

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR LIPECTOMY FOR LIPEDEMA

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective June 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Lipectomy for Lipedema medical policy.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for lipedema-related lipectomy to clarify BMI considerations, expectations for conservative management, and appropriate surgical volume limits.

To review the Surgical Treatment for Lipedema clinical review criteria, please visit the Kaiser Permanente Provider website at:

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