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Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LOWER EXTREMITY REVASCULARIZATION PROCEDURES

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 implementing new medical necessity review criteria for lower extremity percutaneous revascularization procedures.

Explanation of the change:

Kaiser Permanente is implementing new medical necessity criteria for lower extremity percutaneous revascularization procedures for Medicare and non-Medicare members. The new criteria are MCG-aligned using guideline KP-S-1310 for review, in addition to the elective surgical procedure level of care review requirement that currently exists.

To review the Lower Extremity Revascularization Procedures clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/le-revascularization.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.

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