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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
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SEPTEMBER 28, 2020

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BRACHYTHERAPY

Dear Provider,

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Brachytherapy.

Explanation of the change:

Indications for the use of brachytherapy as a treatment for breast cancer were revised to align with the current American Society for Radiation Oncology (ASTRO) guideline, including modifying the age range for appropriate patients and adding indications for ductal carcinoma in situ (DCIS).

Clinical review criteria can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/brachytherapy.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 prior authorization is not obtained, Kaiser Permanente will review the claim for medical necessity. If the claim is denied, 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 provider for these services.
- **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 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,

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