

Federal Options

2022 Preauthorization and notification requirements

The following services require notification or preauthorization. Services that require preauthorization will be denied if preauthorization is not obtained. The following list does not include services that will be reviewed post service for medical necessity upon receipt of the claim. Claims reviewed for medical necessity may result in a denial.

Please contact Kaiser Permanente Member Services to verify coverage, preauthorization requirements, or medical necessity review.

Preauthorization Required

- Bariatric Surgery
- Blepharoplasty
- Bone Growth Stimulators
- Breast Surgeries
- CPM Machines
- Electric Scooters
- Enteral Therapy
- Genetic Testing
- Home Health Care
- Home IV Infusion
- Hospice
- Hyperbaric Oxygen Pressurization
- Inpatient admissions, including emergency, planned, mental health, & withdrawal management services
- Inpatient Scheduled Procedures/Stays
- Insulin Pumps
- Organ Transplants
- Penile Prosthesis
- Pneumatic Compression Device
- Pulse Dye Laser
- Removal of Scars
- Sclerotherapy
- Skilled Nursing Facility
- Sleep Disorders Procedures, including LAUP, UPPP
- SPECT Scans
- SynchroMed Pump
- Transgender Services
- Urinary Incontinence Treatment with Biofeedback
- Ventilators

Preauthorization Code Check Tool

Preauthorization Code Check Tool available at wa-provider.kaiserpermanente.org/home/pre-auth/search



Provider questions?

Call Kaiser Permanente Provider Assistance Unit toll-free at 1-888-767-4670.

Member questions?

Call Member Services toll-free at 1-888-901-4636.

Clinical Criteria

Clinical Review Criteria available at kp.org/wa/provider under “Authorization & Clinical Review”