

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR FEMOROACETABULAR IMPINGEMENT SYNDROME

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective December 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Femoroacetabular Impingement (FAI) Syndrome criteria.

Explanation of the change:

Kaiser Permanente is implementing explicit coverage criteria for Femoroacetabular Impingement (FAI) Syndrome. This procedure will continue to require review for level of care in addition to the new clinical criteria.

To review the Hip Surgery Procedures for Femoroacetabular Impingement Syndrome clinical review criteria, please visit the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/fis_hip_surgery.pdf

To review the Elective Surgical Procedures (Level of Care policy) clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/elective-surgical.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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