

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR FACET NEUROTOMY**

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 September 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for facet neurotomy for non-Medicare members.

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

Clinical review criteria for facet neurotomy for non-Medicare members have been revised to remove the limitation on number of treatments a member can obtain in a lifetime.

Clinical review criteria can be found on the Kaiser Permanente Provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/radiofrequency\\_neurotomy.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/radiofrequency_neurotomy.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.

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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