

MEDICAL NECESSITY REVIEW CRITERIA RETIRES

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

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

Effective September 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are **retiring** the following medical necessity criteria.

Explanation of the change:

1. Photodynamic Therapy (PDT)

To review the Photodynamic Therapy (PDT) clinical review criteria, please visit the Kaiser Permanente provider website at:

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

2. Sphenopalatine Ganglion Block

To review the Sphenopalatine Ganglion (SPG) Block clinical review criteria, please visit the Kaiser Permanente provider website at:

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