

## **CHANGES TO PRIOR AUTHORIZATION REQUIREMENTS FOR DIAGNOSTIC SERVICES**

This notification applies to the following networks: Commercial HMO and Medicare Advantage  
*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) will require pre-authorization for additional diagnostic services in the following categories: Cardiac MRI, certain venography procedures, EKG and Echocardiography, Pacemaker Checks, and Neurology and Neuromuscular diagnostic testing.

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

Kaiser Permanente is aligning pre-authorization requirements across the state.

Pre-authorization requirements for specific procedures by network can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/home/pre-auth/search>.

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.
- Medicare Advantage: 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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