

Access PPO  
Elect PPO

## 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

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- All inpatient admissions, including emergency admissions, planned admissions, mental health, and chemical dependency detox
- Home health care, including home infusion and home dialysis
- Hospice
- Long-term acute care admission
- Skilled nursing facility

### Preauthorization Required – Durable Medical Equipment, Prosthetics, and Supplies

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- 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

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- Acupuncture, after 8 visits\*
- Applied behavioral analysis therapy
- Capsule endoscopy
- Cardiac telemetry
- Charged particle radiation therapy
- Chemical dependency residential admissions
- Clinical trials
- Elective air transport
- Electroconvulsive therapy
- Experimental and investigational services, including new technology
- Genetic testing , including genetic panels, i.e. Cell-Free Fetal DNA testing, Fibrosis testing, BRCA or Lynch testing
- Hyperbaric oxygen
- Inpatient rehabilitation
- Manipulative therapy, after 8 visits\*
- 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

\* Visit limits could be higher depending on plan.

## Preauthorization Required – Surgery

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- All transplants
- 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
- Reconstructive breast surgery/mastopexy, autologous fat grafting to the breast, and management of breast implants
- Reduction mammoplasty
- Vagus nerve stimulation
- Varicose vein treatment

## Preauthorization Required – Office-Administered Injectable Drugs

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See current list at [kp.org/wa/provider](https://kp.org/wa/provider) under Resources/Patient Care, then under Pharmacy. Once on the pharmacy page, click on the 'Injectable Drugs Requiring Prior Authorization' link.



### 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.