

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR REZŪM SYSTEM**

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

**Effective March 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating medical necessity criteria for the Rezūm System for the treatment of lower urinary tract symptoms (LUTS) due to benign prostatic hypertrophy (BPH).

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

Kaiser Permanente is implementing clinical review criteria for coverage of the Rezūm System for the treatment of LUTS due to BPH.

Clinical review criteria can be found on the Kaiser Permanente Provider website at [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bph\\_treatments.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bph_treatments.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.
- Medicare Advantage: Prior authorization is required.

Questions: Contact the 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



FIRST CLASS MAIL  
PRESORTED  
US POSTAGE PAID  
SEATTLE, WA  
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>