Provider E-News

Provider Services Department

KAISER PERMANENTE

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Clinical Practice and Business Updates

Are you familiar with our Other Party Liability Unit?

Who are we? We are Kaiser Permanente's unit that investigates and assists when other accident insurances are involved for on-the-job injuries, motor vehicle accidents, or other personal injuries.

We investigate two types of coverages:

1) **Primary**, no-fault coverage such as personal injury protection, medical payments coverage or guest medical coverage, as well as Labor & Industries or similar coverages
2) **Secondary,** liability coverages where our plans may recover from another insurer

How do we find our information? It may be from a call from our member or their representative, or it may be from a claim you submit to us. We look on HCFA's at box 10 for employee, automobile, or other accident indicators as well as V codes and diagnoses that indicate traumatic injuries.

We invite you to call us directly if you need information about the primary coverages we have found. We welcome information about when the accident care concludes, and care becomes eligible for our plan's benefits again. We can be reached by phone at (866) 783-9594 or by fax at (509) 241-7003.

Provider Reconsideration request form changes

Please note there have been changes made to the Provider Reconsideration Request - Referrals and Medical Necessity request downloadable form. Please ensure to use the most current form on the website and avoid using any saved copies you may have, as they will be incorrect.

Failure to provide all the required information on the new form could result in your request being returned to you. Once the required information is received, we can complete your review in as timely a fashion as possible.

Contacting Kaiser Permanente when one hospital needs to transfer a patient to another hospital

Hospitals can utilize the Kaiser Permanente Emergency Patient Resources & Options (EPRO) access line when the hospital needs to consult with us regarding where to transfer a patient from one hospital to another hospital, based on the patient's plan type and coverage.

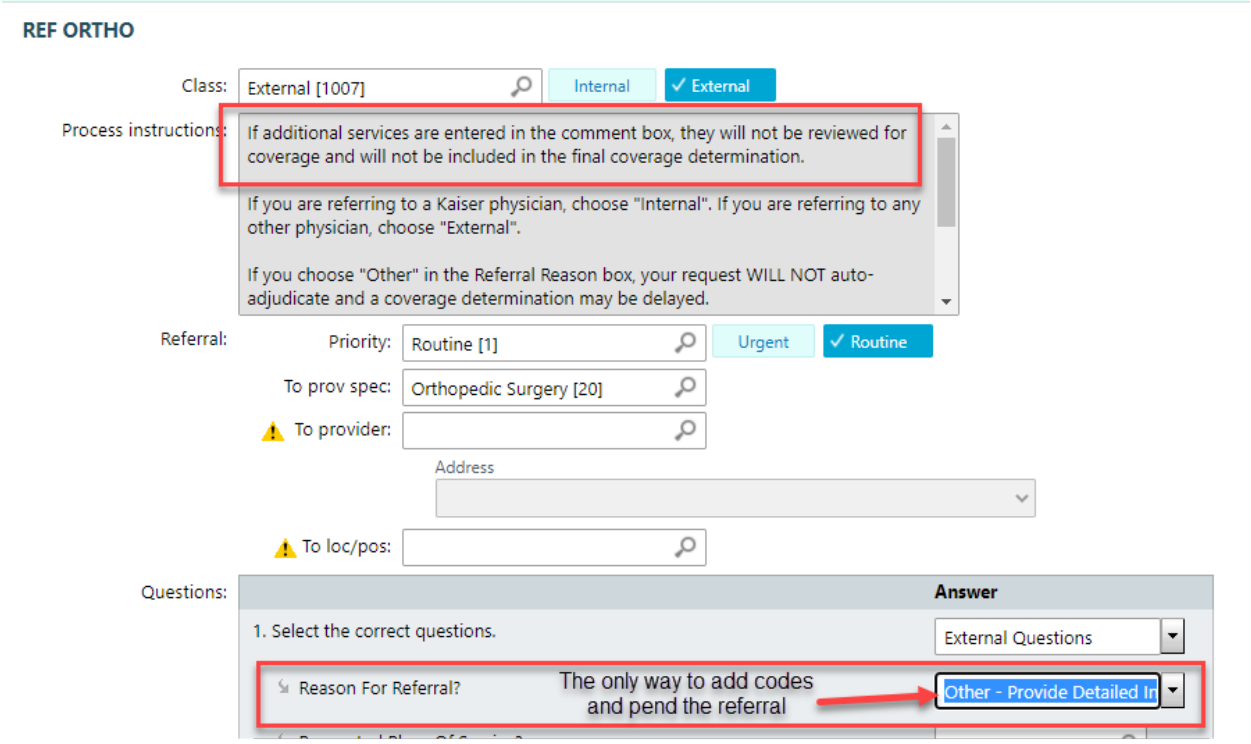
While it is the accepting hospital's responsibility to make sure that EPRO has been contacted regarding a transfer, we also encourage the referring hospital to consult with EPRO in advance of the transfer to ensure the Kaiser Permanente patient will be sent to a hospital covered under their plan.

