

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TOTAL JOINT ARTHROPLASTY

This notification applies to the following networks: Commercial HMO, POS, PPO, and Medicare Advantage
A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective August 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for elective total hip, total knee and total shoulder replacements or revisions performed in a hospital inpatient status for all members.

Explanation of the change:

Medicare has removed additional procedure codes from the Inpatient Only (IPO) List for 2021 related to total hip, knee, and shoulder replacement and revision. Prior authorization requests will require medical necessity review for these procedures if requested in a hospital inpatient status.

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



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