



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	3/12/2020	Combined with MM142 Speech Therapy and name changed to include Speech Therapy. Retired MM142. Combined criteria for continuation of therapy for members 20 years of age and younger with criteria for members 21 and older. Clarified additional indications for children with chronic care needs or disabilities. Added WAC 182-545-200
MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee	11/1/2019	Clarified that knee arthroscopy is not medically necessary for treatment of knee osteoarthritis for Apple Health and Medicare members. Links updated.
MM128 Orthoptic-Pleoptic Training	12/12/2019	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. Added criteria for continuation of therapy for Medicare members.
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	11/15/2019	Added required documentation. Clarified that Medicare criteria are MCG Angioplasty, Percutaneous Coronary Intervention, ORG: M-52 (ISC). Clarified that Apple Health criteria for unstable angina or myocardial infarction are MCG. The criteria for stable angina are the HTA.
MM131 Transplants and Transplant Work-ups, Donor Search, Donation	2/13/2020	WAH-IMC and MA Contract Citations updated. Added information on number of bone marrow donor searches without PA. Moved limitations and exclusions from the WAC to Apple Health section.
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	4/3/2020	Clarified that Medicare does not reimburse for standing frame. Specified MCG as criteria for AH members for standing frame
MM139 Skilled Nursing Facility Comprehensive Outpatient Rehab Facility	4/9/2020	Added required documentation
MM140 Occupational Therapy	5/13/2019	Retired MM140 Occupational Therapy. Merged with MM125 Physical and Occupational therapy.
MM141 Reconstructive Plastic Surgery	10/11/2019	WAH-IMC and MA Contract and WAC Citations updated
MM143 Sterilization and Hysteroscopic Sterilization	2/13/2020	Specified that Medicare SNP members have same sterilization coverage and criteria as Apple Health Members. Added required documentation.
MM144 Home Oxygen	4/9/2020	Added details of any specific needs related to risk/trauma/cultural etc. to Required Documentation. No other changes.
MM145 Bariatric Surgery	8/13/2019	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	2/13/2020	Added HTCC criteria for tympanostomy tubes in children to the policy. WAH-IMC and MA Contract Citations updated.
MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders	3/12/2020	WAH-IMC and MA Contract Citations updated
MM148 Extracorporeal Membrane Oxygenation Therapy	2/13/2020	Clarified that the criteria for ECMO demonstrate medical necessity. WAH-IMC and MA Contract Citations updated.
MM149 Spinal Injections and Facet Neurotomy	4/2/2020	Reference to Bree Collaborative Low Back Pain, and recommendation for use of Oswestry Disability Index in assessing and tracking functional status. Required documentation includes results of the STarT Back screening tool.
MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression	8/6/2019	Reviewed, no changes
MM152 Intensity Modulated Radiation Therapy IMRT	11/15/2019	Corrected criteria for Apple Health to be the HTA on IMRT. Corrected criteria for Medicare members to be the LCD.
MM153 Proton Beam Therapy	11/15/2019	Added MCG as criteria for Medicare
MM154 Applied Behavioral Analysis	2/21/2020	Clarified ABA team members, corrected grammar, and checked links.
MM155 Wraparound with Intensive Services Program (WiSe)	11/15/2019	Edited policy and combined with WiSe case management policy; WiSe case management policy is retired
MM156 Administrative Days	2/20/2020	Updated indications/criteria to include behavioral health facilities
MM158 Foot Orthoses, Ankle Foot Orthoses and Ankle Knee Orthoses	2/20/2020	Added citation for Medicare Claims Processing Manual Chapter 20. Added definition of physician to include MD, DO, DPM.
MM159 Medically Intensive Children's Program (MICP)	4/9/2020	Added required documentation

MM160 MTHFR Polymorphism Genetic Testing	1/21/2020	Reviewed, no changes
MM162 Medical Appropriateness for Service or Medication	2/13/2020	WAH-IMC and MA Contract Citations updated
MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care	4/9/2020	Added required documentation
MM164 Clinical Trials for Treatments and Devices	4/9/2020	Added Details of any specific needs related to risk/trauma/cultural etc. to Required Documentation.
MM165 Genetic Testing	12/20/2019	Updated the policy title to "Genetic Testing". Revised the Description. Added the section of "When to use this policy". Updated Indication/Criteria #4 for clarity. Removed some Exclusions criteria for coverage that are not relevant to the policy
MM166 Gender Transition Policy	2/20/2020	WAH-IMC and MA Contract Citations updated
MM167 Speech Generating Devices (Augmentative Communication Devices)	4/9/2020	Removed some of the requirements for physician documentation
MM168 Hearing Assist Devices	12/31/2019	Corrected the waiting period for an adult to try one hearing aid before a second can be approved to 90 days. Inability to function safely is a new criterion. Added reference to WAC 182-547-0850.