The Kaiser Permanente EPRO access line is available 24/7 at 1-800-337-3197.

Special instructions for submitting prior authorization requests in Affiliate Link

If you are requesting a standard prior authorization in Affiliate Link without any special instructions, you may enter the specific code in the Reason for Referral drop down box to allow automatic processing.

If you are requesting a prior authorization that requires special handling, such as adding extra CPT codes or adding a facility, and the request requires further attention, you may select 'other' in the Reason for Referral drop down box. This will pend your request for processing by a team member in our Prior Authorization department.



For further assistance with entering prior authorization requests, please contact the Provider Assistance Unit at 1-888-767-4670.

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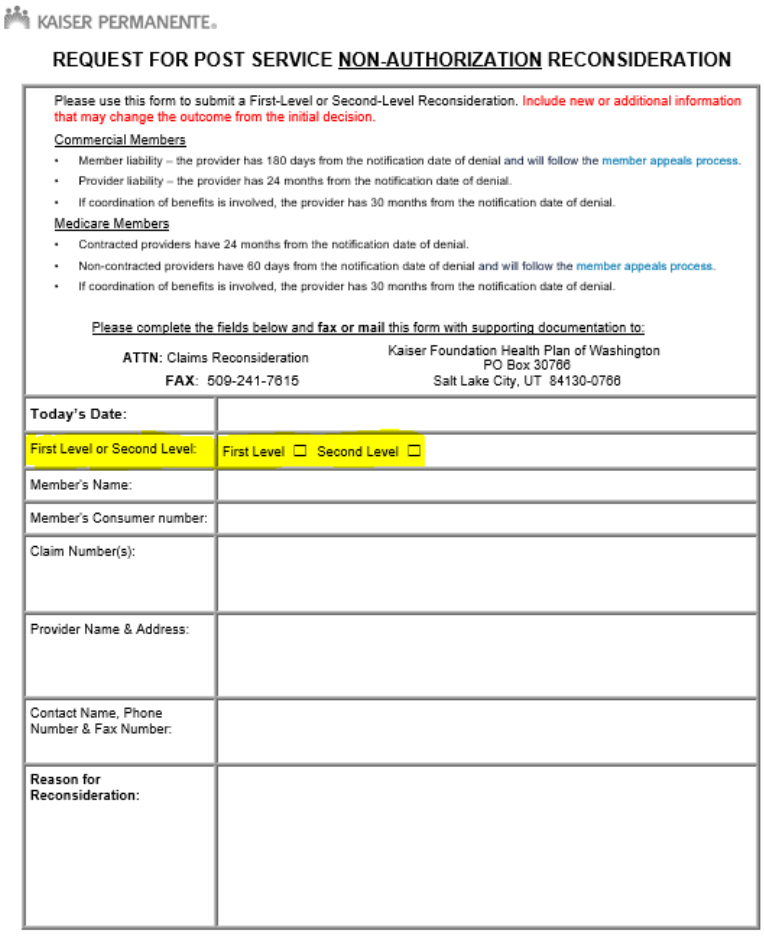
Post Service: Claims Payment Review & Reconsideration Process

Effective May 1st, 2021, Kaiser Permanente will have a new online reconsideration form. This new and improved form includes both first and second level review options. You can now select which review you are requesting with the new version; we no longer require the first level reconsideration to be done over the phone.

