

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA BREAST PUMP

This notification applies to the following networks: *Commercial HMO, POS, PPO and Medicare Advantage*. 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 **removing** prior authorization and clinical review requirement for hospital grade breast pumps.

Explanation of the change:

Hospital grade breast pumps will no longer require clinical review and prior authorization will not be required when submitted to Apria.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/breast_pump.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 not required.
- KFHPWAO Point of Service (POS) members: Prior authorization is not required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not required.
- Medicare Advantage: Prior authorization is not 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>

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