

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR THORACIC SPINE MRI**

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 September 1, 2023**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Thoracic Spine MRI Criteria.

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

Clinical review criteria for the Thoracic Spine MRI have been revised to clarify conservative management to include a reduction from 6 weeks to 4 weeks for the duration of trialed physical therapy per episode of pain.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri\\_thoracic.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri_thoracic.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, RCR-A3W-04

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>