MM169 Bathroom and Toilet DME and Supplies	3/29/2020	Clarified definition of DME. Clarified conditions requiring bath or shower chair.
MM170 Urine Drug Testing in Addiction Treatment	1/21/2020	Removed section about noncovered tests for Apple Health. Added codes G0482 and G0483, previously described as not covered (but covered in the HCA fee schedule) to the list of confirmatory drug screens. (The HCA guidance on Drug Screen/Urinalysis states that tests for 16 or more drugs are not covered but the Physician-Related Services Billing Guide states that these tests are reimbursed at the same rate as G0481.)
MM171 Inpatient Rehabilitation	4/9/2020	Combined AH and MA criteria. Removed the requirement of FIM score; specified that member should be able to participate in the treatment at least 3 hours a day and at least 5 days a week, specified that treatment plan must include at least 2 therapies and updated duties of supervising physician.
MM172 Home Health Skilled Services	11/1/2019	Reviewed, no changes
MM173 Acupuncture Limit Extension for AH and FIMC	3/26/2019	Approval (New Policy)
MM176 Psychological Testing	7/30/2019	New policy
MM177 Eating Disorders, Inpatient Behavioral Health Level of Care	11/13/2019	New policy
MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care	11/13/2019	New policy
MM179 Eating Disorders and Anorexia Nervosa, Residential Behavioral Health Level of Care	11/13/2019	New policy
MM180 Electroconvulsive Therapy (ECT)	11/13/2019	New policy
MM181 Transcranial Magnetic Stimulation	11/13/2019	New policy
MM182 Peripheral Nerve Diagnostic Injections and Ablations	3/12/2020	New policy

MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease	4/9/2020	New policy
MM184 Pharmacogenetic testing for patients being treated with oral anticoagulants	4/9/2020	New policy
MM185 Sacroiliac Joint Fusion	4/9/2020	New policy
MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	4/9/2020	New policy
PM101 Hydroxyprogesterone caproate (Makena) injection for intramuscular use	4/23/2020	Annual review. No changes
PM103 Ipilimumab (Yervoy)	11/14/2019	Annual revision: Changed format to mirror ESIs other immunotherapy criteria (criteria based on NCCN recommendations)
PM104 Pemetrexed (Alimta)	11/14/2019	Annual update. Formatting revisions.
PM105 Brentuximab vedotin (Adcetris)	11/14/2019	Annual revision- new nomenclature for some types of lymphomas
PM106 Ecallantide (Kalbitor)	1/31/2020	Annual review. Dosing clarified to reflect maximum approvable dosing
PM108 Pertuzumab (Perjeta)	11/14/2019	Updated to match annual revision from ESI. Approval duration 1 yr. Changed taxanes to chemotherapy. Changed Herceptin to Trastuzumab products
PM109 Palivizumab (Synagis)	11/14/2019	Annual review. Formatting updates
PM110 Nanoparticle albumin bound paclitaxel (Abraxane)	2/27/2020	New indication of uveal melanoma. Approval duration changed to 1 year
PM112 Ramucirumab (Cyramza)	9/12/2019	Annual revision: New indication for hepatocellular carcinoma. Change from colorectal cancer to colon or rectal cancer. For gastric, esophageal, and nsclc, removed requirement that it must be advanced or metastatic. Changed duration of approval to 1 yr.
PM114 Epoprostenol (Flolan, Veletri), generics	4/23/2020	Annual review. Dosing updated to state maximum range of dosing. For PAH WHO Group 1 and CTEPH, the approval duration was changed from 6 months to 1 yr.
PM115 Cetuximab (Erbix)	12/12/2019	Annual revision: Increased approval duration to 1 yr for all indications. Colon and rectal cancer now includes criteria for BRAF mutation. NSCLC now includes criteria for EGFR mutation.
PM116 Ado-trastuzumab emtansine (Kadcyla)	12/12/2019	Annual revision: Breast cancer- can now be used as adjuvant therapy. Approval duration increased to 1 yr.
PM117 Pembrolizumab (Keytruda)	1/31/2020	Annual revision. New indications: Endometrial carcinoma, Renal cell carcinoma, Gestational Trophoblastic Neoplasia, Mycosis Fungoides/Sezary Syndrome, Thymic Carcinoma, Vulvar Cancer. Esophageal and Esophagogastric Junction Cancer criteria was separated from Gastric cancer. Other minor edits.
PM118 Alemtuzumab (Lemtrada)	1/31/2020	Annual review. Vumerity and glatiramer acetate added to list of meds to trial. Clinically Isolated Syndrome was added as a Condition Not Recommended for Approval

PM119 Nivolumab (Opdivo)	9/12/2019	Annual revision: For several indications, requirement removed that Opdivo must be used as a single agent and removed requirement that the patient has recurrent or metastatic disease. Since prior chemotherapy is required, it is presumed that disease is recurrent or metastatic. Changed approval duration to 1 year. Melanoma section updated to include cutaneous melanoma, brain metastases due to melanoma, uveal melanoma. Hepatocellular Carcinoma-clarify that this includes hepatobiliary cancers. New indication- small cell lung cancer
PM121 Zoledronic acid (Reclast)	2/27/2020	Annual review. No revisions
PM122 Treprostinil (Remodulin)	2/27/2020	Annual review- The approval durations were changed from 6 months to 1 year.
