

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SINUS SURGERY

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 implementing clinical review requirements for sinus surgery to include functional endoscopic sinus surgery (FESS) and Sinuplasty.

Explanation of the change:

Kaiser Permanente has adopted MCG criteria for medical necessity review of functional endoscopic sinus surgery (FESS) using MCG A-0185 and Sinuplasty using MCG A-0478.

FESS CPT: 31237, 31239, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288

Sinuplasty CPT: 31295, 31296, 31297, 31298

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