

## Access, Elect, and Kaiser Permanente Options Federal Plans Out-Of-Network Reimbursement

### Scope

This policy applies to:

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. |                                   |
| <input checked="" type="checkbox"/> Commercial                       | <input type="checkbox"/> Medicare   | <input type="checkbox"/> Medicaid |

### Policy

Original Effective Date: 01/01/2016

When benefits allow, Kaiser Permanente will reimburse [out-of-network \(OON\)](#) non-contracted providers for members on the Access, Elect, and Kaiser Permanente Options Federal plans at the below reimbursement rates, unless other payment policies supersede, or the billed charges are lessor.

- OON facility claims will be reimbursed at 125% of the Medicare allowed, not to exceed the billed charge
- OON professional physician claims will be reimbursed at 125% of the Medicare allowed, not to exceed the billed charge
- OON professional non-physician claims (lab, DME) will be reimbursed at 105% of the Medicare allowed, not to exceed the billed charge
- OON services not reimbursable by Medicare, the allowed amount is determined by the lesser of Kaiser Permanente's lowest reimbursable amount for the same or similar service from a contracted, in-network provider or the billed charge.

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

### Policy Definitions

**Out-of-Network (OON)** - For Access and Kaiser Permanente Options Federal products OON providers are those providers who:

- Do not have a direct contract with Kaiser Permanente
- Are not contracted with First Choice and are within WA, AK, OR, MT, or ID
- Are not contracted with First Health and are NOT in WA, AK, OR, MT, or ID

## Prerequisite(s)

Not applicable

## References

Not applicable

## Frequently Asked Questions

- Q1:** Member has a medical visit with a physician in Oregon. The physician is not contracted with Kaiser Permanente or First Choice. How will the services be reimbursed?
- A1:** The services will be reimbursed at the lessor of 125% of the Medicare allowed amount or billed charges when benefits allow.
- Q2:** Member has an outpatient hospital stay with a hospital in Nevada. The hospital is not contracted with Kaiser Permanente or First Health. How will the services be reimbursed?
- A2:** The services will be reimbursed at the lessor of 125% of the Medicare allowed amount or billed charges when benefits allow.
- Q3:** Member has an inpatient hospital stay in Washington with a contracted provider. How will the services be reimbursed?
- A3:** The services will be reimbursed at the contracted provider's rates when benefits allow.

## Revision History

05/24/2022 – updated to change document formatting.

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.