

# 2025 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.

Kaiser Permanente Washington members can check prior authorization requirements by signing in to **kp.org**. Or they can contact 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<sup>+</sup>
- Home health care, including home infusion and home dialysis
- Hospice
- Long-term acute care admission
- Skilled nursing facility
- Substance abuse disorder residential admissions<sup>+</sup>

## 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
- 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
- Fertility services
- Genetic testing, including genetic panels – that is, cell-free fetal DNA testing, fibrosis testing, BRCA or Lynch testing
- Hyperbaric oxygen
- Inpatient rehabilitation
- Level of Care Policy
- 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

<sup>+</sup> Concurrent care review required.

\* Visit limits could be higher depending on plan.

## Preauthorization Required – Surgery

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See current list at [kp.org/wa/provider](http://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
- Bariatric surgery: gastric reflux surgery
- Bariatric surgery: obesity surgery, when benefit is available
- Blepharoplasty and brow ptosis repair
- Bone lengthening
- Cardiac defibrillators
- Chemical peels, dermabrasion, microdermabrasion, and laser skin treatment
- Cochlear implant
- Cryosurgical ablation of breast tumors and lesions
- Deep brain stimulation
- Extracranial carotid angioplasty/stenting
- Facet neurotomy
- Gastric electrical stimulation
- Hip surgery procedures for femoroacetabular impingement syndrome criteria
- Image-guided minimally invasive lumbar decompression for spinal stenosis
- Implantable bone conduction and bone anchored hearing aids
- Keratoprosthesis
- Meniscal allografts and collagen meniscus implants
- Occipital nerve stimulation
- Orthognathic surgery
- Pacemakers
- Panniculectomy
- Percutaneous neuromodulation therapy (PNT)
- Peroral endoscopic myotomy (POEM) for esophageal achlasia
- Plugs for fistula repair
- Posterior tibial nerve stimulation for voiding dysfunction
- Radiation therapy for palmar fibromatosis
- Radiofrequency ablation of tumors (RFA)
- Reconstructive breast surgery/mastopexy, autologous fat grafting to the breast, and management of breast implants
- Reduction mammoplasty
- Renal sympathetic nerve ablation
- Restorative and cosmetic procedures
- Rhinoplasty
- Sacral nerve modulation/stimulation for pelvic floor dysfunction
- Sinus surgeries
- Sling procedures for urinary incontinence
- Spinal cord stimulation for treatment of pain
- Spinal decompression devices
- Spinal surgery, cervical fusion
- Spinal surgery, lumbar fusion
- Spinal surgery, minimally invasive lumbar decompression
- Spinal surgery, minimally invasive sacroiliac joint 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
- Total hip arthroplasty
- Transanal endoscopic microsurgery (TEMs)
- Transcatheter aortic valve replacement (TAVR), Mitra-clip
- Transplants
- Vagus nerve stimulation
- Varicose vein treatment

## Preauthorization Code Check Tool

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Preauthorization Code Check Tool available at [wa-provider.kaiserpermanente.org/home/pre-auth/search](https://wa-provider.kaiserpermanente.org/home/pre-auth/search).

## Preauthorization Required – Office-Administered Injectable Drugs

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See current list at [kp.org/wa/provider](https://kp.org/wa/provider). Go to "Pharmacy" then "Pharmacy Overview" and click on "Injectable Drugs Requiring Prior Authorization."

## Clinical Review Criteria

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Clinical Review Criteria available at [kp.org/wa/provider](https://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., 2715 Naches Ave. SW, Renton, WA 98057.