

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

JULY 30, 2020

GENETIC TESTING PREFERRED PROVIDER IS INVITAE CORPORATION

Dear Provider,

Effective October 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are directing genetic testing to Invitae Corporation (Invitae) for in-network coverage for non-Medicare members when the requested test(s) are available at Invitae.

Genetic testing clinical review criteria have been updated with the following statement:

Preferred Lab for Genetic Testing for Kaiser Permanente non-Medicare enrollees (for in-network coverage)

Invitae is the preferred lab for genetic testing* when the test(s) is/are available at Invitae and medical necessity criteria are met. Invitae's Test Catalog can be found here at <https://www.invitae.com/en/physician/search/>.

*Note: This does not affect processing of tumor or other pathology specimens, as these tests are not performed by Invitae.

Exceptions

For the genetic test(s) listed below, please use the lab specified:

- **Cell Free Fetal DNA testing (81507) – Ariosa Diagnostics, Inc.**

Affected clinical review criteria are listed below and can be found on the Kaiser Permanente provider website:

1. **Genetic Panels using Next Generation Sequencing**
(<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/genetic-panel-tests.pdf>)
2. **Genetic Screening and Testing**
(https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/genetic_screening.pdf)
3. **Pharmacogenomic/Pharmacological Testing for Predicting Response of Chemotherapeutic Agents**
(https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/pharmacogenomic_pharmacological_testing.pdf)
4. **Preimplantation Genetic Diagnosis (PGD)**
(https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/preimplantation_genetic_diagnosis.pdf)

What will I need to do differently for my patients with the following Kaiser Permanente health plans?

- **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 the provider 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. 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 may not reimburse the provider for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Access PPO and Elect PPO Preferred Provider Organization (PPO) members:** Prior authorization is required for coverage. 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 the provider 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 the provider 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 the 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 a.m. to 5 p.m.

Sincerely,



Marc Mora, MD
Senior Vice President
Resource Stewardship and Network Management