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Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
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CHANGES TO WOUND CARE TREATMENT CLINICAL REVIEW CRITERIA: BIOLOGICAL AND SYNTHETIC SKIN SUBSTITUTES

Dear Provider,

Effective April 1, 2020, Kaiser Permanente is changing the Wound Care Treatments clinical review criteria to only cover the following biological and synthetic skin substitutes:

Biological Skin Substitutes:

- Integra Biological products: AmnioExcell amniotic allograph, AmnioMatrix amniotic allograft, AmnioExcell plus placental allograph
- Musculoskeletal Transplant Foundation (MTF) Biological products: AlloPatch Pliable Allograft Dermal Matrix, AmnioBand Membrane Allograft Placental Matrix, AmnioBand Particulate Allograft Placental Matrix, AmnioBand Viable Allograft Placental Matrix

Synthetic Skin Substitutes:

- Smith and Nephew Synthetic products: Oasis Ultra tri-layer Matrix, Oasis Wound Matrix Fenestrated
- Integra Synthetic products: Integra Wound Matrix, PriMatrix, PriMatrix Fenestrated, PriMatrix Meshed, PriMatrix Ag, Integra Meshed Dermal Regeneration, Integra Meshed Bilayer Wound Matrix

Biological and synthetic skin substitutes will be reviewed for medical necessity against the Wound Care Treatments clinical review criteria found at https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/wound care treatment.pdf

If you have any questions, please contact Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

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

- Kaiser Foundation Health Plan of Washington Core and SoundChoice Health Maintenance Organization (HMO) members: Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services.
- Kaiser Foundation Health Plan of Washington Options, Inc. Options Point of Service (POS)
 members: Prior authorization is required for in-network coverage. 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, you will be required to write off the
 charges.

- Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members: 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, you will be required to write off the charges.
- Medicare Advantage: Prior authorization is required. Kaiser Permanente will notify the ordering
 provider, the member, and the member's personal physician of the coverage decision in writing. If
 services are provided without receiving prior authorization, Kaiser Permanente will not reimburse
 you for these services.

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 the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org, under the header "Authorization & Clinical Review."

If you have any questions about these changes, please contact the Provider Assistance Unit at 509-241-7206 or toll-free at 1-888-767-4670, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

Marc Mora, MD

Senior Medical Director Networks and Care Management

Washington Permanente Medical Group