
Access 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.

Notification Required

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

Preauthorization Required—Durable Medical Equipment, Prosthetics, and Supplies

- Bone growth stimulators, electrical and ultrasonic
- Continuous noninvasive glucose monitoring device
- 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

Preauthorization Required—Other Services

- Acupuncture, after 8 visits*
- All advanced imaging, including CT scan, MRI, PET scan, and tomography
- 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
- Hyperbaric oxygen
- Inpatient rehabilitation
- Massage therapy, after 8 visits*
- Manipulative therapy, after 8 visits*
- Neuropsychological testing
- Partial hospitalization, including mental health and chemical dependency
- Transgender services, when benefit is available
- Virtual colonoscopy
- Ventricular assist devices (VAD)

* Visit limits could be higher depending on plan.

Preauthorization Required—Surgery

- 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 miscellaneous solid organ and breast tumors
- 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
- 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 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)
- 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

See current list on the Kaiser Permanent Provider website at kp.org/wa/formulary. The drug list can be found at the bottom of this page.

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.