

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

# CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY

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 Physical, Occupational, and Speech therapies.

### **Explanation of the change:**

Kaiser Permanente is implementing new medical necessity criteria for Physical, Occupational, and Speech Therapies for Medicare and non-Medicare members.

To view the clinical review criteria please visit the Kaiser Permanente provider website at:

#### **Physical Therapy Services**

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/physical-therapy-services.pdf

## **Occupational Therapy Services**

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/occupational-therapy-services.pdf

## Speech/Language Therapy Services

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/speech-language-therapy.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.

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