



Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC
BHSO = Behavioral Health Services Only
CS = Cascade Select
MA = Medicare Advantage

Clinical Coverage Criteria (CCC)

Last Updated: 05-10-2023

CCC Name & Link	Line of Business	Last Updated	Summary of Change
MM125 Physical, Occupational and Speech Therapy	WAH CS MA	10/12/2022	Added criteria for maintenance therapy for adults and children without disabilities.
MM127 Arthroscopic Debridement or Lavage of Osteoarthritic Knee	WAH CS MA	9/12/2022	Minor edits and citations updated.
MM128 Orthoptic Therapy	WAH CS MA	11/22/2022	Correction of criteria and background.
MM129 Neuropsychological Testing	WAH CS MA BHSO	8/2/2022	Minor edits
MM130 Cardiac Stents	WAH CS MA	8/17/2022	Correction that both criteria are required for AH members with unstable angina. Updating of citations.
MM131 Transplants and Transplant Work-ups, Donor Search, Donation	WAH CS MA	1/20/2023	Added criteria for multivisceral organ transplants, minor edits and citation updates. Removed references to CHNW.
MM132 Complementary and Alternative Care	WAH CS MA	12/20/2022	Correction of typo in criteria for limitation extensions for AH-IMC. Update citations.
MM134 Program of Assertive Community Treatment (PACT) Program Criteria	WAH BHSO	3/31/2023	Review, minor edits
MM135 Positive Airway Pressure Devices	WAH CS MA	3/9/2023	Clarification edits to Continuation Of Therapy For all devices. Change in name and addition of invasive ventilators to policy. Addition of criteria for repairs, replacement, and rental of equipment. Added that CHPW does not pay for replacement of equipment that is functioning appropriately. Citations updated.
MM136 Durable Medical Equipment	WAH CS MA	4/13/2023	Clarified that criteria for Power Mobility Devices for all members is included in the LCD. Summarized L33789 in Appendix A below. Licensed facilities do not need a home assessment. Clarified that the power elevated seat and power standing seat functions are not medically necessary.
MM139 Skilled Nursing Facility, Comprehensive Outpatient Rehab Facility	WAH CS MA	3/23/2023	Added special considerations for respiratory SNFs and respiratory services for AH-IMC members. Updated citations. Removed references to CHNW.
MM141 Reconstructive Plastic Surgery	WAH CS MA	3/9/2023	Added criteria for laser treatment of cutaneous vascular lesions. Added general criteria for medically necessary reconstructive surgery. Updated citations.
MM143 Sterilization	WAH CS MA	9/12/2022	Minor edits and updating citations.
MM144 Home Oxygen	WAH CS MA	1/17/2023	Minor edits and citations updated. Removed CHNW references.
MM145 Bariatric Surgery	WAH CS MA	6/28/2022	Minor edits, links corrected

