

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

REVISED DATE DECEMBER 5, 2022

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR
NEONATAL INTENSIVE CARE UNIT (NICU) ADMISSIONS**

Dear Provider,

Effective September 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement medical necessity criteria for NICU admissions.

Kaiser Permanente has elected to use the following Neonatal Facility Levels of Care Guidelines from MCG* for medical necessity determinations.

- Neonatal Facility, Level II (LOC-005)
- Neonatal Facility, Level III (LOC-006)
- Neonatal Facility, Level IV (LOC-007)

*You may access the MCG Guideline Index by logging onto the secure Kaiser Permanente provider site via One Health Port at:
https://identity.onehealthport.com/EmpowerIDWebIdPForms/Login/KAISER_WA_PROD and clicking on the MCG Guideline located on our Quick Access menu.

When the claim is received, our National Payment Integrity Clinical Review team will review the codes submitted for NICU services prior to claim adjudication. Codes will be reviewed against the NICU criteria for appropriateness. If the billed services do not meet medical necessity criteria, the claim will be denied.

Clinical review criteria can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/nicu.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 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 provider for these services and the provider cannot bill the member. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Options Point of Service (POS) 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 provider for these services and the provider cannot bill the member. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing.

- **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 provider for these services.
- **Medicare Advantage:** 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 provider for these services and the provider cannot bill the member. Kaiser Permanente will notify the ordering provider, the member, and the member'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 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 a.m. to 5 p.m.

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