

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES

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 Cardiac Electrophysiologic (EP) Procedures.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for cardiac electrophysiologic (EP) procedures related to the treatment of atrial fibrillation for both Medicare and non-Medicare members.

To review the Cardiac Electrophysiologic (EP) Procedures clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cardiac-epa.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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Provider Communications, RCR-A3W-04
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