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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 HIGH-INTENSITY FOCUSED ULTRASOUND FOR THE TREATMENT OF LOCALIZED PROSTATE CANCER

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 High-Intensity Focused Ultrasound (HIFU) for the treatment of localized prostate cancer.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for High-Intensity Focused Ultrasound (HIFU) using MCG evidence-based guidelines. HIFU for localized prostate cancer, previously considered non-covered due to insufficient evidence, may now be covered when established clinical criteria are met.

To review the High Intensity Focused Ultrasound (HIFU) for the Treatment of Localized Prostate Cancer clinical review criteria, please visit the Kaiser Permanente provider website at:
https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/hifu.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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