



Kaiser Permanente Washington - Pre-Authorization requirements:

Kaiser Permanente Washington requires pre-authorization for most services to be covered. The information below outlines pre-authorization requirements at a high level. Some requests for pre-authorization will be reviewed by a clinician for medical necessity. The criteria used to determine medical necessity is available in this [Index](#).

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

Core/Kaiser Foundation Health Plan and Alliance Plans					
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. 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 which is available here .	Please check your Certificate of Coverage for benefit and cost share information.	

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These criteria do not imply or guarantee approval.

Core/Kaiser Foundation Health Plan and Alliance Plans					
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. Please review the Provider Directory to see who is in your network.
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	<u>Planned/Scheduled Admissions =</u> Yes	<u>Planned/Scheduled Admissions =</u> Your ordering physician will obtain pre-authorization.	Coverage is subject to clinical criteria which is available here .	Please check your Certificate of Coverage for benefit information and/or limitations for these admissions.	
	<u>Urgent/Emergent Admissions =</u> Notification of the admission to Kaiser Permanente is required	<u>Urgent/Emergent Admissions =</u> 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			

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Surgery – inpatient and outpatient	Yes	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 Kaiser Permanente Washington Clinical Review Criteria for more information.	Please check your Certificate of Coverage for benefit information including what may not be covered.	
Durable Medical Equipment Prosthetics Orthotics	Yes	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 Kaiser Permanente Washington Clinical Review Criteria for more information.	Please check your Certificate of Coverage for benefit information including what may not be covered.	
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 Kaiser Permanente Washington Clinical Review Criteria for more information.	Please check your Certificate of Coverage for benefit information.	
Hospice	Yes	Your hospice agency will notify Kaiser	None	Please check your Certificate of	

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		Permanente when hospice is elected.		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		
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 Kaiser Permanente Washington Clinical Review Criteria 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 Kaiser Permanente Washington Clinical Review Criteria for more information.		

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Specialty care and specialists inside the network	Yes* *See Women's Health care, and Alternative Health care for specific authorization requirements for these services	Your Primary Care Physician will refer you and obtain pre-authorization for specialty care.		Some specialty care provided at a Kaiser Permanente medical facility may not need pre-authorization and are allowed as a self-referred service. Please check your Certificate of Coverage for benefit information. Specialty care outside of the network is not covered unless emergent or approved in advance by Kaiser Permanente.	

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Women's Health care	No – outpatient services do not require authorization	N/A	None	Please check your Certificate of Coverage for benefit information.	
Alternative Health Care - Spinal Manipulations	No	N/A	Services must be medically necessary to be covered. Please consult the Kaiser Permanente Washington Clinical Review Criteria for more information.	The number of visits is limited. Please check your Certificate of Coverage for limits.	
Alternative Health Care - Acupuncture	No	If required, your provider will submit the request for additional visits.	Services must be medically necessary to be covered. Please consult the Kaiser Permanente Washington Clinical Review Criteria for more information.	*Your plan may allow additional visits with pre-authorization. Please check your Certificate of Coverage for limits.	
Alternative Health Care - Naturopathy	No	If required, your provider will submit the request for additional visits.	Services must be medically necessary to be covered. Please consult the Kaiser Permanente Washington Clinical Review Criteria for more information.	*Your plan may allow additional visits with pre-authorization. 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 Kaiser Permanente Washington Clinical Review Criteria 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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Mental Health	Yes	Contact Kaiser Permanente Behavioral Health Services	Mental health services must be medically necessary to be covered. Please consult the Kaiser Permanente Washington Clinical Review Criteria for more information.	Please check your Certificate of Coverage for benefit information.	
Chemical Dependency	Yes	Contact Kaiser Permanente Behavioral Health Services	Chemical dependency services must be medically necessary to be covered. Please consult the Kaiser Permanente Washington Clinical Review Criteria 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 Kaiser Permanente Washington Clinical Review Criteria 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 Kaiser Permanente Washington Clinical Review Criteria 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.
Primary Care (PCP)	No	N/A	None	Please check your Certificate of Coverage for benefit information.	

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