

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SHOULDER ARTHROSCOPY

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

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

Effective November 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 Shoulder Arthroscopy.

Explanation of the change:

Kaiser Permanente is updating its Shoulder Arthroscopy medical policy, which now formally defines medical necessity criteria for shoulder arthrodesis, including clear indications, conservative treatment requirements, and contraindications.

To review the Shoulder Arthroscopy clinical review criteria, please visit the Kaiser Permanente provider website at:

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