

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR VAGUS NERVE STIMULATION (VNS)

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 April 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for vagus nerve stimulation (VNS) for non-Medicare members.

Explanation of the change:

The MCG Care Guideline B-821-T: Vagus Nerve Stimulation, Implantable: Behavioral Health Care has been added to the clinical review criteria to support medical necessity determinations for mental health diagnoses. VNS continues to be medically necessary for epilepsy and is considered not medically necessary for any other diagnosis.

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