

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA NEGATIVE PRESSURE WOUND THERAPY

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 December 1, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the Negative Pressure Wound Therapy clinical criteria for the indication of Single Use/Disposable-Negative Pressure Wound Therapy for prevention of surgical site infections.

Explanation of the change:

The indication for single use negative pressure wound therapy for prevention of surgical site infections is being removed as not separately reimbursable for placement in the operating room setting.

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

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