

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR FUNDOPPLICATION PROCEDURES

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 implementing medical necessity review criteria for Fundoplication procedures.

Explanation of the change:

Kaiser Permanente is implementing a new medical necessity review requirement for Fundoplication procedures for Medicare and non-Medicare members using MCG KP-S-505 02012025. Medical necessity review will be required in addition to the preexisting review requirement for the level of care.

To view the Fundoplication Surgery & Treatment of Gastroesophageal Reflux Disease clinical review criteria please visit the Kaiser Permanente provider website at:

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