

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BRAIN FUNCTIONAL MRI**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective July 1, 2026**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the pre-surgical brain mapping policy.

### **Explanation of the change:**

Kaiser Permanente is updating its pre-surgical brain mapping policy to include clinical criteria for brain functional MRI (fMRI). As part of this update, requests will be reviewed using MCG Guideline A-0539, in addition to the existing high-end imaging site-of-care review process.

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

### **Pre-Surgical Brain Mapping**

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/brain-mapping.pdf>

### **High-End Imaging Site of Care Medical Policy**

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/high\\_end\\_imaging\\_soc.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/high_end_imaging_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.
- 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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