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MM146 Tympanostomy Tubes	WAH CS MA	11/22/2022	Reviewed without changes.
MM147 Enteral Therapy Products for Enrollees with Inherited Metabolic Disorders	WAH CS MA	3/9/2023	Clarified the role of ETR for AH. Reorganized policy. Added definitions from WAC 182-554-200. Updated citations. Removed references to CHNW.
MM148 Extracorporeal Membrane Oxygenation Therapy	WAH CS MA	11/22/2022	Reviewed no changes.
MM149 Spinal Injections and Facet Neurotomy	WAH CS MA	3/23/2023	Updates to Therapeutic Facet Joint Injections section. Clarified "location" to be "the same spinal region (cervical, thoracic, lumbar/caudal)". Updated citations. Corrected links. Removed reference to CHNW.
MM151 Nonpharmacologic Treatments for Treatment-Resistant Depression	WAH CS MA BHSO	1/17/2023	Edited for conciseness and grammar
MM152 Intensity Modulated Radiation Therapy IMRT	WAH CS MA	9/12/2022	Minor edits and updates of citations
MM153 Proton Beam Therapy	WAH CS MA	9/12/2022	Minor edits and updates of citations
MM154 Applied Behavioral Analysis	WAH BHSO CS	1/17/2023	Updated CDC statistics and reference, minor grammar edits
MM155 Wraparound with Intensive Services Program (WISe) for AH-IMC and BHSO	WAH BHSO	8/2/2022	Review and minor edit
MM156 Administrative Days	WAH BHSO	3/9/2023	Reviewed policy and updated citations.
MM158 Prosthetics, Orthotics, and Therapeutic Diabetic Shoes	WAH CS MA	11/22/2022	Reviewed and removed link to globalhealth.org that no longer worked.
MM159 Medically Intensive Children's Program (MICP)	WAH BHSO CS	3/9/2023	Reviewed policy and updated citations.
MM162 Medical Appropriateness for Service or Medication	WAH CS MA BHSO	12/20/2022	Clarified that medications provided as samples are not considered continuation of treatment but are reviewed as new requests
MM163 Hospice Care, Pediatric Concurrent Care, and Pediatric Palliative Care	WAH CS MA	1/17/2023	Minor edits and updates to citations.
MM164 Clinical Trials for Treatments and Devices	WAH CS MA BHSO	11/9/2022	Clarified that Clinical Trial requests are considered expedited and will be processed within 72 hours upon receipt of request.
MM165 Genetic Testing	WAH CS MA	11/22/2022	Medical appropriateness criteria added
MM166 Transgender Health Policy	WAH CS MA	9/12/2022	Added verbiage that HCA FFS covers gender-affirming surgery for Medicaid member with primary dx of gender dysphoria. If the member requires a surgical procedure for a co-existing medical condition and gender dysphoria is a secondary diagnosis, the PA request will be processed by CHPW. Updated UM process for Medicaid.

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MM167 Speech Generating Devices (Augmentative Communication Devices)	WAH CS MA	11/22/2022	Reviewed, added MM162 criteria for unlisted codes.
MM168 Hearing Assist Devices	WAH CS MA	8/11/2022	Minor edits, correction of citations.
MM169 Bathroom and Toilet DME and Supplies	WAH CS MA	4/17/2023	Clarified that licensed facilities do not need home assessment. Updated citations.
MM170 Drug Testing in Substance Use Disorder Treatment and Pain Management	WAH CS MA BHSO	3/10/2023	Updated references and link, updated language and title from "Addiction" to "Substance Use Disorder", struck Medicare medical necessity definition. Minor edits, citations updated. Clarified that the approving body is UM BH Subcommittee. Also reviewed by Drs. Terry Lee and Tawnya Christiansen.
MM171 Inpatient Rehabilitation	WAH CS MA	11/18/2022	Clarified continued stay criteria
MM172 Home Health Skilled Services	WAH CS MA	3/9/2023	Clarified criteria for continuation of home health skilled nursing and skilled therapies. Updated citations. Removed references to CHNW.
MM176 Psychological Testing	WAH CS MA BHSO	8/2/2022	Minor updates and edits.
MM177 Eating Disorders, Inpatient Behavioral Health Level of Care	WAH CS MA BHSO	8/2/2022	Minor edits
MM178 Eating Disorders, Partial Hospital Behavioral Health Level of Care	WAH CS MA BHSO	8/2/2022	Minor edits for clarity
MM179 Eating Disorders and Anorexia Nervosa, Residential Behavioral Health Level of Care	WAH CS MA BHSO	8/2/2022	Minor edits
MM180 Electroconvulsive Therapy (ECT)	WAH CS MA BHSO	7/15/2022	Minor edits
MM181 Repetitive Transcranial Magnetic Stimulation (rTMS)	WAH CS MA BHSO	3/31/2023	Minor grammatical edits
MM182 Peripheral Nerve Blocks, Diagnostic Injections, Ablations and Electrostimulation	WAH CS MA	6/28/2022	Added LCDs and LCAs. Added criteria for nerve blocks and peripheral electrostimulation using Noridian criteria. Added definitions. Changed title to include nerve blocks and electrostimulation.
MM183 Cervical Or Lumbar Spinal Fusion For Patients With Degenerative Disc Disease	WAH CS MA	3/9/2023	Citations updated. Added medical necessity definition from MM162. Citations updated.
MM184 Pharmacogenetic Testing	WAH CS MA BHSO	10/3/2022	Addition of medical necessity wording from MM162

