

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

OCTOBER 30, 2020

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR
NEXT GENERATION SEQUENCING (NGS) FOR ADVANCED CANCER**

Dear Provider,

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) has selected CellNetix Pathology & Laboratories as the preferred provider for next generation sequencing (NGS) in advanced cancer. Kaiser Permanente is implementing clinical review criteria for the conditions and tests described below.

Explanation of the change:

Kaiser Permanente is implementing clinical review criteria for coverage of the following NGS tests from CellNetix Pathology & Laboratories for members with stage IV cancers:

- Stage IV non-small cell lung cancer – SymGene Focus – NGS Lung Cancer Panel
- Stage IV pancreatic carcinoma – SymGene NGS Cancer Panel
- Stage IV colon carcinoma – SymGene Focus – NGS Colon Cancer Panel

Clinical review criteria can be found on the Kaiser Permanente Provider website at https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/next_gen_sequencing.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 prior authorization is not obtained, Kaiser Permanente will review the claim for medical necessity. If the claim is denied, Kaiser Permanente will 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. Notification for all inpatient services 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.
- **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. - 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read 'm m' over 'w f'.

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