

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ELECTRORETINOGRAPHY

Applies to: Commercial HMO, POS, PPO, Medicare Advantage

Effective February 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for electroretinography.

Explanation of the change:

There is insufficient evidence in the published medical literature to show that this test provides better long-term outcomes than current standard services/therapies.

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

Questions: Contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

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