

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LUMBAR SPINAL FUSION**

This notification applies to the following networks: *Commercial HMO, POS, PPO and Medicare Advantage*

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective March 1, 2023**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Lumbar Spinal Fusion criteria.

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

Clinical review criteria for Lumbar Spinal Fusion have been revised to clarify conservative management to include quantifying number of physical therapy visits.

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](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 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.
- Medicare Advantage: 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

PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL  
PRESORTED  
US POSTAGE PAID  
SEATTLE, WA  
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>