

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ALLOSURE

This notification applies to the following networks: Commercial HMO, POS, PPO

A listing of all networks can be found on the provider website at <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective January 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Donor-derived Cell-free DNA for Kidney Transplant Rejection (AlloSure).

Explanation of the change:

Clinical review criteria for donor-derived cell-free DNA testing, such as AlloSure, for non-Medicare members have been revised to include indications for patients 18 years of age or older who had a renal transplant at least 14 days prior.

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

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

<CONTRACT MANAGER NAME>

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