

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR HIP ARTHROSCOPY

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 new medical necessity criteria for Hip Arthroscopy Procedures.

Explanation of the change:

Kaiser Permanente is implementing a new medical necessity review requirement for Hip Arthroscopy procedures for Medicare and non-Medicare members using MCG KP-S-572 02012025. Medical necessity review will be required in addition to the preexisting review requirement for the level of care.

To view the Hip Arthroscopy clinical review criteria please visit the Kaiser Permanente Provider website at: <https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/hip-arthroscopy-procedures.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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