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MM185 Sacroiliac Joint Fusion	WAH CS MA	1/17/2023	Added Medical Appropriateness criteria to criteria for AH and Cascade Select. Updated citations.
MM186 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	WAH CS MA	1/17/2023	Added Medical Appropriateness criteria to criteria. Minor edits. Updated citations.
MM188 Out of Area Medical or Behavioral Health Services for AH-IMC Members	WAH BHSC CS	3/9/2023	All Out of State requests, except for bordering cities, would require final approval from a physician. Reviewed policy, updated citations.
MM189 Out of Network Policy for Cascade Select	CS	1/17/2023	Minor edits and corrections. Name change to remove CHNW.
MM190 Knee and Hip Arthroplasty for Osteoarthritis	WAH CS MA	3/9/2023	Reviewed and updated citations. Added reference for Kellgren-Lawrence original article describing use of scale for hips, knees, and other joints.
MM192 Spinal Cord Stimulation for Treatment of Chronic Pain	WAH CS MA	6/2/2022	Clarified that conservative therapy (physical therapy and appropriate non-opioid medications) and evaluations must have been within the past year.
MM193 New Journeys Coverage Criteria for AH-IMC and BHSC	WAH BHSC	6/29/2022	New policy
MM194 Intensive Behavioral Health Treatment Facility	WAH BHSC	1/5/2023	New policy
PM101 Hydroxyprogesterone caproate Makena injection for intramuscular use	WAH CS MA	1/5/2023	Annual review. No changes
PM103 Ipilimumab (Yervoy)	WAH CS MA	3/2/2023	Annual Review. Added criteria for new indications: esophageal cancer, bone cancer, Kaposi sarcoma
PM104 Pemetrexed (Alimta® and Pemetexy®)	WAH CS MA	9/1/2022	Early update. Adding Pemetexy to policy to be covered only for Cascade Select and Medicare. Pemetexy is non-covered for Medicaid.
PM105 Brentuximab vedotin (Adcetris)	WAH CS MA	3/2/2023	Annual review. Updated criteria to include initial dosing regimen for pediatric Hodgkin lymphoma
PM108 Pertuzumab (Perjeta)	WAH CS MA	3/2/2023	Annual review. Added criteria for brain metastases for patients with breast cancer.
PM109 Palivizumab (Synagis)	WAH CS MA	5/4/2022	Annual review. Edited background information regarding approvals in the beginning of the policy. No criteria changes.
PM110 Nanoparticle albumin bound paclitaxel (Abraxane)	WAH CS MA	11/14/2022	Annual review. Updated dosing regimen for biliary tract cancers. Removed requirement for having dMMR/MSI-H for small bowel adenocarcinoma.
PM112 Ramucirumab (Cyramza)	WAH CS MA	3/2/2023	Annual revision: Updated criteria for colorectal cancer to also require patients to have previously received bevacizumab. Added criteria for malignant pleural mesothelioma.
PM114 Epoprostenol (Flolan, Veletri), generics	WAH CS MA	1/5/2023	Annual Review. No changes
PM115 Cetuximab (Erbix)	WAH CS MA	9/1/2022	Annual review. Updated dosing criteria for colon/rectal cancer, head neck cancer, and penile cancer. Added additional criterion for squamous cell skin cancer.
PM116 Ado-trastuzumab emtansine (Kadcycla)	WAH CS MA	9/1/2022	Annual Review. Requiring that patients receive trastuzumab and a taxane prior to ad-trastuzumab. Added criteria for new indication, salivary gland tumors.

