

206-988-2000 206-988-2001 prnotification@kp.org

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

OCTOBER 30, 2020

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CHROMOENDOSCOPY AND NARROW BAND IMAGING FOR COLONOSCOPY

Dear Provider,

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for chromoendoscopy and narrow band imaging during colonoscopy. Although Kaiser Permanente has not covered these services historically, this letter serves as formal notification of this new non-coverage policy.

Explanation of the change:

There is insufficient evidence in the published medical literature to show that chromoendoscopy and narrow band imaging during colonoscopy provide better outcomes than current standard services.

Clinical review criteria can be found on the Kaiser Permanente Provider website at <u>https://wa-</u> provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chromoendoscopy.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 <u>https://wa-provider.kaiserpermanente.org</u> 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. - 5 p.m.

Sincerely,

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