

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CHROMOSOMAL MICROARRAY 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 May 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 Chromosomal Microarray Testing for patients undergoing invasive prenatal testing.

Explanation of the change:

Chromosomal microarray (CMA) testing is considered medically necessary for patients undergoing invasive prenatal testing (i.e., amniocentesis, chorionic villus sampling (CVS), or fetal tissue sampling). Prior authorization is not required for CMA testing for this indication at Invitae but will be required when performed by any other vendor.

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.

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 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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