

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CERVICAL SPINE MAGNETIC RESONANCE IMAGING (MRI)**

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) will implement medical necessity criteria for MRI of the cervical spine for non-Medicare patients.

### **Explanation of the change:**

Kaiser Permanente has developed new criteria to provide appropriate utilization of cervical spine MRIs performed on an ambulatory, non-emergent basis.

Cervical spine MRI requests for non-Medicare patients will be reviewed for medical necessity against the Cervical Spine MRI clinical review criteria found on the Kaiser Permanente provider website at [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri\\_cspine.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri_cspine.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 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>

Provider Communications, RCB-C2W-02

PO Box 34262, Seattle, WA 98124-1262



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