

CHROMOENDOSCOPY AND NARROW BAND IMAGING

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 15, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for chromoendoscopy, chromoscopy, chromocolonoscopy or narrow band imaging as a part of services provided during a diagnostic or surveillance colonoscopy or endoscopy.

Chromoendoscopy Payment Policy

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/chromoendoscopy.pdf>

Clinical review criteria for chromoendoscopy and narrow band imaging have been updated to align with the payment policy.

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

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

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