

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LYMPHEDEMA DECONGESTIVE THERAPY

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 retiring the medical necessity criteria for lymphedema decongestive therapy.

Explanation of the change:

Kaiser Permanente is **retiring** the medical necessity criteria for lymphedema decongestive therapy for non-Medicare members.

To review the Lymphedema Therapy/Lymphedema Therapy Training clinical review criteria, please visit the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/lymphedema_therapy.pdf

Is prior authorization required?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is not required.
- KFHPWAO Point of Service (POS) members: Prior authorization is not required.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is not 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>