

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR FECAL GI INFUSION FOR THE TREATMENT OF C. DIFFICILE INFECTION

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective August 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are **retiring** the criteria for Fecal GI Infusion for the Treatment of C. Difficile Infection.

Explanation of the change:

Explicit clinical review criteria for Fecal GI Infusion are being retired. This service will no longer require medical necessity review.

To review the clinical review criteria please visit the Kaiser Permanente provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/fecal-transplantation.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.
- Medicare Advantage: 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
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Provider Communications, RCR-A3W-04
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