

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR MINIMALLY INVASIVE LUMBAR DECOMPRESSION (MILD)**

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 CPT codes in the Minimally Invasive Lumbar Decompression criteria.

### **Explanation of the change:**

Kaiser Permanente is updating CPT codes for the Minimally Invasive Lumbar Decompression clinical review criteria. CPT code 62380 will no longer require medical necessity review. However, the code will continue require prior authorization. CPT code 62287 will require medical necessity review and prior authorization.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/minimally\\_invasive\\_lumbar\\_decompression.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/minimally_invasive_lumbar_decompression.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 review is required for CPT code 62287.
- KFHPWAO Point of Service (POS) members: Prior authorization and medical necessity is required for in-network coverage for CPT code 66287.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization and medical necessity review is required for CPT code 62287.

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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