

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CERTAIN ELECTIVE SURGICAL PROCEDURES**

This notification applies to the following networks: Commercial HMO, POS, and PPO

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) will implement site of care review criteria for certain elective surgical procedures for non-Medicare members. This will be implemented using a phased approach, starting with Benton, Kitsap, Spokane, and Whatcom counties.

**Explanation of the change:**

Kaiser Permanente has developed criteria to direct certain elective surgical procedures to an ambulatory surgery center when the hospital inpatient/outpatient setting is not medically necessary.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/asc\\_soc.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/asc_soc.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: 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>

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