

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ARTIFICIAL SPINAL DISCS FOR LUMBAR DISC DISEASE**

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

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

**Effective October 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 Artificial Spinal Discs for Lumbar Disc Disease.

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

Kaiser Permanente is updating the medical necessity criteria for Artificial Spinal Discs for Lumbar Disc Disease for non-Medicare members, in addition to the current elective surgical procedure level of care review requirement.

To review the Artificial Spinal Discs for Lumbar or Cervical Disc Disease clinical review criteria, please visit the Kaiser Permanente Provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/artificial\\_disc.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/artificial_disc.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**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**  
Provider Communications, RCR-A3W-04  
PO Box 34262, Seattle, WA 98124-1262



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