

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CELL-FREE FETAL DNA ANALYSIS FOR TRISOMIES

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 January 1, 2022, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are making a permanent change to the clinical review requirements for Cell-Free Fetal DNA Testing for Trisomies. This change was implemented temporarily April 1, 2020 – December 31, 2021 due to the COVID pandemic.

Explanation of the change:

Kaiser Permanente will cover cell-free fetal DNA testing for trisomies (CPT code 81507) without clinical review for pregnant women regardless of age when performed at Ariosa Diagnostics. Prior Authorization will still be required for this testing (CPT 81420) at any other lab in advance of submitting a claim for payment. Testing for other disorders using cell-free fetal DNA remains non-covered.

Clinical review criteria can be found on the Kaiser Permanente provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/cell free fetal dna analysis for trisomies.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.

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