

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SHOULDER ARTHROPLASTY

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective August 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for Shoulder Arthroplasty.

Explanation of the change:

Kaiser Permanente is updating its Shoulder Arthroplasty medical policy to clarify documentation requirements for disabling pain and functional impairment. The updated policy also strengthens the definitions of failed conservative therapy and required imaging findings.

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

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