

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR SPINAL MUSCULAR ATROPHY CARRIER 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 April 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 Spinal Muscular Atrophy (SMA) carrier testing.

### **Explanation of the change:**

SMA carrier testing will be covered once in a lifetime to screen prospective parents. Prior authorization is not required when SMA carrier testing is performed at a Kaiser Permanente lab or Invitae. Prior authorization will be required for SMA carrier testing performed at any other lab.

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](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/genetic_screening.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, except as noted above.
- KFHPWAO Point of Service (POS) members: Prior authorization is required for in-network coverage, except as noted above.
- KFHPWAO Preferred Provider Organization (PPO) members: Prior authorization is required, except as noted above.

Questions: Please contact 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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