

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PANNICULECTOMY AND REMOVAL OF EXCESS/REDUNDANT SKIN**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective July 1, 2026**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Panniculectomy and Removal of Excess/Redundant Skin medical policy.

**Explanation of the change:**

Kaiser Permanente is updating the medical necessity criteria for panniculectomy and the removal of excess or redundant skin. The updated criteria will now be available in a standalone medical policy at the link below.

To review the Panniculectomy and Removal of Excess/Redundant Skin clinical review criteria, please visit the Kaiser Permanente provider website at:

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