

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TOTAL HIP ARTHROPLASTY**

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 June 1, 2023**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for total hip arthroplasty for all non-Medicare members and will review Medicare members against CMS criteria.

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

Kaiser Permanente has developed medical necessity review criteria for all total hip arthroplasty requests. Site of care review will also continue to apply to this service when requested at an inpatient level of care. Existing authorizations prior to June 1, 2023 will be honored.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/ip\\_totalhip.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/ip_totalhip.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



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