This new process will include reconsiderations for:

- Pricing disputes
- Contract denials
- Timely filling
- Coding review



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REQUEST FOR POST SERVICE NON-AUTHORIZATION RECONSIDERATION

Please use this form to submit a First-Level or Second-Level Reconsideration. Include new or additional information that may change the outcome from the initial decision.

Commercial Members

- Member liability – the provider has 180 days from the notification date of denial and will follow the member appeals process.
- Provider liability – the provider has 24 months from the notification date of denial.
- If coordination of benefits is involved, the provider has 30 months from the notification date of denial.

Medicare Members

- Contracted providers have 24 months from the notification date of denial.
- Non-contracted providers have 60 days from the notification date of denial and will follow the member appeals process.
- If coordination of benefits is involved, the provider has 30 months from the notification date of denial.

Please complete the fields below and fax or mail this form with supporting documentation to:

ATTN: Claims Reconsideration
FAX: 509-241-7615

Kaiser Foundation Health Plan of Washington
PO Box 30766
Salt Lake City, UT 84130-0766

Today's Date:	
First Level or Second Level:	First Level ☐ Second Level ☐
Member's Name:	
Member's Consumer number:	
Claim Number(s):	
Provider Name & Address:	
Contact Name, Phone Number & Fax Number:	
Reason for Reconsideration:	

If you have any questions about the new process, please contact the Provider Assistance Unit at 1-888-767-4670.

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Asthma Diagnosis and Treatment Guideline Update

Kaiser Permanente's Asthma Diagnosis and Treatment Guideline has been reviewed and updated. The guideline addresses asthma care for patients of all ages.

Changes in this edition

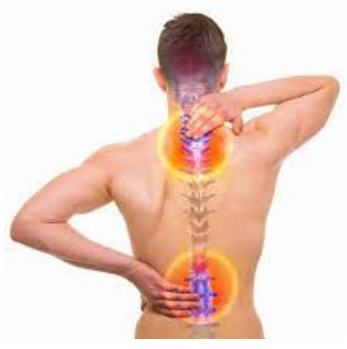
- Intermittent use of inhaled corticosteroids (ICS) may be now considered for patients with mild intermittent asthma symptoms. Continuation of daily ICS is recommended for patients with persistent asthma.
- Guidance on managing asthma exacerbations and exercise-induced bronchospasm has been added.
- The Asthma Action Plan is now available in two versions: symptom-based and peak flow–based.

Questions?
Katie Paul, MD, MPH, Clinical Lead, Clinical Improvement & Prevention
Avra Cohen, MN, RN, Guideline Coordinator

Back Pain Guideline Update

Kaiser Permanente's Non-specific Back Pain Guideline has been reviewed and updated.

The evidence review identified no newly published high-quality studies that would substantially change the current recommendations. However, this edition incorporates new evidence and information on virtual care options and the role of weight loss in back pain management:



- Virtual visits in combination with usual care may be more effective than usual care alone for decreasing pain and disability and improving physical function.
- Evidence suggests that video physical therapy visits produce results comparable to in-person visits.
- The guideline now recommends against delaying interventions for back pain until patients lose weight, as there is no evidence that the delay improves long-term outcomes.

Questions?
David K. McCulloch, MD, Medical Director, Clinical Improvement
Avra Cohen, MN, RN, Guideline Coordinator

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Diabetes Guidelines Update

Kaiser Permanente's guidelines for Type 1 Diabetes and Type 2 Diabetes have been reviewed and updated.

Following scheduled review, the guideline team determined there were no outstanding evidence gaps, and the team reapproved the diabetes guidelines with only minor changes to content. Both guidelines now reflect updated Kaiser Permanente prior authorization criteria.

