

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR OFFICE-BASED METHADONE TREATMENT

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 its Substance Use Disorder-General criteria.

Explanation of the change:

Medical necessity review for methadone office-based treatment for opioid use disorder will no longer be required. In addition, the prior authorization requirements for office-based methadone treatment for opioid use disorder are being removed when referring to a contracted provider.

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

Is prior authorization required?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required for out of network.
- 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 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>

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