

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PSMA PET

Applies to: Commercial - HMO POS PPO Medicare Advantage

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

Effective June 1, 2025, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for PSMA PET Scans.

Explanation of the change:

The PSMA PET criteria are being updated for Medicare and Non-Medicare members.

To review the PSMA – PET SCAN clinical review criteria, please visit the Kaiser Permanente provider website at

https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/pet_psma.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.
- Medicare Advantage: 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
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