

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LOW DOSE RADIOTHERAPY

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective May 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating Low Dose Radiotherapy medical necessity criteria.

Explanation of the change:

Kaiser Permanente is merging the Radiation Therapy for Palmar Fibromatosis policy and the Superficial Radiation Therapy policy into a single policy titled **Low Dose Radiotherapy**. The updated policy will include explicit coverage indications for select conditions, including heterotopic ossification, osteoarthritis, keloids, seborrheic keratosis, pterygium, and plantar fasciitis.

To review the Low Dose Radiotherapy clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/low-dose-radiotherapy.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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