

2024 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.

Notification Required

- All inpatient admissions, including emergency admissions, planned admissions, mental health, and withdrawal management services⁺
- Home health care, including home infusion and home dialysis
- Hospice
- Long-term acute care admission
- Skilled nursing facility
- Substance abuse disorder residential admissions⁺

Preauthorization Required – Durable Medical Equipment, Prosthetics, and Supplies

- Bone growth stimulators, electrical and ultrasonic
- Electrical stimulation devices
- Home oxygen
- Mobility assist devices, including wheelchairs and other high-end mobility equipment
- Negative pressure wound therapy pumps
- Oscillatory chest compression devices
- Prosthetic limbs
- Speech generating devices
- Tumor treating fields therapy

Preauthorization Required – Other Services

- Acupuncture, after 8 visits*
- Advanced care at home
- Advanced imaging, CT and MRI scans
- Applied behavioral analysis therapy
- Capsule endoscopy
- Cardiac telemetry
- Charged particle radiation therapy
- Clinical trials
- Craniofacial dental
- Elective air transport
- Electroconvulsive therapy
- Experimental and investigational services, including new technology
- Genetic testing, including genetic panels - that is, Cell-Free Fetal DNA testing, Fibrosis testing, BRCA or Lynch testing
- Hyperbaric oxygen
- Inpatient rehabilitation
- Manipulative therapy, after 8 visits*
- Monitored anesthesia care (MAC)
- Neuropsychological testing
- Partial hospitalization, including mental health and chemical dependency
- Platelet rich plasma
- Repetitive transcranial magnetic stimulation (rTMS)
- Transgender services, when benefit is available
- Ventricular assist devices (VAD)
- Virtual colonoscopy

⁺ Concurrent care review required.

* Visit limits could be higher depending on plan.

Preauthorization Required – Surgery

See current list at kp.org/wa/provider. Go to “Authorization & Clinical Review” then “Clinical Review Criteria” then click the A and choose “Ambulatory Surgery Center (ASC) – Site of Care Policy

- Autologous chondrocyte implantation and other cell-based treatments of focal articular cartilage lesions
- Blepharoplasty and brow ptosis repair
- Chemical peels, dermabrasion, microdermabrasion, and laser skin treatment
- Cochlear implant
- Cryosurgical ablation of breast tumors and lesions
- Deep brain stimulation
- Extracranial carotid angioplasty/stenting
- Gastric electrical stimulation
- Gastric reflux surgery
- Image-guided minimally invasive lumbar decompression for spinal stenosis
- Implantable bone conduction and bone anchored hearing aids
- Keratoprosthesis
- Meniscal allografts and collagen meniscus implants
- Obesity surgery, when benefit is available
- Occipital nerve stimulation
- Orthognathic surgery
- Panniculectomy
- Percutaneous neuromodulation therapy (PNT)
- Plugs for fistula repair
- Posterior tibial nerve stimulation for voiding dysfunction
- Radiofrequency ablation of tumors (RFA)
- Rhinoplasty
- Sacral nerve modulation/stimulation for pelvic floor dysfunction
- Spinal cord stimulation for treatment of pain
- Spinal decompression devices
- Spinal surgery, cervical fusion
- Spinal surgery, lumbar fusion
- Spinal surgery, percutaneous vertebroplasty and vertebral augmentation (such as kyphoplasty)
- Stereotactic radiosurgery and stereotactic body radiation therapy

- Surgeries for snoring, obstructive sleep apnea syndrome, and upper airway resistance syndrome in adults
- Temporomandibular joint (TMJ) surgical interventions
- Transanal endoscopic microsurgery (TEMS)
- Transcatheter aortic valve replacement (TAVR), Mitra-clip, left atrial appendage closure
- Transplants
- Reconstructive breast surgery/mastopexy, autologous fat grafting to the breast, and management of breast implants
- Reduction mammoplasty
- Vagus nerve stimulation
- Varicose vein treatment

Preauthorization Code Check Tool

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

Preauthorization Required – Office-Administered Injectable Drugs

See current list at kp.org/wa/provider. Go to “Pharmacy” then “Pharmacy Overview” and click on “Injectable Drugs Requiring Prior Authorization.”

Clinical Review Criteria

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



Provider questions?

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

Member questions?

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

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057.