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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 CPAP DEVICES

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 continuous positive airway pressure devices.

## Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for continuous positive airway pressure devices to simplify eligibility criteria, remove outdated provisions, and align with current CMS guidance and modern sleep testing practices for non-Medicare members.

To review the Treatments of Sleep Apnea (Surgical & Non-Surgical) clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/treatment_obstructive_sleep_apnea.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
PO Box 34262, Seattle, WA 98124-1262

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