

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ULTRASOUND-GUIDED NEEDLE RELEASE OF CARPAL TUNNEL

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective February 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are **retiring** the medical policy for ultrasound-guided needle Release of Carpal Tunnel Procedure.

Explanation of the change:

Kaiser Permanente is **retiring** the medical necessity review requirement for the Ultrasound-Guided Percutaneous Needle Release of Carpal Tunnel.

To view the Ultrasound-Guided Percutaneous Needle Release of Carpal Tunnel clinical review criteria please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/ugpr-carpal-tunnel.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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