

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENETIC TESTING

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 September 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 Genetic Testing & Screening related to hereditary ovarian cancer.

Explanation of the change:

Kaiser Permanente previously adopted the MCG Care Guideline A-0782 Ovarian Cancer (Hereditary) – Gene and Gene Panel Testing. In past editions, MCG categorized this testing as ‘current role remains uncertain’. In the 26th edition of the MCG Care Guidelines, there are now indications for medical necessity of this testing.

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.
- 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: 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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