

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LUNG AND LIVER TRANSPLANT

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) has adopted updates to the Kaiser Permanente National Patient Referral Guidelines for Lung Transplant and Liver Transplant for non-Medicare members.

Explanation of the change:

The Kaiser Permanente National Transplant team has updated existing referral guidelines for liver and lung transplants.

Clinical review criteria can be found on the Kaiser Permanente Provider website at:

[Liver Transplant Patient Referral Guidelines](#)

[Lung Transplant Patient Referral Guidelines](#)

[Heart/Lung Transplant Patient Referral Guidelines](#)

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.
- 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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