

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PERORAL ENDOSCOPIC MYOTOMY (POEM)

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 July 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating clinical review criteria for Peroral Endoscopic Myotomy (POEM).

Explanation of the change:

Clinical review criteria for POEM have been revised to include indications for coverage of this procedure for esophageal achalasia, which was previously considered to have insufficient evidence in the published medical literature.

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

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