

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TOTAL KNEE ARTHROPLASTY

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☐

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

Effective October 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 Knee Arthroplasty procedures.

Explanation of the change:

Kaiser Permanente is making minimal changes to the medical necessity criteria for knee arthroplasty procedures for non-Medicare members.

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

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