

## **CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR POSITRON EMISSION TOMOGRAPHY SCAN**

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☐

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

**Effective December 1, 2025**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Positron Emission Tomography (PET) Scans.

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

Kaiser Permanente is updating the medical necessity criteria for PET scans for the indication of Uterine and Cervical cancers.

To review 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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