KAISER PERMANENTE®

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

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR TREATMENT FOR GASTROESOPHAGEAL REFLUX DISEASE

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☒
Network list: https://wa-provider.kaiserpermanente.org/communications/letters

Effective January 1, 2027, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the criteria Treatments for Gastroesophageal Reflux Disease.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for two procedures used in the treatment of gastroesophageal reflux disease (GERD): the Implantable Magnetic Esophageal Ring (LINX® Reflux Management System) and Transoral (Endoluminal) Gastroplication/Suturing (EsophyX®).

To review the Fundoplication Surgery & Treatment of Gastroesophageal Reflux Disease clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/gerd.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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