

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR FERTILITY SERVICES

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 November 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are changing the name of Infertility Criteria to Fertility Services Criteria and are updating clinical review criteria.

Explanation of the change:

Clinical review criteria for Fertility Services are being updated to include an update to the definition of infertility, and criteria have been added for Artificial Insemination (AI), In Vitro Fertilization (IVF) and Surgical procedures of the fallopian tubes to promote fertility.

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