## Pre-Authorization/Prospective Review Requirements:

<table>
<thead>
<tr>
<th>KAISER FOUNDATION HEALTH PLAN OF WASHINGTON OPTIONS, INC.</th>
<th>KAISER FOUNDATION HEALTH PLAN OF WASHINGTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO OMNI PPO</td>
<td>Managed Care Options Select Alliance</td>
</tr>
<tr>
<td>PPO Options PPO</td>
<td>Managed Care</td>
</tr>
<tr>
<td>PPO Access PPO Elect PPO</td>
<td>Kaiser Foundation Health Plan of Washington</td>
</tr>
<tr>
<td><em>See Access PPO Preauthorization Requirements for specific requirements. (Elect PPO uses the Access PPO Preauthorization Requirements list.)</em></td>
<td>Exchange plans Individual &amp; Family</td>
</tr>
<tr>
<td>Point of Service Alliant Plus Options Individual &amp; Family</td>
<td>Medicare Advantage HMO Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia</td>
</tr>
</tbody>
</table>

### Facility Admissions

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>PPO OMNI PPO</th>
<th>PPO Options PPO</th>
<th>Point of Service</th>
<th>Managed Care Options Select Alliance</th>
<th>Managed Care Kaiser Foundation Health Plan of Washington Exchange plans Individual &amp; Family Medicare Advantage HMO Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled nursing facilities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mental health facilities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chemical dependency facilities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Long-term care facilities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Rehabilitation facilities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>All scheduled inpatient admissions require preauthorization 72 hours prior to admission</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Emergency admission in a community facility – must notify Kaiser Permanente within 24 hours of admission</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient rehabilitation admission</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital admission</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

✓ = Indicates that pre-authorization is required for coverage of the service.
Blank = Indicates that pre-authorization is not required. See page 4 of this document on MEDICAL NECESSITY/RETROSPECTIVE REVIEW REQUIRED FOR CLAIM PAYMENT for more details.
To identify clinical review requirements for a specific service, see [Clinical Review Criteria](#).

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<tbody>
<tr>
<td><strong>PPO</strong> OMNIPPO</td>
<td><strong>PPO</strong> Options PPO</td>
</tr>
</tbody>
</table>

### FACILITY ADMISSIONS – SURGICAL PROCEDURES DONE IN HOSPITAL SETTING

- **Transplants, artificial hearts, and ventricular assist devices**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Stem cell transplant**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Bariatric surgery**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Orthognathic and sleep apnea surgery**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

### OTHER SERVICES

- **Durable medical equipment**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Extremity and limb prosthesis**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Home health care**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Hospice**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Potentially cosmetic procedures**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Investigational services**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Planned home births**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Advance imaging (high end radiology)**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Specially care and specialists inside the network**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

- **Outpatient mental health**
  - PPO: ✓
  - PPO Options: ✓
  - **Point of Service** Access PPO Preauthorization Requirements for specific requirement. (Elect PPO uses the Access PPO Preauthorization Requirements list.)
  - **Managed Care** Options Select Alliance
  - **Managed Care** Kaiser Foundation Health Plan of Washington Exchange plans Individual & Family
  - **Medicare Advantage HMO** Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia

Members should contact the Behavioral Health Services access line toll-free at 1-888-287-2680.
To identify clinical review requirements for a specific service, see Clinical Review Criteria.

<table>
<thead>
<tr>
<th>OTHER SERVICES</th>
<th>PPO OMNI PPO</th>
<th>PPO Options PPO</th>
<th>PPO Access PPO</th>
<th>Elect PPO</th>
<th>Point of Service</th>
<th>Managed Care Options Select Alliance</th>
<th>Managed Care Kaiser Foundation Health Plan of Washington Exchange plans Individual &amp; Family Medicare Advantage HMO Basic, Essential, Optimal, Vital, Harbor, Centennial, and Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient chemical substance abuse treatment</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Members should contact the Behavioral Health Services access line toll-free at 1-888-287-2680.</td>
<td></td>
</tr>
<tr>
<td>Bariatric surgery and obesity related services – must be pre-approved by the health plan and is only covered at an MCHN facility</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All office visits except women’s health services</td>
<td>✓</td>
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<tr>
<td>All office visits except MHCN-designated self-referral specialists</td>
<td>✓</td>
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<tr>
<td>All office visits except primary care services</td>
<td>✓</td>
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<tr>
<td>All office visits except emergency care</td>
<td>✓</td>
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<tr>
<td>Podiatry services including all services related to foot care</td>
<td>✓</td>
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<td></td>
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<tr>
<td>Outpatient rehabilitation therapy</td>
<td>✓</td>
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<td></td>
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<tr>
<td>Outpatient surgery</td>
<td>✓</td>
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</tr>
<tr>
<td>Genetic testing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td></td>
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<tr>
<td>Potential dental services</td>
<td>✓</td>
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<tr>
<td>Applied Behavioral Analysis Therapy – when benefit is available</td>
<td>✓</td>
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</tr>
<tr>
<td>Services outside the network and outside the state</td>
<td>✓</td>
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</tr>
<tr>
<td>Clinical trials</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>New technology that has not yet received a CPT code being billed with a miscellaneous code</td>
<td>✓</td>
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</tr>
<tr>
<td>For Medicare all services related to national coverage decisions and local coverage decisions</td>
<td>✓</td>
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<td></td>
</tr>
</tbody>
</table>

- Managed Care Plans require pre-authorization for claim adjudication.
- PPO and Point of Service plans require services to be medically necessary. This means both pre-authorization for certain services and medical necessity review for coverage determination upon receipt of the claim for services not requiring pre-authorization.
### MEDICAL NECESSITY/RETROSPECTIVE REVIEW REQUIRED FOR CLAIM PAYMENT:

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</tr>
<tr>
<td>PPO Access PPO</td>
<td>Point of Service Alliant Plus</td>
</tr>
<tr>
<td>Elect PPO</td>
<td>Options Select Alliance</td>
</tr>
<tr>
<td>PPO Options Select Alliance</td>
<td>Managed Care</td>
</tr>
<tr>
<td>Managed Care</td>
<td>PPO and Point of Service plans require services to be medically necessary. This means both pre-authorization for certain services and medical necessity review for coverage determination upon receipt of the claim for services not requiring pre-authorization.</td>
</tr>
<tr>
<td>Authorized referral prior to delivery and billing of service. All medical necessity review is conducted prior to delivery of the service.</td>
<td></td>
</tr>
</tbody>
</table>

Specific services not requiring preauthorization must be medically necessary and will suspend post-service for medical necessity review.

#### Clinical Review Criteria

- Oxygen, home use
- Wheelchairs (power and electric)
- Light systems, home use
- Insulin pumps
- Formula
- Dental services including admission to hospital for dental services
- Orthognathic surgery
- Varicose vein surgery
- Breast reduction surgery
- Bariatric surgery
- Eyelid surgeries (blepharoplasty)
- Scar revision
- Specialized rehab clinics
- Hyperbaric therapy
- Speech therapy visits beyond the benefit (visit limit or age limit)
- Clinical trials
- Spiral CT for calcium score
- Whole body CT
- PET scan
- Implantable pacer/defibrillators
- Services listed in the criteria as insufficient evidence of efficacy should deny on claim for review.

### Clinical Review Criteria

- Specific services not requiring preauthorization must be medically necessary and will suspend post-service for medical necessity review.

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- Specific services not requiring preauthorization must be medically necessary and will suspend post-service for medical necessity review.

#### Clinical Review Criteria

- Authorized referral prior to delivery and billing of service. All medical necessity review is conducted prior to delivery of the service.