

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR DERMATOLOGY SERVICES

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 October 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 Dermatology Services for non-Medicare members.

Explanation of the change:

The requirement for medical necessity review is being removed for the following codes used for treatment of specific dermatological conditions: 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, and 17250.

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