

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PERCUTANEOUS VERTEBRAL AUGMENTATION OF VERTEBRAL COMPRESSION FRACTURES

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 October 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are revising the clinical review criteria for percutaneous vertebral augmentation of vertebral compression fractures.

Explanation of the change:

Kaiser Permanente will apply coverage indications published in the Noridian Local Coverage Determination L34106 Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) for review of vertebral augmentation procedures, such as vertebroplasty and kyphoplasty.

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