

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SHOULDER ARTHROPLASTY**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective November 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are adding criteria for Shoulder Arthroplasty.

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

Kaiser Permanente is adding a new medical necessity review requirement of Total Shoulder Arthroplasty and Shoulder Hemiarthroplasty for both Medicare and non-Medicare members. A medical necessity review will be required in addition to the previous review for the level of care.

To review the Shoulder Arthroplasty clinical review criteria, please visit the Kaiser Permanente Provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/shoulder-arthroplasty.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



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