

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BARIATRIC SURGERY

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

A listing of all networks can be found on the provider website at

<https://wa-provider.kaiserpermanente.org/communications/letters>

Effective January 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the medical necessity criteria for bariatric surgery.

Explanation of the change:

Clinical review criteria for bariatric surgery have been updated to include the indication for coronary artery disease.

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