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Kaiser Foundation Health Plan of Washington
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

August 16, 2019

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING

Dear Provider,

This letter provides additional clarification to the letter sent on June 28, 2019. Medicare Advantage claims will be subject to review against criteria for appropriateness and sent to Kaiser Permanente Washington for final review. If the claim for the service does not align with our criteria, you may be denied payment, even if you've received a pre-authorization for coverage. **This does not change the effective date of September 1, 2019.**

Effective September 1, 2019, Kaiser Permanente is changing the medical necessity review criteria for the criteria listed below and requiring pre-authorization for coverage on some plans. These changes may impact coverage of the services listed below. Below is a summary of changes to the criteria set. If you would like a full copy of these criteria, please contact Review Services at 1-800-289-1363, Option 2, 4.

Intraoperative Neurophysiological Monitoring

Kaiser Permanente has adopted Kaiser Permanente National criteria for Intraoperative Neurophysiological Monitoring for the Washington Region. We will review pre-service requests for Intraoperative Neurophysiological Monitoring against the new criteria and provide a coverage determination for the service.

Additionally, when the claim is received, our National Payment Integrity team will review the codes billed for Intraoperative services prior to claim payment. Codes will be reviewed against Intraoperative Monitoring Criteria for appropriateness and sent to Kaiser Permanente Washington for final review. If the claim for the service does not align with our criteria, you may be denied payment, even if you've received a pre-authorization for coverage.

For the policy listed above:

Kaiser Permanente is changing the medical necessity criteria for the following service:

- Intraoperative Neurophysiological Monitoring

  https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/ionm.pdf

What will I need to do differently for my patients with Kaiser Permanente coverage?

- **Kaiser Foundation Health Plan of Washington HMO patients:** prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering practitioner, the patient, and the patient's personal physician of the coverage decision in writing.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Point of Service patients:** prior authorization is required for coverage at the in-network level of benefits. If services are provided without receiving prior authorization, the claim will suspend for medical necessity review and, if approved, will be reimbursed. If the claim denies for medical necessity, the contracted provider will have to write off the charges.

- **Kaiser Foundation Health Plan of Washington Options, Inc. Preferred Provider Organization (PPO) patients:** prior authorization is not required. The claim will suspend for medical necessity review and, if approved, will be reimbursed. If the claim denies for medical necessity, the contracted provider will have to write off the charges.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access and Elect Preferred Provider Organization (PPO) patients:** prior authorization is not required. The claim will suspend for medical necessity review and, if approved, will be reimbursed. If the claim denies for medical necessity, the contracted provider will have to write off the charges.
- **Medicare Advantage**: prior authorization is required. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services. Kaiser Permanente will notify the ordering practitioner, the patient, and the patient's personal physician of the coverage decision in writing.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria along with a complete list of Kaiser Permanente Clinical Review Criteria can be found on Kaiser Permanente for Providers at **https://wa-provider.kaiserpermanente.org** under Authorization & Clinical Review Referrals.

If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 1-888-767-4670.

Sincerely,

Dr. Marc Mora, MD
Senior Medical Director Networks and Care Management
Washington Permanente Medical Group