KAISER PERMANENTE®

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

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR PET SCANS

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

Effective February 1, 2027, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating PET Scan criteria for Beta Amyloid PET.

Explanation of the change:

Kaiser Permanente has updated its Beta Amyloid PET medical necessity criteria, expanding coverage for baseline assessment and monitoring of patients receiving donanemab therapy.

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.
- 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
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>