

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR THYROID SURGERIES

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 Thyroid Surgeries.

Explanation of the change:

Kaiser Permanente is updating the Thyroid Procedures medical policy to include indications for Radiofrequency Ablation of Thyroid Nodules when criteria are met.

To review the Thyroid Surgeries clinical review criteria, please visit the Kaiser Permanente provider website at:

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