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

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR HYSTERECTOMY

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☒
Network list: https://wa-provider.kaiserpermanente.org/communications/letters

Effective March 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are implementing medical necessity criteria for elective Hysterectomy procedures.

Explanation of the change:

Kaiser Permanente is implementing additional medical necessity review requirements for elective hysterectomy procedures for both Medicare and non-Medicare members. This is in addition to the existing review process for the level of care for elective surgical procedures.

For medical necessity determinations, the following MCG guidelines will be used:

- MCG KP-S-660, MCG KP-S-665, MCG KP-S-650

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/hysterectomy.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.
• Medicare Advantage: Prior authorization is required.

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

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