

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PET SCANS

Applies to: Commercial - HMO POS PPO Medicare Advantage

Network list: <https://wa-provider.kaiserpermanente.org/communications/letters>

Effective July 1, 2024, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating clinical criteria for PET Scans.

Explanation of the change:

PET Scans for breast cancer criteria are being updated to include indications for initial staging of members with stage III breast cancer or higher when conventional imaging is equivocal. PET scans for breast cancer are not routinely covered for surveillance or monitoring for a treatment response.

To view the Positron Emission Tomography (PET) Scan clinical review criteria, please visit the Kaiser Permanente provider website at:

<https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/petscn.pdf>

Is prior authorization required?

- 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.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle, WA 98124-1262



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