

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR IMPLANTED INFUSION PUMPS

Applies to: Commercial HMO, POS, and PPO

Effective February 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for implanted infusion pumps for non-Medicare members.

Explanation of the change:

Clinical review criteria for implanted infusion pumps for non-Medicare members have been revised to include additional requirements for both antispasmodic and opioid infusion pump use.

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

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not required.

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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