

Kaiser Foundation Health Plan of Washington
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

October 30, 2019

CHANGES TO PRIOR AUTHORIZATION PROCESS FOR GENETIC LAB TESTS

Dear Provider,

Effective January 1, 2020, Kaiser Permanente is changing the utilization management requirement for all genetic lab tests. Prior authorization will be required for these tests in advance of submitting a claim for payment.

Only authorizations granted on or after January 1, 2020, will be subject to the new authorization process. All authorizations received prior to January 1, 2020, will be held to the date and limitations on the authorization.

If you have any questions, please contact Review Services at 1-800-289-1363, Monday – Friday from 8 am to 5 pm. After business hours, please leave a voice message with your contact information. Messages received after normal business hours are returned on the next business day and messages received after midnight on Monday - Friday are responded to on the same business day.

What will I need to do differently for my patients with Kaiser Permanente coverage?

- **Kaiser Foundation Health Plan of Washington Core and SoundChoice Health Maintenance Organization (HMO) members:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Options Point of Service (POS) members:** Prior authorization is required for in-network coverage. Services without prior authorization will pay against the member out-of-network benefit.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services.
- **Medicare Advantage:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member's personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse you for these services.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria, along with a complete list of Kaiser Permanente Clinical Review Criteria can be found on Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org>, under the header “Authorization & Clinical Review.”

If you have any questions about these changes, please contact the Provider Assistance Unit at 509-241-7206 or toll-free at 1-888-767-4670, Monday – Friday from 8 am to 5 pm.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chris Berlin', is positioned above the typed name.

Chris Berlin, MD
Medical Director of Clinical Referral Management and Authorization Services
Kaiser Permanente of Washington