

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR GENETIC SCREENING AND TESTING**

Applies to: Commercial - HMO  POS  PPO  Medicare Advantage

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

**Effective December 1, 2024**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the genetic screening and testing criteria.

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

Kaiser Permanente is updating the coverage criteria for SOD1 gene testing for Amyotrophic Lateral Sclerosis (ALS) and updating the criteria for Colorectal Cancer (Hereditary) Gene Panel testing.

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



FIRST CLASS MAIL  
PRESORTED  
US POSTAGE PAID  
SEATTLE, WA  
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>  
<TITLE>  
<COMPANY>  
<ADDRESS LINE 1>  
<ADDRESS LINE 2>  
<CITY> <STATE> <ZIP>