

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENDER-AFFIRMING SURGERIES

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective March 1st, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Gender Affirming Surgeries medical necessity criteria.

Explanation of the change:

Kaiser Permanente is updating the gender-affirming surgeries' medical necessity criteria to include indications for body contouring procedures.

To review the Gender Affirming Surgeries clinical review criteria please visit the Kaiser Permanente provider website at:

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/gender_reassignment_surgery.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



FIRST CLASS MAIL
PRESORTED
US POSTAGE PAID
SEATTLE, WA
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>
<TITLE>
<COMPANY>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>