

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR STEREOTACTIC RADIATION

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 Stereotactic Radiation.

Explanation of the change:

Kaiser Permanente is updating its Stereotactic Radiosurgery and Stereotactic Body Radiotherapy medical policies and will begin using the following MCG guidelines: Stereotactic Radiosurgery (A-0423) and Stereotactic Body Radiotherapy (A-0694).

To review the Advanced Radiation Therapy Policy clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/advanced-radiation-therapy.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.

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
PO Box 34262, Seattle, WA 98124-1262



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