

Kaiser Permanente Washington - Pre-Authorization requirements:

Kaiser Permanente requires pre-authorization for some services to be covered. The information below outlines pre-authorization requirements at a high level. Some requests for pre-authorization and/or claims will be reviewed by a clinician for medical necessity. The criteria used to determine medical necessity is available in this <u>Index</u>.

For questions regarding pre-authorization requirements for specific services, please consult your Certificate of Coverage or contact Member Services at 1-888-901-4636.

Grid instructions:

For a complete list of services that require pre-authorization, please see the document provided at this link.

Access PPO, Omni PPO, Op	otions PPO, Elect PPO,	GHO Federal			
Service	Is pre- authorization required?	How do I get pre- authorization?	What criteria must be met for coverage?	Notes	Which providers can I see? You must see a network provider for services to be covered at the in network level of benefit. Please review the Provider Directory to see who is in your network.
Transplants –organ and stem cell transplants	Yes	Your physician will request authorization for all stages including pre-transplant care, transplant, and post-transplant care	Coverage is subject to clinical criteria. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit and cost share information.	

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 Facility admissions: Skilled Nursing facility Mental Health facility Chemical Dependency facility Long-term Care facility Rehabilitation facility Scheduled inpatient admissions to a hospital Emergency admission to a hospital 	Planned/Scheduled Admissions = Yes Urgent/Emergent Admissions = Notification of the admission to Kaiser Permanente is required	Planned/Scheduled Admissions = Your ordering physician will obtain pre-authorization. Urgent/Emergent Admissions = The hospital should notify Kaiser Permanente and you should also notify Kaiser Permanente by calling the Hospital Notification line provided on the back of your Kaiser Permanente ID card	Coverage is subject to clinical criteria. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information and/or limitations for these admissions.	

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Surgery – inpatient and outpatient	Some surgeries require pre- authorization – please see page two at this <u>link</u> .	Your surgeon's office will coordinate authorization for procedures, including notification of the facility where the procedure will be performed.	Many different procedures may require medical necessity review. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information including what may not be covered.	
Durable Medical Equipment Prosthetics Orthotics	Some equipment requires pre- authorization – please see the "Preauthorization Required—Durable Medical Equipment, Prosthetics, and Supplies" section on page one at this <u>link</u> .	Your physician and DME vendor will work with Kaiser Permanente to obtain authorization for needed equipment.	Some equipment requires medical necessity review. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information including what may not be covered.	

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Home Health Care	Yes	Your physician and home health care agency will work with Kaiser Permanente to obtain authorization.	Home care services must be medically necessary to be covered. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information.	
Hospice	Yes	Your hospice agency will notify Kaiser Permanente when hospice is elected.	None	Please check your Certificate of Coverage for benefit information.	
Radiology – MRI, CT, MRA, PET Scans, Dexa Scans (High End Imaging)	Yes	Your ordering physician will work with Kaiser Permanente to obtain pre- authorization.	None		
Radiology – Diagnostic Radiology i.e. x-rays, ultrasounds	No	N/A	None		

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Genetic Testing	Yes	Your ordering physician will work with Kaiser Permanente to obtain pre- authorization.	Genetic Tests must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.		
Laboratory/Pathology Services (excluding genetic testing)	No	N/A	Some lab/pathology must be medically necessary to be covered. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.		
Specialty care and specialists inside and outside of the network	No	N/A	None	Please check your Certificate of Coverage for benefit information.	
Women's Health care	No	N/A	None	Please check your Certificate of Coverage for benefit information.	

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Alternative Health Care - Spinal Manipulations	No	N/A	Services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	The number of visits is limited. Please check your Certificate of Coverage for limits.	
Alternative Health Care - Acupuncture	No	N/A	Services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	Please check your Certificate of Coverage for limits.	
Alternative Health Care - Naturopathy	No	N/A	Services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	Please check your Certificate of Coverage for limits.	

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Alternative Health Care - Massage Therapy	No	N/A	Services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	The number of visits for rehabilitative therapy, which includes massage, speech, physical, and occupational therapy, is limited. Please check your Certificate of Coverage for visit limits.	
Physical Therapy, Occupational Therapy, and Speech Therapy	No	N/A		The number of visits for rehabilitative therapy, which includes massage, speech, physical, and occupational therapy, is limited. Please check your Certificate of Coverage for visit limits.	

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Outpatient Mental Health	Electroconvulsive therapy and neuropsychological testing require pre- authorization. Partial hospitalization also requires pre- authorization.	Contact Permanente Behavioral Health Services	Mental health services must be medically necessary to be covered. Please consult the <u>Kaiser</u> <u>Permanente Washington</u> <u>Clinical Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information.	
Outpatient Chemical Dependency	No	N/A	Chemical dependency services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information.	
Applied Behavioral Analysis (ABA) Therapy	Yes	Your ordering physician will obtain authorization from Kaiser Permanente.	ABA Therapy must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information.	

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Clinical Trials	Yes	Your ordering physician and trial provider will work with Kaiser Permanente to obtain authorization for covered services.	Services must be medically necessary to be covered. Please consult the <u>Kaiser Permanente</u> <u>Washington Clinical</u> <u>Review Criteria</u> for more information.	Please check your Certificate of Coverage for benefit information.	
Outpatient Emergency Care	No	N/A		Please see "Facility Admissions" above for authorization requirements if you are admitted to the hospital. Please check your Certificate of Coverage for benefit information.	You can see any provider for emergent care.

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					Directory to see who is in
					your network.
Primary Care (PCP)	No	N/A	None	Please check your	
				Certificate of	
				Coverage for	
				benefit	
				information.	

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