

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BARIATRIC SURGERY

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective October 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the criteria for Bariatric Surgery.

Explanation of the change:

Kaiser Permanente is updating the Bariatric Surgery criteria to expand coverage for non-Medicare members with a BMI of 30 or greater (27.5 in Asian Patients) with type 2 diabetes mellitus with inadequately controlled hyperglycemia despite optimal medical treatment (e.g., oral medication, insulin).

To review the clinical review criteria please visit the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bariatric_surgery_main.pdf

Is prior authorization required?

- 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.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle, WA 98124-1262



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