

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LUMBAR AND CERVICAL MRI

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

Effective January 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the lumbar and cervical spine MRI medical necessity review criteria.

Explanation of the change:

Clinical review criteria for lumbar and cervical MRIs have been revised to provide an allowance of imaging prior to a procedure.

Clinical review criteria can be found on the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri_lumbar%20spine.pdf

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri_cspine.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>

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