

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SINUS SURGERIES

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 Sinus Surgery medical necessity criteria.

Explanation of the change:

Kaiser Permanente is updating the sinus surgery criteria to clarify coverage for drug-eluting nasal stents for both Medicare and non-Medicare members.

To review the Sinus Surgeries clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/sinus-surgeries.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
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Provider Communications, RCR-A3W-04
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