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PM117 Pembrolizumab (Keytruda)	WAH CS MA	11/14/2022	Annual revision. Updated criteria for esophageal cancer, gastric cancer, gestational trophoblastic neoplasia, classical Hodgkin lymphoma, and extranodal NK/T-Cell Lymphoma. Removed indication for malignant pleural mesothelioma
PM118 Alemtuzumab (Lemtrada)	WAH CS MA	11/14/2022	Annual review. Updated age requirement to 18 years of age. For reauthorization, the patient needs to have a positive response to therapy. Updated requirement to have the patient try two preferred products indicated for multiple sclerosis (Avonex [interferon beta-1a injection], Betaseron [interferon beta-1b injection], Copaxone [glatiramer acetate injection, brand], generic dimethyl fumarate, and Kesimpta [ofatumumab injection]).
PM119 Nivolumab (Opdivo)	WAH CS MA	3/2/2023	Annual Review. Updated dosing regimen for melanoma. Updated criteria for squamous cell carcinoma of the head and neck, esophageal cancer, gastric cancer, urothelial carcinoma, endometrial carcinoma, gestational trophoblastic neoplasia, Merkel cell carcinoma, neuroendocrine tumors. Added criteria for the following indications: bone cancer, diffuse high-grade gliomas, Kaposi Sarcoma, and malignant peritoneal mesothelioma
PM122 Trepstinil (Remodulin)	WAH CS	11/14/2022	Annual review. No changes.
PM126 Natalizumab (Tysabri)	WAH CS MA	11/14/2022	Annual review. Will require patient to have a positive response to therapy for reauthorization criteria. Updating requirement to try preferred products for multiple sclerosis (i.e., Avonex [interferon beta-1a injection], Betaseron [interferon beta-1b injection], Copaxone [glatiramer acetate injection, brand], generic dimethyl fumarate, and Kesimpta [ofatumumab injection]).
PM127 Panitumumab (Vectibix) solution for intravenous infusion	WAH CS MA	9/1/2022	Annual review. No criteria changes.
PM129 Rituximab products	WAH CS MA	12/2/2022	Early update. Criteria updated to Medicaid LOB which includes designating preferred and non-preferred products.
PM132 Trastuzumab Products	WAH CS MA	12/2/2022	Annual review. Added additional criteria for colon or rectal cancer. New indication- salivary gland tumors.
PM133 Ziv-aflibercept (Zaltrap)	WAH CS MA	9/1/2022	Annual review. Updating requirement for Zaltrap to try a bevacizumab product prior to Zaltrap.
PM134 Denosumab (Prolia)	WAH CS MA	5/4/2023	Annual Update. Formatting changes. No criteria changes.
PM135 Denosumab (Xgeva)	WAH CS MA	2/1/2023	Annual review. No criteria changes
PM136 Epoetin Products	WAH CS MA	2/1/2023	Early update. Clarified criteria for non-preferred products. Allowed for approvals for both preferred and non-preferred products for anemia in patients with CKD who are on dialysis.
PM138 Ibandronate (Boniva)	WAH CS MA	11/14/2022	Annual review. Updating to show Medicare is not covered under UM policy. For Medicare, CMS Local Coverage Determination criteria will be used
PM139 Immune globulin subcutaneous	WAH CS MA	11/14/2022	Annual review. Updating to show Medicare is not covered under UM policy. For Medicare, CMS Local Coverage Determination criteria will be used.
PM140 Darbepoetin alfa (Aranesp)	WAH CS MA	12/2/2022	Early update. New criteria added to apply to Medicare LOB.

