

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR RADIOFREQUENCY NEUROTOMY**

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 clinical criteria for Radiofrequency Neurotomy of the Spine.

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

Kaiser Permanente is updating the clinical criteria used to review for Radiofrequency Neurotomy of the spine, moving from an MCG hybrid policy to CMS's criteria for Facet joint Interventions for Pain Management (L38803).

To review the Facet Joint Procedures for Pain clinical review criteria, please visit the Kaiser Permanente provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/facet\\_injections.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/facet_injections.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.

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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