

## FAQs

### Removal of administrative authorization requirements

January 2024

#### What specialties no longer require an authorization when the member is seeing a network provider?

- Anesthesia Pain
- Allergy
- ENT/Otolaryngology
- Endocrinology
- Gastroenterology
- General Surgery
- Genetic Counseling
- Infectious Disease
- Lactation
- Nephrology
- Physiatry (Physical Medicine & Rehab)
- Pulmonology
- Urology
- Vascular/Interventional Radiology
- Cardiac surgery
- Thoracic surgery
- Gynecological oncology

#### Why were these specialties chosen?

The specialties were chosen by identifying where we felt the risk of unintended external clinical care and utilization were less like to occur. The pilot is time bound and will be reassessed three- and six-months post implementation.

#### How do I know if the specialist is a “network provider”?

The [Kaiser Permanente Provider Directory](#) shows the providers who are considered in network for a member’s plan. You can search the directory and filter by specialty to see the network providers for that specialty. A network provider will display with no restrictions.

#### What Kaiser Permanente plans are included in this change?

KP commercial and self-funded HMO plans and Kaiser Medicare Advantage plans are included in this change. PPO plans already do not require authorization for specialty care office visits.

#### Can a patient just self-refer to a specialist if that specialist is a network provider?

The removal of the health plan authorization should not eliminate the Primary Care referral or the model of coordinated care. KP Washington is only eliminating the need for pre-authorization of the referral for claims payment. Most specialists prefer (and sometimes require) an initial evaluation by a Primary Care provider and a referral or communication from that provider before seeing a patient.

#### If a KP PCP refers a patient to an external network ENT provider and that provider decides to place tubes in the ears, what would require a health plan authorization from KP?

An authorization for the referral is not required for office visits/evaluation and management. If the tubes are placed in the office, no authorization is required. If the tubes are placed at an ASC or hospital, then an authorization would be required for the procedure.