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

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA PHARMACOGENOMICS

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, 2023, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is updating the clinical review criteria for Pharmacogenomics testing.

Explanation of the change:

Kaiser Permanenente is removing the medical necessity review requirement for the following tests:

- Anaplastic Lymphoma Kinase (ALK) Gene Rearrangement Testing (88377) for Locally Advanced or Metastatic Non-Small-Cell Lung Cancer
- Epidermal Growth Factor Recepter (EGFR) Testing (81235) for predicting response of pateints with NSCLC to Tyrosine Kinase Inhibitors (TKIs) such as VeriStrat
- KRAS (81275, 81276, 0111U) and/or NRAS (81311, 0111U)
- BRAF (81210) 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/pharmacogenomic_pharmacological_testing.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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