Questions?
Avantika Waring, MD, Program Chief, Diabetes Care
Avra Cohen, MN, RN, Guideline Coordinator

Drug Utilization Management Exception Process

All applicable formularies on our public website for members and providers include a description of the drug utilization management exception process and required clinical criteria exceptions that may be approved.

Prior authorization and step therapy requests are considered based on coverage criteria requirements approved by the Pharmacy &Therapeutics Committee. To request review of an exception to Kaiser Permanente requirements for coverage of prescription drugs, a Kaiser Permanente member or prescriber may contact Kaiser Permanente Member Services at 1-888-630-4636 and request an exception. If the evidence provided meets medical necessity, an exception may be approved. Exceptions to required therapy that may be approved include contraindications, clinical factors associated with adverse reactions, clinical factors reducing effect, other risks of clinical harm, and barriers to compliance with clinical care. The member or prescriber may also request temporary coverage while the exception request is being processed.

The "About Our Drug Formulary" additional information section of our public website also directs members and providers to these formularies on our public website for information about applicable exceptions. For more information about our Pharmacy services, please visit the Pharmacy Overview page on our provider website.

Updated Prior Authorization Criteria for Average Chronic Opioid Dose > 90 Morphine Milligram Equivalents

Kaiser Permanente implemented prior authorization criteria in October of 2018 to support safer opioid prescribing practices in non-cancer pain in accordance with local and national prescribing recommendations. Since that time, numerous updates to Washington State opioid regulatory and prescribing standards have taken effect. As a result, we updated the prior authorization criteria to improve alignment with these standards. These updated prior authorization criteria took effect on April 1, 2021.

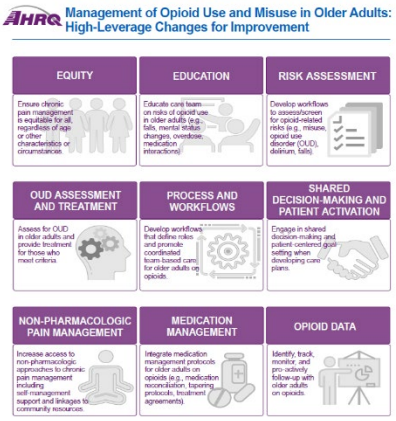
The updated criteria are reflected in the table below. An updated prior authorization/ provider attestation form is available here. Notable exceptions to this prior authorization requirement include opioid prescriptions for patients receiving hospice care, on palliative care service, and those being treated for cancer.

High Dose Opioids and Chronic Opioid Therapy	
KPWA Commercial Plans	
Prior Authorization Requirements	Annual Provider Attestation required for Chronic Opioid Therapy (COT) patient (70 days' supply in a 90-day period) where prescribed opioid dose is > 90 Morphine Milligram Equivalents (MME) Requires Provider Attestation to the following and to provide supporting documentation from most recent chronic opioid therapy office or video visit with the annual prior authorization request. Within the past 3 months: • Documented office or video visit discussing COT with COT provider • Review of the patient's profile in the prescription monitoring program • Urine drug screening • Assessment/ justification for continued high dose or consideration for tapering Within the past 12 months: • Chronic opioid therapy (COT) agreement including acknowledgement of risks and benefits of long-term opioids use (agreed to by patient and provider) • Pain and function assessment (e.g., PEG tool, BPI, or similar) • Depression screening (e.g., PHQ-4, PHQ-9 or similar) • Documentation confirming naloxone has been offered to the patient (e.g., Narcan Nasal, Evzio) One time: • Documented opioid risk assessment (e.g., ORT-OUD, SOAPP, COMM or similar tool)
Exemptions	Hospice or end-of-life care, palliative care, long-term care residents, or cancer patients

Resources:

- General questions related to opioid edits may be directed to the Pharmacy Drug Benefit Help Desk:
  - **Hours:** Monday through Friday 8 a.m. to 6 p.m.
  - **Phone:** (206) 901-4411, option 1, or toll-free (800) 729-1174, option 1
- Kaiser COT for non-cancer pain guideline
- CDC guideline for Prescribing Opioid for Chronic Pain
- CMS Quality Measure: Opioid Therapy Follow-up Evaluation
- AMDG Opioid MED Calculator

Learning Collaborative Opportunity



Kaiser Permanente would like to invite our network providers to participate in a national learning collaborative aimed at improving opioid prescribing in older adults. The goal of this collaborative is to support the implementation of high-leverage change strategies to improve the management of chronic pain and decrease opioid misuse among older adults in primary care.

