

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR NEW AND EMERGING TECHNOLOGY

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective September 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the criteria for New and Emerging Technology.

Explanation of the change:

Kaiser Permanente is updating the applicable codes on the New and Emerging Technology Policy.

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/new-emergingtech.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
Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
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