

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR MRI CERVICAL, THORACIC AND LUMBAR

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) are updating MRI Cervical, Thoracic, and Lumbar criteria.

Explanation of the change:

Indications for MRI are being updated to allow for both suspected and confirmed Ankylosing Spondylitis (AS) when medical necessity criteria are met. Please visit the MRI criteria pages to view explicit criteria and codes.

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

MRI Cervical:

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

MRI Thoracic:

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

MRI Lumbar:

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

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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