The learning collaborative is scheduled to start in June 2021 and will run for 15 months. By participating in this learning collaborative, practices will receive:

a. Customized support and resources from national experts in selecting and implementing strategies to improve management of chronic pain, opioid use, and opioid misuse in older adults
b. Improved knowledge of the current evidence base and high-level change strategies related to the management of chronic pain, opioid use, and opioid misuse; an introductory webinar to orient participating organizations to the goals and activities of the program; monthly peer learning sessions and support from the project team between sessions; a community website for document sharing, threaded discussions and other collaborative tools; and a dedicated email address [Opioids_OlderAdults@abtassoc.com] to which participating clinicians can send questions or request support from the project team
c. A $1,500 honorarium per participating practice (not to exceed $6,000 per organization, if it is comprised of multiple clinics)
d. The foundation to continue best practices in opioid management and improve outcomes for older adult patients following participation in the learning collaborative
e. Opportunity to inform the final development of a resource, *Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices,* which will be disseminated broadly to primary care practices and clinicians at the conclusion of the project

If you or your organization are interested to participate, please complete the Expression of Interest form and submit your completed form to opioids_olderadults@abtassoc.com.

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Notification of Part D Negative Formulary Change 2021

As a part of our due diligence to inform all concerned of Medicare Part D Formulary Changes, the following notification is requested by CMS to be sent to all Providers.

Medicare Part D Benefit Coverage – Product removal

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). As a participating Provider in the Kaiser Permanente Part D program, the list below is intended to inform you of these changes.

Product Removal: Advair Diskus AEPB 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose

Effective May 1, 2021, the brand-name drug: Advair Diskus AEPB 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose will be removed from the KP Medicare Part D Drug List as a generic alternative is now available.

Affected members who were prescribed these drugs prior to each effective date will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit and continue to receive the product, except for members who have been converted to the generic alternatives.

The following table lists all products recently removed from the Medicare Part D Formulary.

Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	ADVAIR DISKUS AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	May 1, 2021 Brand drug to be replaced with generic	WIXELA INHUB AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE
Generic Available	EMTRIVA CAPS 200MG	April 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE CAPS 200 MG

Generic Available	ATRIPLA TABS 600-200-300MG	April 1, 2021 Brand drug to be replaced with generic	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 600-200-300 MG
Generic Available	LIBRAX CAPS 5-2.5 MG	March 1, 2021 Brand drug to be replaced with generic	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG
Generic Available	MONUROL PACK 3 GM	February 1, 2021 Brand drug to be replaced with generic	FOSFOMYCIN TROMETHAMINE PACK 3 GM
Generic Available	KERYDIN SOLN 5 %	February 1, 2021 Brand drug to be replaced with generic	TAVABOROLE SOLN 5 %
Generic Available	TIMOPTIC OCUDOSE SOLN 0.5 %	February 1, 2021 Brand drug to be replaced with generic	TIMOLOL MALEATE PF SOLN 0.5 %
Generic Available	TRUVADA TABS 200-300 MG	February 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 200-300 MG

Upcoming Changes

Please check our provider site on a regular basis for provider manual changes and updates.

We communicate changes to the provider manual in the Provider eNews and in our Provider Updates for your convenience. However, it is your responsibility to remain updated on our changes by visiting our site

regularly for updates on our policies and procedures. Thank you for your partnership in the care of our members!

