CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA ELECTIVE SURGICAL PROCEDURES LEVEL OF CARE

This notification applies to the following networks: *Commercial HMO, POS, PPO, and Medicare.*
A listing of all networks can be found on the provider website at
https://wa-provider.kaiserpermanente.org/communications/letters

Effective December 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the Elective Surgical Procedures-Level of Care policy.

Explanation of the change:

The Elective Surgical Procedures – Level of Care review criteria policy is being expanded to include additional elective surgical procedures, including but not limited to, select general surgery, gynecology, otolaryngology, and urolo001cal procedures. Certain elective procedures will be redirected to an outpatient hospital setting when the requested prior authorization is for inpatient hospital setting and not medically necessary at that level of 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/elective_surgical.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, RCR-A3W-04
PO Box 34262, Seattle, WA 98124-1262

KAISER PERMANENTE.

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>
<TITLE>
<COMPANY>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>