

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR HYPOGLOSSAL NERVE STIMULATION**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective June 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is implementing clinical criteria for Implantable Hypoglossal Nerve Stimulation Device and the Durg-Induced Sleep Endoscopy (DISE) procedure when being requested for evaluation of Hypoglossal Nerve Stimulation Device.

### **Explanation of the change:**

Kaiser Permanente will require prior authorization and will review requests for Implantable Hypoglossal Nerve Stimulation Devices and Drug-Induced Sleep Endoscopy Procedures against medical necessity criteria.

To view applicable codes and explicit clinical review criteria please visit the Kaiser Permanente provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/treatment\\_obstructive\\_sleep\\_apnea.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/treatment_obstructive_sleep_apnea.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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