

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TREATMENTS FOR TRANSCUTANEOUS ELECTRICAL STIMULATION (TENS) DEVICES

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 TENS units.

Explanation of the change:

Kaiser Permanente has elected to revise the clinical criteria for TENS to use coverage guidance from Medicare's Local Coverage Determination (LCD) [Transcutaneous Electrical Nerve Stimulators L33802](#) and [Policy Article Transcutaneous Electrical Nerve Stimulators \(TENS\) \(A52520\)](#).

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/electrical_stimulation_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
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Provider Communications, RCR-A3W-04
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