

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR NEGATIVE PRESSURE WOUND THERAPY

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 August 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria for negative pressure wound therapy.

Explanation of the change:

Clinical review criteria for single use/disposable negative pressure wound therapy devices have been revised to include indications for use in the prevention of surgical site infections in closed surgical incisions. These criteria apply only when the disposable negative pressure wound therapy device is applied in the operating room after a revision surgery for either total hip arthroplasty or total knee arthroplasty.

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/negative_pressure_wound_therapy.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 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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