

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR MRI BRAIN & MRI CERVICAL

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective May 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating indications for Brain and Cervical MRIs for non-Medicare members.

Explanation of the change:

Non-Medicare clinical review criteria for Brain and Cervical MRI have been revised to expand coverage for members with Multiple Sclerosis, allowing for short-term imaging follow-up after radiologic signs of MS disease activity and more rapid imaging follow-up for up to one year following a change in therapy.

Clinical review criteria and affected CPT codes can be found on the Kaiser Permanente provider website at:

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

Brain MRI: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri-brain.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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