

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

MAY 29, 2020

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR  
MICROINVASIVE GLAUCOMA SURGERY**

Dear Provider,

**Effective August 1, 2020**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are changing the medical necessity criteria, by establishing clinical indications for all microinvasive glaucoma surgeries, including but not limited to iStent, Hydrus, and Xen Gel implants. Clinical review criteria can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cypass.pdf>

**What will I need to do differently for my patients with the following Kaiser Permanente health plans?**

- **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 the provider 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. 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 the provider for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members:** Prior authorization is not required for coverage. Notification for all inpatient services is required. Kaiser Permanente will review the claim for medical necessity. If the claim is denied, Kaiser Permanente will not reimburse the contracted provider for these services and the contracted provider cannot bill the member.
- **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 the provider for these services.

Please refer to the provisions of your agreement with Kaiser Permanente, including the section on 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 – Friday from 8 am to 5 pm.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Mora'.

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