CHANGES TO THE CODE CHECK TOOL FOR PHOTOTHERAPY

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 removing the excluded ICD-10 diagnosis codes from UVB/UVA therapy in the Dermatology Services clinical review criteria.

Explanation of the change:

Kaiser Permanente is removing the excluded ICD-10 codes from the Code Check Tool for UVB/UVA therapy. All requests for UVB/UVA therapy will require medical necessity review regardless of the diagnosis.

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

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