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Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENETIC TESTING

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

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Genetic Testing & Screening and Pharmacogenomic Testing.

Explanation of the change:

Kaiser Permanente is adopting additional MCG Care Guidelines for medical necessity determinations of specified genetic and pharmacogenomic tests.

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

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.

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