PM124 Zoledronic acid (Zometa)	2/27/2020	Annual review. No changes
PM126 Natalizumab (Tysabri)	1/31/2020	Annual review. Vumerity and glatiramer acetate were added to list of meds to try and fail for MS. For Crohn's, patients no longer are required to have "evidence of inflammation, that is C-reactive protein". Dosing frequency clarified to no more frequently than once every 4 weeks.
PM127 Panitumumab (Vectibix) solution for intravenous infusion	12/12/2019	Annual review: Approval duration changed to 1 yr. Colon and rectal cancer now includes criteria for BRAF mutation.
PM128 Pegfilgrastim (Neulasta)	3/26/2019	Annual revision- addition of new med Udenyca
PM129 Rituximab (Rituxan)	4/23/2020	Annual revision. Dosing modified to allow to the maximum dose listed. Added Primary Cutaneous B-Cell Lymphoma to B-cell lymphomas. For RA, no concomitant use of biologic or synthetic DMARDs. New indications: ALL, Hodgkin Lymphoma, Waldenstrom's Macroglobulinemia/ Lymphoblastic Lymphoma. NMO-approval duration reduced to 1 month. SLE- requires trial of immunomodulator or immunosuppressant.
PM132 Trastuzumab (Herceptin)	4/23/2020	Annual review. Changed all "Herceptin" to Trastuzumab. Approval duration now 1 yr for all indications. For Gastric, Esophageal, or Gastroesophageal (GE) Junction Cancer, can now be used first-line if in combo with chemotherapy.
PM133 Ziv-aflibercept (Zaltrap)	12/12/2019	Annual review- no changes
PM134 Denosumab (Prolia)	4/23/2020	Annual review. Added Evenity to the list of medications that should not be used concomitantly with Prolia.
PM135 Denosumab (Xgeva)	4/23/2020	Annual review- No changes
PM136 Epoetin Products	7/11/2019	Policy update to align with HCA Medical policy 82.40.10
PM138 Ibandronate (Boniva)	2/27/2020	No revisions
PM139 Immune globulin subcutaneous	2/27/2020	Annual review: New product- Xembify. Immunodeficiency, Primary Humoral (Treatment) was updated to Primary Immunodeficiencies (PID)
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	4/23/2020	Extensive revisions to mirror update from HCA. For asthma, reduction of IgE level required, allow immunotherapy shots as evidence of allergens, defined "clinical benefit" for reauthorization. For urticaria, more specificity for trial of antihistamines and need for impairment due to condition. Defined "clinical benefit" for reauthorization.
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)	9/12/2019	Removed reference to Local Coverage Article as it should not be used as criteria
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)	11/14/2019	Revised: CIDP – requirement for electrodiagnostic studies to support diagnosis was added to criteria. Addition of note about IVIG shortages.
PM147 Cytokine & CAM Antagonists	11/14/2019	Annual update- minor word edits and formatting improvement. Addition of 1 med- Baricitinib. Addition of requirement for the use of Infliximab biosimilars prior to Remicade
PM148 Granisetron extended-release (Sustol)	7/11/2019	Annual review. No changes
PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists	4/23/2020	Revisions to mirror update from HCA. Defined "clinical benefit" for reauthorization and added Dupilimumab as excluded from concurrent use. For asthma: Defined "poor symptom control". Updated age for Mepolizumab. For EGPA: Updated symptoms for diagnosis. Added trial duration for failure for DMARDs and corticosteroids.
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	11/14/2019	Annual review. No changes
PM153 Romiplostim (Nplate)	11/14/2019	Annual review- updated policy using ESI criteria. New indication: Thrombocytopenia in Myelodysplastic Syndrome
PM154 Corticotropin (H.P. Acthar Gel)	7/11/2019	Annual policy review. No changes
PM155 Granulocyte Colony Stimulating Factors (gCSFs)	7/11/2019	New policy based on WA HCA Medical Policy no. 82.40.15-1
PM156 Ravulizumab-cwvz (Ultomiris®)	11/26/2019	New policy
PM567 Hereditary Angioedema Agents	11/14/2019	Annual review. No revisions
PM568 Patisiran (Onpattro) intravenous injection	12/12/2019	Annual review- no changes
PM569 Triamcinolone ER (Zilretta)	12/12/2019	Annual review- no changes
PM570 OnabotulinumtoxinA (Botox) for migraine	2/27/2020	New policy