

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR MAGNETIC RESONANCE GUIDED FOCUSED ULTRASOUND (MRGFUS) OF THE BRAIN

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 implementing medical necessity review for Magnetic Resonance Guided Focused Ultrasound (MRgFUS) of the Brain.

Explanation of the change:

Kaiser Permanente is updating review criteria for MRgFUS of the brain for both Medicare and non-Medicare members. Medicare cases will follow the local coverage determination, while commercial cases will be reviewed using MCG guideline KP-099 104012026.

To review the Magnetic Resonance Guided Focused Ultrasound (MRgFUS) of the Brain clinical review criteria, please visit the Kaiser Permanente provider website at:

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