

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR COCHLEAR IMPLANT

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 December 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for cochlear implants for non-Medicare members.

Explanation of the change:

Clinical review criteria for cochlear implants for non-Medicare members have been revised to adopt changes to the hybrid Cochlear Implant criteria. Changes include modified indications for single-sided deafness and clarifying language for replacement due to obsolescence or expired warranty.

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

Provider Communications, RCB-C2W-02

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