

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR NEXT GENERATION SEQUENCING FOR ADVANCED CANCER

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 Next Generation Sequencing for Advanced Cancer criteria.

Explanation of the change:

Effective February 1, 2023 contracted vendors for Next Generation Sequencing (NGS) for Advanced Cancer criteria is updated to include Oncoplex and Caris Life Sciences. Per Washington state regulations, RCW [48.43.810](#), effective January 1, 2023, clinical review criteria for Next Generation Sequencing (NGS) for Advanced Cancer has been revised to include coverage for seven additional advanced cancer types.

Clinical review criteria can be found on the Kaiser Permanente Provider website at: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/next_gen_sequencing.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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