

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR RENAL SYMPATHETIC NERVE ABLATION

This notification applies to the following networks: Commercial HMO, POS, PPO 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 implement new medical necessity criteria for Renal Sympathetic Nerve Ablation.

Explanation of the change:

Kaiser Permanente has adopted the MCG Care Guideline Renal Sympathetic Nerve Ablation, Radiofrequency (MCG A-1034) which indicates that the current role remains uncertain for this procedure.

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