

WOMEN'S HEALTH

Scope

This policy applies to:

Kaiser Permanente
Health Plan of
Washington

Kaiser Permanente
Health Plan of Washington
Options, Inc.

Commercial

Medicare

Medicaid

Policy

Original Effective Date: 01/01/2021

Kaiser Permanente shall provide women patients with direct access to the contracted type of health care practitioner of their choice for appropriate covered women's health care services without the necessity of prior referral from another type of health care practitioner.

Kaiser will not cover care or pay claims when a patient is being seen for maternity care, reproductive health services, gynecological care, general examination, and preventive care when done without authorization to a non-network provider.

This will require non-network providers providing Women's Health to assure that an authorization exists for care, if needed per the patients plan, prior to administering this care.

Kaiser Permanente will ensure adequate access to women's health care through its current network.

Billing/Coding Guidelines

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

Rendering practitioners must be consistent with their lawful scope of their practice.

Policy Definitions

Women's health – Includes Maternity care; reproductive health services; gynecological care; general examination; and preventive care as medically appropriate and medically appropriate follow-up visits.

Network – Being part of your specific plan with Kaiser Permanente of WA.

Examples include:

- Core
- Access PPO

Non-Contracted – Nonaffiliated or not having a specific contractual agreement with Kaiser Permanente of WA to provide services to Kaiser members.

Prerequisite(s)

Not applicable

References

[WA State RCW 48.42.100](#)

Frequently Asked Questions

Q1: If a member sees an OB/Gyn for their yearly pap smear will the claim/s be paid by Kaiser Permanente of Washington if the provider is non-contracted with Kaiser?

A1: No, providers must be contracted with Kaiser Permanente of WA for Women's Health care services to be covered.

Revision History

08/29/2022 – Updated formatting

01/01/2021 – New payment policy

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.