

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ENDOBRONCHIAL ULTRASOUND

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) will implement clinical criteria for Endobronchial Ultrasound.

Explanation of the change:

Kaiser Permanente has adopted MCG criteria A-1049 for Endobronchial Ultrasound.

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

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>