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PM141 Omalizumab (Xolair) injection for subcutaneous use	WAH CS MA	1/5/2023	Annual Review. No changes
PM142 Ocrelizuman (Ocrevus) injection for intravenous use	WAH CS MA	1/5/2023	Annual review. Added criteria to require trial and failure of 2 preferred products based on WA HCA Psychotherapeutic and Neurological Agents – MISC: Multiple Sclerosis Agents Ocrelizumab (Ocrevus) Medical Policy No. 62.40.50.60. Preferred products are based on WA HCA's Single Preferred Drug List.
PM144 Hyaluronic acid derivatives (such as Durolane, Euflexxa, Gel-One, Gelsyn-3, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz/Supartz FX, Synjoynt, Synvisc, Synvisc-One, TriVisc, Visco-3)	WAH CS MA	12/2/2022	Early update. Criteria updated to Medicaid LOB which includes designating preferred and non-preferred products.
PM145 Immune Globulin Intravenous (IVIG) (Asceniv, Bivigam, Flebogamma DIF, Gammagard Liquid, Gammagard S/D < 1 mcg/dL in 5% solution, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen Liquid)	WAH CS	2/1/2023	Early update. Added criteria to review for PANDAS/PANS.
PM147 Cytokine, TNF inhibitors, & CAM Antagonists [including abatacept (ORENCIA), anakinra (KINERET), canakinumab (ILARIS), certolizumab pegol (CIMZIA), golimumab (SIMPONI ARIA), infliximab (INFLECTRA, RENFLEXIS, REMICADE), secukinumab (COSENTYX), tocilizumab (ACTEMRA), ustekinumab (STELARA), vedolizumab (ENTYVIO)]	WAH CS	9/1/2022	Early update. Clarified requirement to have a history of failure, contraindication, or intolerance to Humira and/or Enbrel if requesting non-preferred products.
PM149 Antiasthmatic Monoclonal Antibodies-IL-5 Antagonists	WAH CS MA	1/5/2023	Annual review added criteria for the indication of hypereosinophilic syndrome. For Nucala for the treatment of asthma, required documentation of a history of failure, contraindication, or intolerance to both preferred products: benralizumab (Fasenra) AND reslizumab (Cinqair)
PM150 Complement C5 Inhibitor	MA CS	9/1/2022	Updated criteria for Soliris for all indications. Added Ultomiris to PM150 in order to retire PM156 as both Ultomiris and Soliris are complement C5 inhibitors. Title for PM150 has been changed to "Complement C5 Inhibitor Clinical Coverage Criteria"
PM151 Buprenorphine for subcutaneous use (Sublocade)	WAH CS MA	1/5/2023	Annual review. No changes
PM152 Enzymes for Gaucher Disease	CS MA	11/3/2022	Early update. Medication is no longer covered under Medicaid as it will be carved out and covered by the HCA starting 1/1/23.
PM153 Romiplostim (Nplate)	WAH CS MA	5/4/2023	Annual Review. Formatting changes. No criteria changes.
PM154 Corticotropin (H.P. Acthar Gel)	WAH CS MA	1/5/2023	Annual review. No changes
PM155 Filgrastim Products	WAH CS MA	12/2/2022	Early update. New criteria added to apply to Medicare LOB. Pegfilgrastim will be removed from this policy and will have its own separate policy. Updated criteria for Medicaid to require trial of preferred products
PM157 Afamelanotide implant (Scenesse)	CS MA	3/2/2023	Annual Review. No criteria change.
PM158 Capacizumab injection (Cabliivi)	WAH CS MA	5/4/2023	Annual review. Provided additional information to the dosing criteria. No criteria changes.
PM159 Esketamine nasal spray (Spravato)	WAH CS MA	5/4/2023	Annual Review. Added Limitations of Use information from the package insert to the "Conditions Not Recommended for Approval" section. No criteria changes.criteria changes.
PM160 Teprotumumab injection (Tepezza)	CS MA	9/1/2022	Annual review. No criteria changes.
PM161 Inebilizumb injection (Uplizna)	CS MA	9/1/2022	Annual Review. No criteria changes.

