

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENDER REASSIGNMENT SURGERY

Applies to: Commercial HMO, POS, PPO and Medicare Advantage

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for gender reassignment surgery.

Explanation of the change:

Kaiser Permanente is implementing new clinical review criteria for coverage of gender-affirming facial procedures.

Clinical review criteria can be found on the Kaiser Permanente Provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/gender_reassignment_surgery.pdf.

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- KFHPWA Health Maintenance Organization (HMO) members: Prior authorization is required.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required.
- Medicare Advantage: Prior authorization is required.

Questions: Contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

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