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Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENETIC SCREENING AND 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, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are revising existing criteria and implementing medical necessity criteria for Genetic Screening and Testing.

Explanation of the change:

Kaiser Permanente has developed clinical review criteria for Thyroid Nodule Gene Expression Testing (ThyraMIR/ThyGeNEXT), Prostate Cancer Gene Expression Testing (Prolaris), and Prostate Cancer tissue-based biomarker test (ConfirmMDx). Addiontally, revisions were made to prenatal genetic testing and Chromosomal Microarray testing to comply with WAC 246-680-010, effective immediately.

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.

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