



OCCUPATIONAL HEALTH **BEST PRACTICES**

— *Working together to keep people working* —

Health Policy News for Self-Insured Employers January, 2017

Completed Work

Be sure to check out the web page, ProviderNews.Lni.wa.gov for postings about new health care policies and guidelines. The latest ones are:

Repeal of SIMP Rules

Repeal of the SIMP rules became effective on 12/2/2016. The program is still in full effect via [SIMP policy](#) and nothing has changed other than it is no longer in rule. We hope to evaluate the SIMP program during the coming biennium.

Point of Care Ultrasound

We still plan to clarify payment policy in July that office based diagnostic ultrasound in extremities that are done as part of an office visit are not separately payable. The criteria for complete or limited diagnostic ultrasounds that are published in the AMA edition of the CPT must be met for them to be separately payable. This policy does not apply in the Emergency Room or when ultrasound is used to guide injections. This payment policy was shared with the IIMAC members in October and they commented that this practice is becoming more common due to the increased quality of resolution in small portable ultrasound units and increased training of non-radiologists.

Work that is Underway

Acupuncture

The Washington East Asian Medicine Association (WEAMA) has requested L&I consider covering acupuncture for low back pain and permitting East Asian Medicine Practitioners to provide acupuncture treatment. With guidance from L&I, WEAMA produced a systematic review of the scientific literature addressing acupuncture's safety and effectiveness in the treatment of chronic low back pain. The Office of the Medical Director is reviewing the study, as well as other evidence based coverage decisions and literature summaries and will present recommendations to its statutory advisory committees (ACHIEV and IIMAC) in January 2017. By L&I rule, acupuncture and EAMPs are currently not covered, so any change will likely require a rule change.

Foot and Ankle Surgical Guideline

The IIMAC subcommittee has been working on a new evidence-based guideline for foot and ankle surgeries that will likely become effective this summer. We anticipate it will be open for public comment in March. This has been a collaborative effort by IIMAC members, practicing foot-ankle surgeons, Qualis Health consultants, and L&I staff.

Annual CPT Code Changes take effect January 1, 2017

The Health Services Analysis section of Insurance Services has completed their annual coding update and changes are listed on the [fee schedule update page](#).

Health Technology Decisions from the [WA Health Technology Clinical Committee](#)

Next meeting: January 20, 2017.

Negative Pressure Wound Therapy (NPWT)

NPWT is used in the treatment of slow or non-healing wounds. In November, the Health Technology Clinical Committee (HTCC) reviewed the available evidence for its use in the home. They found it sufficient to support its efficacy in some circumstances, though cost-effectiveness compared to other alternatives is uncertain. The committee voted to cover NPWT in the home when other complete wound care methods have been unsuccessful. A final vote will be taken at the January meeting.

Fecal microbiota transplantation (FMT)

Primary use is for treatment of individuals with recalcitrant infections caused by *Clostridium difficile*. Frozen stool from healthy donors is transplanted to the infected individual's bowel to restore the normal balance of bacteria in the gut. The HTCC reviewed the available evidence in November and voted to cover it when the infection has not been responsive to an appropriate course of antibiotics. The coverage decision will be finalized at the January meeting.

Artificial disc replacement (re-review)

This technology was selected for re-review based on new literature, which may invalidate parts of the previous report. Efficacy, safety and cost-effectiveness will be evaluated to determine whether artificial disc replacement (cervical and lumbar) provides equivalent or superior health outcomes compared to alternatives e.g. non-surgical treatment and fusion. This review and vote will occur at the January meeting.

Pharmacogenetics

A growing number of new laboratory tests and computer based predictive algorithms have become available to assess an individual's potential metabolic response to various drugs, making it possible to customize dosing for improved effectiveness. Concerns relate to the rapid emergence of these tests and whether improved results are actually realized. At the January meeting, the HTCC will review the available evidence and vote whether to cover this for individuals being treated for certain mental health conditions.