Recently updated payment policies:

- Telemedicine Services (Commercial)

Letters to providers:

Changes to Medical Necessity Review Criteria for Focused Aspiration of Scar Tissue
Effective May 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Focused Aspiration of Scar Tissue (Tenex).

Changes to Medical Necessity Review Criteria for Dermatology
Effective May 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Dermatology services for non-Medicare members.

Tocilizumab (Actemra) Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for tocilizumab (Actemra) will be updated to include a quantity limit.

Dermatology Products Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for the dermatology products listed in Table 1 will be updated to include quantity limits.

IVIG Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for the IVIG products listed in Table 1 will be updated to include a quantity limit.

Neurology Products Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for the neurology products listed in Table 1 will be updated to include quantity limits.

Oncology Products Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for the oncology products listed in Table 1 will change.

Site of Care Prior Authorization Requirement for Pembrolizumab (Keytruda) and Nivolumab (Opdivo)
Effective June 1, 2021, Site of Care prior authorization criteria will apply to the medications noted in Table 1 below. Site of Care is a prior authorization for the location at which an infused medication is administered under the medical benefit. When Site of Care is applied to a medication, the following site of care types are acceptable: an outpatient standalone clinic, infusion center, provider's office, or home infusion. Outpatient hospital-based infusion sites are not approved sites. This letter is notification that prior authorization approval is required before administering this medication under the medical benefit.

Rheumatology Products Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for the rheumatology products listed in Table 1 will be updated to include quantity limits.

Rituximab (Rituxan) And Rituximab-Abbs (Truxima) Updated Prior Authorization Criteria
Effective June 1, 2021, the criteria for rituximab (Rituxan) and rituximab-abbs (Truxima) will be updated to include specific quantity limits.

Changes to Medical Necessity Review Criteria for High-End Imaging Site of Care
Effective June 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement site of care review criteria for high-end diagnostic imaging for non-Medicare members.

Changes to Medical Necessity Review Criteria for Transcatheter Mitral Valve Repair (Tmvr)
Effective June 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Transcatheter Mitral Valve Repair (TMVR) for non-Medicare members.

Changes to Medical Necessity Review Criteria for Myocardial Perfusion Imaging
Effective June 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement medical necessity criteria for Myocardial Perfusion Imaging for non-Medicare members.

Changes to Transition of Care Policy
Effective June 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria in the Transition of Care policy.

Critical Care When Patient Is Discharged to Home from Facility Hospital Acquired Conditions, Adverse & Never Events
Effective June 15th 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse critical care services submitted on ER outpatient facility claims only when the patient is not discharged to home (discharge status code = 01) during the same encounter.

Thirty Day Readmission Policy
Effective June 15, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) does not allow separate reimbursement for claims that have been identified as a readmission, within 30 days of a previous discharge, to the same hospital for the same, similar or related condition unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Please see our COVID-19 Provider Resources page on our provider website for helpful coverage and claims resources.

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CME and Workshop Opportunities

Continuing Education Opportunities

Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year, detailed on our CME Catalog page. Check out current opportunities below!

Upcoming CME Courses

Courses presented live via MS Teams
Contact: Christopher.J.Scott@kp.org
Course Information and Registration

DATE	COURSE
May 26, 2021	**Opioid Use Disorders**
January – December 2021	**Suicide Prevention 2021 (online - free)**

Please remember to advise your Provider Services Consultant

Have you made any recent changes to your practice?

Don't forget to let us know so we can update our provider directory. On our provider site home page, click on Provider Support, and choose Provider Demographic and/or Practice Changes. You will find several helpful links on that page to provide us with information.

On this page, you will be able to:

- Add new practitioners or term practitioners, including advanced registered nurse practitioners, physician assistants, and locum tenens
- Submit staff changes: in case we must adjust our records of clinic staff with Kaiser Permanente Electronic Medical Record (EMR) access.
- Submit demographic and business updates, including:
  - Clinic/services location updates
  - Close a clinic location
  - Remit/billing "Pay to" address updates
  - Tax ID update / Tax ID address update / 1099 address update

Thank you for helping us maintain a compliant and accurate provider directory.