

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LUMBAR SPINE FUSION

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 November 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 lumbar spine fusion.

Explanation of the change:

Kaiser Permanente has added clarifying information and definitions to enhance the medical necessity criteria for lumbar spinal fusion. This information includes definitions for neurogenic claudication, radicular pain and conservative treatment. Additionally, the criteria have been re-organized into eight different disorders: spinal fracture, lumbar spinal stenosis, severe degenerative scoliosis, spinal instability, anticipated spinal instability, revision fusion surgery, pseudoarthrosis, and recurrent disc herniation.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/spinal_fusion.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 and medical necessity is required.
- KFHPWAO Point of Service (POS) members: Prior authorization and medical necessity is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization and medical necessity 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

PO Box 34262, Seattle, WA 98124-1262



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