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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 MEDICAL TRANSPORTATION

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 for Medical Transportation.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for emergency and non-emergency medical transportation and consolidating existing transportation policies into a comprehensive Medical Transportation policy. The new criteria establish coverage requirements for medically necessary non-emergency transportation, including hospital discharges, interfacility transfers, and specialized transport when a patient's condition prevents the use of standard transportation options.

To review the Medical Transportation clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/air_ambulance.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
Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle, WA 98124-1262

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