

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CLARIFIX®**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

**Effective February 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the former Clarifix® criteria page title to Nasal Cryoablation, Radiofrequency Ablation & Laser Treatments.

**Explanation of the change:**

Kaiser Permanente has updated the former Clarifix® criteria page title to Nasal Cryoablation, Radiofrequency Ablation & Laser Treatments and included additional modalities that are not covered due to insufficient evidence such as RhinAer® and VivAer®.

Clinical review criteria can be found on the Kaiser Permanente provider website at: [https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/nasal\\_cryo.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/nasal_cryo.pdf)

**Is prior authorization required?**

- 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 not 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

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