KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR WHOLE EXOME SEQUENCING

Applies to: Commercial - HMO ☒ POS ☒ PPO ☒ Medicare Advantage ☐
Network list: https://wa-provider.kaiserpermanente.org/communications/letters

Effective October 1, 2026, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for Whole Exome Sequencing.

Explanation of the change:

Kaiser Permanente is updating the medical necessity criteria for Whole Exome Sequencing by adopting PLUGS-based guidelines to align with current standards in this rapidly evolving field.

To review the Genetic Screening & 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

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

KAISER PERMANENTE®

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