

## Background

Kaiser Permanente of Washington has changed our intake of escalated claims that have previously been submitted via a spreadsheet. While we have accepted the spreadsheet as a courtesy in the past, it is not a manageable tool for our claims departments, nor is it possible to track accurately given that multiple departments are frequently involved in the review process. The Escalation Claim form is intended to allow for a retrospective review once all avenues have been exhausted and when you feel there has been an incorrect or incomplete review of the claim in question.

## What is changing?

Kaiser Permanente Washington will no longer accept claims escalation request via spreadsheets. All claims escalation requests must be submitted via the [Escalation Claim Form](#).

## Process

When filling out the Escalation Claim form, selecting the correct inquiry category is to assure timely review and response. Selecting the incorrect category will delay the review request.

Please review the list of category options to determine which category best describes your request:

- **“Pricing inquiry”** should be used when you’re questioning how a specific claim was priced.
- **“CPT Code or Modifier Inquiry”** should be used when you have questions about how a specific CPT code or modifier was processed or denied.
- **“Authorization category”** should be used for any escalations related to authorizations, i.e., issues regarding the approved quantity, approved code, unit issues, etc.
- **“Pre-Pay Inquiry”** should be used for inquiries on the status of a reconsideration request sent to Kaiser Permanente National or requests for copies of the Explanation of Review.
- **“Appeals Inquiry”** should be used for claims that deny for no authorization (after 1<sup>st</sup> level review by the Provider Assistance Unit) and claims that deny for patients not meeting medical necessity.
- **“Other”** should be used for inquiries that don’t fall within any of the other categories.

Our goal for response on submitted cases is 30 days. Timelines may vary depending on complexity of the individual case.

If you have any questions, please contact the Provider Assistance Unit at 888-767-4670 between 7:00 a.m. and 5:00 p.m., Monday through Friday.