

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR EUSTACHIAN TUBE BALLOON DILATION

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 July 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for Eustachian tube balloon dilation.

Explanation of the change:

Kaiser Permanente has developed new clinical review criteria for Eustachian tube balloon dilation to describe indications for coverage for members 18 years and older with eustachian tube dysfunction for at least 12 months.

Clinical review criteria can be found on the Kaiser Permanente provider website at: <https://wa-provider-ga.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/balloon-dilation.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 not required.
- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 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>

Provider Communications, RCB-C2W-02

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