

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

JULY 30, 2021

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR  
SUBSTANCE USE DISORDER TREATMENT**

Dear Provider,

**Effective October 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is adopting established guidelines from the American Society of Addiction Medicine (ASAM) for medical necessity reviews for substance use disorder treatment for Medicare Advantage members.

**Explanation of the change:**

The use of ASAM criteria for Medicare Advantage members applies to the following Substance Use Disorder policies:

- Substance Use Disorder – Residential Admission & Concurrent Stay ([https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical\\_dependency\\_residential.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical_dependency_residential.pdf))
- Substance Use Disorder – Sub-Acute Detox ([https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical\\_dependency\\_subacute\\_detox.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical_dependency_subacute_detox.pdf))
- Substance Use Disorder Treatment – Partial Hospital Program ([https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical\\_dependency\\_treatment\\_partial.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical_dependency_treatment_partial.pdf))
- Substance Use Disorder- General ([https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical\\_dependency\\_treatment\\_general.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chemical_dependency_treatment_general.pdf))

Clinical review criteria can be found on the Kaiser Permanente provider website at the link following each criteria above.

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- **Medicare Advantage:** Prior authorization is required.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria, along with a complete list of Kaiser Permanente Clinical Review Criteria, can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org> under the header "Authorization & Clinical Review."

If you have any questions about these changes, please contact the Provider Assistance Unit at 509-241-7206 or toll-free at 1-888-767-4670, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Mora', with a stylized flourish at the end.

Marc Mora, MD  
Senior Vice President  
Resource Stewardship and Network Management