

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BONE GRAFT SUBSTITUTES

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective September 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 bone graft substitutes.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria in the Bone Graft Substitutes clinical review criteria for INFUSE® bone graft, changing the coverage determination from "*insufficient evidence*" to "*covered when clinical criteria are met*." This update reflects a review of current evidence and clarifies coverage for appropriate patient selection, with detailed clinical criteria outlined in the revised policy.

To review the Bone Graft Substitutes & Adjuncts clinical review criteria, please visit the Kaiser Permanente Provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/infuse_bone_graft.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
Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL
PRESORTED
US POSTAGE PAID
SEATTLE, WA
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>
<TITLE>
<COMPANY>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>