

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TREATMENTS FOR GERD

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective May 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Treatments for GERD clinical review criteria.

Explanation of the change:

Kaiser Permanente is updating the Treatments for GERD clinical review criteria to include new clinical review criteria for Implantable Magnetic Esophageal Ring and Transoral (Endoluminal) Gastroplication or Suturing procedures.

To review 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
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