

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TREATMENTS FOR SLEEP STUDIES**

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 implementing criteria for Sleep Studies (Polysomnography).

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

Clinical review criteria for Sleep Studies (Polysomnography Testing) in a lab setting are being implemented.

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/sleep\\_studies.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/sleep_studies.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  
PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL  
PRESORTED  
US POSTAGE PAID  
SEATTLE, WA  
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>