

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR EP STUDIES AND ABLATIONS**

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 implementing a new medical necessity review requirement for Electrophysiologic Studies and Intracardiac Catheter Ablations.

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

Kaiser Permanente is implementing a new medical necessity review for Electrophysiologic Studies and Intracardiac Catheter Ablations for Medicare and non-Medicare members using MCG Hybrid policy KP-M-154 10012025 in addition to the current elective surgical procedure level of care review requirement.

To review the Cardiac Electrophysiologic (EP) Procedures clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cardiac-epa.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**  
**Kaiser Foundation Health Plan of Washington Options, Inc.**  
Provider Communications, RCR-A3W-04  
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