

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CYTOCHROME P450 PHARMACOGENETICS**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective November 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the criteria for Cytochrome P450 Pharmacogenetics.

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

Kaiser Permanente is establishing a new medical necessity review for Cytochrome P450 Pharmacogenetics for non-Medicare members using MCG A-0775.

To review the Genetic Screening and Testing clinical review criteria, please visit the Kaiser Permanente Provider website at:

[https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/genetic\\_screening.pdf](https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/genetic_screening.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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