

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR WIRELESS MOTILITY CAPSULE

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 policy for Wireless Motility Capsule.

Explanation of the change:

Kaiser Permanente is removing the Wireless Motility Capsule review criteria effective August 1, 2025, and will start using the Medically Necessary Services criteria page to review these requests.

To review the Wireless Motility Capsule clinical review criteria until August 1, 2025, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/smartpill.pdf>

To review the Medically Necessary Services clinical review criteria after August 1, 2025, please visit the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/medically_necessary_services.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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