KAISER PERMANENTE

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BREAST RECONSTRUCTION CRITERIA

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 July 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) have revised the clinical review criteria for Breast Reconstruction for non-Medicare members.

Explanation of the change:

Kaiser Permanente has revised the medical necessity clinical review criteria for Breast Reconstruction by removing the restriction of *one reconstructive procedure to produce a symmetrical appearance* in the *non-diseased breast.*

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