

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR RESTORATIVE AND COSMETIC PROCEDURES

This notification applies to the following networks: Commercial HMO, POS, and PPO

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective February 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for panniculectomy for non-Medicare members.

Explanation of the change:

Clinical review criteria for panniculectomy for non-Medicare members have been revised to add requirements for BMI, diabetes control, and for nicotine/tobacco cessation at least 30 days prior to surgery. Coverage for excision of excess skin in the arms, buttocks, hips, legs, thighs, or torso will no longer be considered medically necessary.

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

Questions: Please contact the 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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