irinotecan)
PM128 Pegfilgrastim (Neulasta)	3/26/2019	Annual revision- addition of new med Udenyca
PM129 Rituximab (Rituxan)	5/20/2019	Annual revision. New indication Pemphigus vulgaris. Approval duration for CLL/SLL, and B-cell lymphoma now 1 yr.
PM132 Trastuzumab (Herceptin)	5/20/2019	Annual review- No changes
PM133 Ziv-aflibercept (Zaltrap)	1/10/2019	Annual review- No changes
PM134 Denosumab (Prolia)	7/11/2019	Annual policy review: If gender is specified as part of the criteria, it refers to the biological traits.
PM135 Denosumab (Xgeva)	5/20/2019	Annual review: Requirement removed for radiological evidence of bone metastases. Duration of approval changed from 6 months to 1 yr for all indication except hypercalcemia of malignancy (now only 2 months).
PM136 Epoetin Products	7/11/2019	Policy update to align with HCA Medical policy 82.40.10
PM155 Granulocyte Colony Stimulating Factors (gCSFs)	7/11/2019	New policy based on WA HCA Medical Policy no. 82.40.15-1
PM138 Ibandronate (Boniva)	5/9/2019	Annual review. The requirement to check renal function prior to each dose was removed.
PM139 Immune globulin subcutaneous	5/9/2019	Annual revision: Added new product Cutaquig. Added new indication CIDP (chronic inflammatory demyelinating polyneuropathy)
PM140 Darbepoetin alfa (Aranesp)	7/11/2019	Criteria revised to match HCA Medical policy no.82.40.1
PM141 Omalizumab (Xolair) injection for subcutaneous use	5/9/2019	Minor formatting revisions

PM142 Ocrelizuman (Ocrevus) injection for intravenous use	7/11/2019	Revised criteria to align with WA HCA medical policy 62.40.50.60
PM144 Hyaluronic acid derivatives (Multiple brand names)	3/14/2019	Revised (addition of new product)
PM145 Immune Globulin Intravenous (IVIG) (Bivigam, Carimune NF Nanofiltered, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Privigen Liquid)	12/12/2018	Annual revisions: New indications: Antibody-Mediated Rejection (ABMR) in Solid Organ Transplant, Hematologic Neoplasm-Associated Hypogammaglobulinemia (Secondary Immunodeficiency [SID], Immunotherapy-Related Toxicities Associated with Checkpoint Inhibitor Therapy
PM147 Cytokine & CAM Antagonists	12/12/2018	Revisions to align with HCA medical policy no 66.27.00
PM148 Granisetron extended-release (Sustol)	7/5/2019	Annual review. No changes
PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists	7/11/2019	Annual review and minor revisions to align with HCA medical policy 44.60.40-1
PM150 Eculizumab injection (Soliris)	7/11/2019	Annual policy review. No changes
PM151 Buprenorphine for subcutaneous use (Sublocade and Probuphine)	7/11/2019	Annual review. Criteria change for Probuphine coverage: Patient must be maintained on buprenorphine oral therapy for 6 months or longer without any need for supplemental dosing or adjustments.
PM152 Enzymes for Gaucher Disease	11/14/2018	New policy
PM153 Romiplostim (Nplate)	12/12/2018	New policy
PM154 Corticotropin (H.P. Acthar Gel)	7/11/2019	Annual policy review. No changes
PM567 Hereditary Angioedema Agents	10/19/2018	New policy
PM568 Patisiran (Onpattro) intravenous injection	1/10/2019	New policy
PM569 Triamcinolone ER (Zilretta)	1/10/2019	New policy
PM570 OnabotulinumtoxinA (Botox) for migraine Clinical Coverage Criteria	4/11/2019	New policy