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PM162 Crizanlizumab (Adakveo)	CS MA	5/4/2023	Annual review. No criteria changes.
PM163 Burosumab (Crysvita)	CS MA	5/4/2023	Annual Review. No criteria changes.
PM164 Cerliponase alfa (Brineura)	CS MA	5/4/2023	Annual review. No criteria changes.
PM165 Duchenne Muscular Dystrophy gene therapy (Exondys 51, Vyondys, Viltepso)	CS MA	3/2/2023	Annual Review. Added criteria for Casimersen (Amondys 45).
PM166 Edavarone (Radicava)	CS MA	5/4/2023	Annual review. No criteria changes.
PM167 Elapegedemase (Revcovi)	CS MA	5/4/2023	Annual review. Changed verbiage in criteria.
PM168 Emapalumab (Gamifant)	CS MA	5/4/2023	Annual review. No criteria changes
PM169 Givosiran (Givlaari)	CS MA	5/4/2023	Annual review. No criteria changes.
PM170 Nusinersen (Spinraza)	CS MA	5/4/2023	Annual review. No criteria changes.
PM171 Onasemnogene abeparvovec (Zolgensma)	CS MA	5/4/2023	Annual review. No criteria changes.
PM172 Pegvaliase (Palynziq)	CS MA	5/4/2023	Annual review. No criteria changes.
PM173 Voretigene neparvovec (Luxterna)	CS MA	5/4/2023	Annual review. No criteria updates.
PM174 Brexanolone (Zulresso)	WAH CS MA	9/1/2022	Annual Review. Updated age requirement to be ≥15 years of age.
PM175 Calcitonin Gene-Related Peptide Inhibitors (i.e.: Eptinezumab (Vyepti)) Clinical Coverage Criteria	WAH CS MA	3/2/2023	Early update. Added case-by-case language to the policy. Added the following language to the policy, "Clients new to Apple Health or new to CHPW, who are requesting regimens for continuation of therapy should be reviewed following the reauthorization criteria listed below." For reauthorization, added requirement that the requested medication is not prescribed in combination with any other CGRP antagonist.
PM176 Enzyme replacement therapy	WAH CS MA	3/2/2023	Annual Review. Updated dosing regimen for Kanuma. Removed Mepsevii from criteria as Mepsevii is non-covered
PM177 Gonadotropin-Releasing Hormone Agonist Therapy for Gender Dysphoria	WAH-IMC CS MA	1/5/2023	Annual review. Noted that all other indications will need to be reviewed using MCG Gonadotropin-Releasing Hormone (GnRH) Agonists A-0304.
PM179 Pegloticase (Krystexxa)	CS MA	11/3/2022	Early update. Medication is no longer covered under Medicaid as it will be carved out and covered by the HCA starting 1/1/23.
PM180 Cabotegravir/rilpivirine (Cabenuva)	CS MA	11/3/2022	New policy
PM181 Inclisiran (Leqvio)	WAH-IMC CS MA	3/2/2023	Annual review. No criteria updates.
PM182 Anifrolumab (Saphnelo)	WAH-IMC CS MA	3/2/2023	Annual review. No criteria updates.

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PM183 Bevacizumab	WAH-IMC CS MA	12/6/2022	New policy
PM184 Pegfilgrastim Products	WAH-IMC CS MA	12/6/2022	New policy
PM185 Sutimlimab-jome (Enjaymo)	CS MA	12/6/2022	New policy
PM567 Hereditary Angioedema Agents	CS MA	9/1/2022	Annual Review. Added Sajazir (icatibant) to the policy.
PM568 Transthyretin Amyloidosis Agents	CS MA	1/5/2023	Early Update. Added Amvuttra (Vutrisiran) to the policy.
PM569 Triamcinolone ER (Zilretta)	WAH CS MA	9/1/2022	Annual review- no changes.
PM570 OnabotulinumtoxinA Botox for migraine	WAH CS	1/5/2023	Annual review. No changes
PM572 Lumasiran injection (Oxlumo)	CS MA	9/1/2022	Annual Review. Removed criteria requiring patients to try an orthophosphate.
PM573 Bimatoprost (Durysta)	CS MA	9/1/2022	Annual Review. Removed PA requirement for Medicaid LOB as the Apple Health Preferred Drug List does not require Durysta to have PA
PM574 Intravitreal Corticosteroids	WAH CS MA	9/1/2022	Annual Review. Added quantity/dosing limits based on duration of effect
PM575 Tezepelumab (Tezspire)	WAH CS MA	9/27/2022	New policy
PM576 Efgartigimod Alfa (Vyvgart)	CS MA	11/3/2022	Early update. Medication is no longer covered under Medicaid as it will be carved out and covered by the HCA starting 1/1/23
PM577 Alpha-Proteinase Inhibitor (Human)	WAH CS MA	3/2/2023	Annual review. No criteria updates.
PM578 Cabotegravir (Apretude)	CS MA	11/3/2022	Early update. Medication is no longer covered under Medicaid as it will be carved out and covered by the HCA starting 1/1/23