

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ADVANCED CARE AT HOME

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective January 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Advanced Care at Home policy.

Explanation of the change:

Kaiser Permanente is updating the Advanced Care at Home Policy to include language that this benefit is based on members' service area and benefit design.

To review the Advanced Care at Home clinical review criteria please visit the Kaiser Permanente provider website at

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