

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR BREAST MRI

This notification applies to the following networks: Commercial HMO, POS, PPO, and Medicare Advantage
A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective August 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating medical necessity criteria for breast MRI.

Explanation of the change:

Clinical review criteria for breast MRI have been expanded to include an indication for members with a personal history of breast cancer diagnosed at or before age 50 and treated with breast conservation therapy.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/mri_breast_ca.pdf.

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

- 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.
- Medicare Advantage: Prior authorization is required.

Questions: Please contact the Provider Assistance Unit at 509-241-7206 or 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.

<CONTRACT MANAGER NAME>

Provider Communications, RCB-C2W-02

PO Box 34262, Seattle, WA 98124-1262



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