

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR MONITORED ANESTHESIA CARE (MAC) FOR GASTROINTESTINAL ENDOSCOPIC PROCEDURES

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 clinical review criteria for Monitored Anesthesia Care.

Explanation of the change:

Kaiser Permanente is **removing** the prior authorization and medical necessity review requirement for Monitored Anesthesia Care.

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

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>

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