

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENETIC PANEL TESTING**

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 February 1, 2023**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating medical necessity criteria for Genetic Panel Testing.

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

Clinical review criteria for Genetic Panel Testing has been revised to provide updated contracted vendors to include prevention lab in addition to the current contracted vendor, Invitae.

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-panel-tests.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: 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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