

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 not required.
- KFHPWAO Point of Service (POS) members: Prior authorization is not required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not 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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