

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ELECTIVE SURGICAL PROCEDURE LEVEL OF CARE

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 Elective Surgical Procedure Level of Care policy.

Explanation of the change:

Kaiser Permanente is expanding the Elective Surgical Procedure Level of Care policy to include additional procedures, including but not limited to cardiac, dermatologic, otolaryngology, gastrointestinal, general surgery, gynecology, orthopedic, ophthalmology, pain management, pulmonology, restorative & cosmetic, spine, and urologic procedures. Certain elective procedures will be redirected to an outpatient hospital setting when requested prior authorization is for an inpatient hospital setting and is not medically necessary at that level of care.

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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