

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR NON-HIATAL HERNIA

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

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

Effective November 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are implementing new medical necessity criteria for Non-Hiatal Hernia Procedures.

Explanation of the change:

Kaiser Permanente is implementing new medical necessity criteria for Non-Hiatal Hernia Procedures to allow coverage when criteria are met using MCG KP-S-1305 11012025.

To review the Non-Hiatal Hernia Repair clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/non-hiatal-hernia.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
PO Box 34262, Seattle, WA 98124-1262



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