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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

JULY 30, 2020

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PHONOPHORESIS**

Dear Provider,

**Effective October 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 phonophoresis.

**Explanation of the change:**

Kaiser Permanente has elected to use MCG's Phonophoresis guideline, (A-0616). Based on MCG's review of existing evidence, there are currently no clinical indications for phonophoresis.

Clinical review criteria can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/iontophoresis.pdf>

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 am to 5 pm.

Sincerely,

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

Marc Mora, MD  
Senior Vice President  
Resource Stewardship and Network Management