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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 LUMBAR SPINE FUSION

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 Lumbar Spine Fusion.

Explanation of the change:

Kaiser Permanente is updating its Lumbar Spine Fusion medical policy that improves clarity and consistency while adding more specific requirements, including defined conservative treatment (physical therapy and medications), clearer criteria for radiculopathy, and a BMI threshold (<40).

To review the Lumbar Decompression & Fusion Procedures clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/spinal_fusion.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.

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