

## CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR AMBULATORY SURGERY CENTER SITE OF CARE

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective April 1, 2026**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Ambulatory Surgery Center Site of Care (SOC) medical policy.

### Explanation of the change:

Kaiser Permanente is updating the Ambulatory Surgery Center Site of Care policy to require review for select procedures, including rhinoplasty, sinus surgery, arthroscopic knee procedures, and spine procedures for non-Medicare members.

To review the additional codes to the Ambulatory Surgery Center (ASC) - Site of Care Policy clinical review criteria, please visit the Kaiser Permanente provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/asc\\_soc.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/asc_soc.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



FIRST CLASS MAIL

PRESORTED

US POSTAGE PAID

SEATTLE, WA

PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>