

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CHROMOENDOSCOPY

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective March 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the clinical review criteria for Chromoendoscopy.

Explanation of the change:

The medical necessity review for Chromoendoscopy for the indication of Inflammatory Bowel Disease (IBD) will no longer be required. Please refer to our Chromoendoscopy and Narrow Band Imaging payment policy found on the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/chromoendoscopy.pdf>

Clinical review criteria update and associated codes can be found on the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/chromoendoscopy.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 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>

Provider Communications, RCR-A3W-04

PO Box 34262, Seattle, WA 98124-1262



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