

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR EXCIMER LASER TREATMENTS

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☐

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

Effective August 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for Excimer Laser Treatments.

Explanation of the change:

Kaiser Permanente is updating the Dermatology criteria page for Excimer Laser Treatments to clarify and further address and define conservative management.

To review the Dermatology Services clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/dermatology.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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Provider Communications, RCR-A3W-04
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