

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PNEUMATIC COMPRESSION DEVICES**

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) are updating clinical criteria for Pneumatic Compression Devices.

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

Kaiser Permanente of Washington will review requests for Pneumatic Compression Devices using the CMS criteria found on the Pneumatic Compression Devices Local Coverage Determination L33829.

Clinical review criteria can be found on the Kaiser Permanente provider website at:  
[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/pneumatic\\_compression\\_devices.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/pneumatic_compression_devices.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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