Provider E-News

Provider Services Department

KAISER PERMANENTE

April 2024

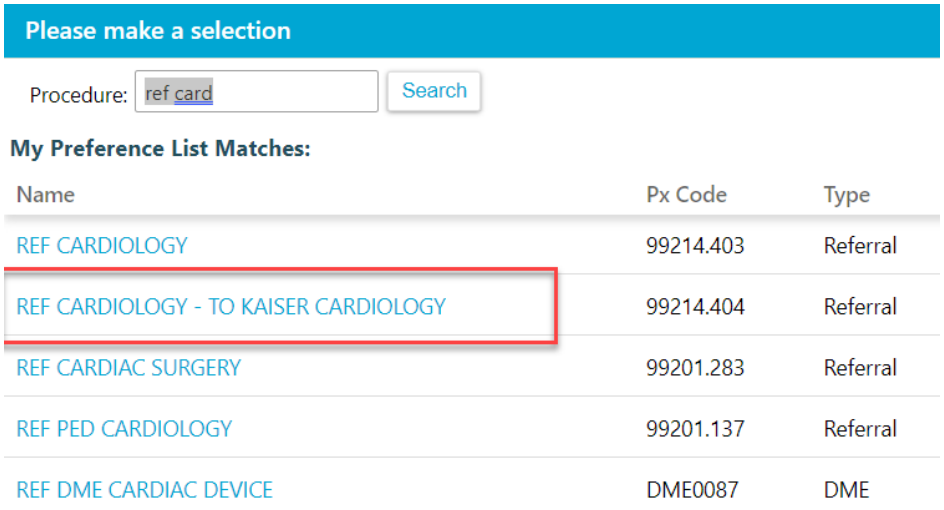
Business Updates

How to refer to a Kaiser Permanente specialist

Are you referring a Kaiser Permanente member to a Kaiser Permanente specialist? While a health plan authorization is not required, we do need a clinical referral from the referring provider to ensure coordination of care. The referral will inform the specialist of the specific reason as to why the Kaiser Permanente member needs to be seen. Please advise your patient that the Kaiser Permanente appointing team will call them to schedule a visit once the referral is received.

To initiate a referral to a Kaiser Permanente specialist, order a referral in Affiliate Link (see the Affiliate Link User Guide, page 11, for instructions).

In Affiliate Link, select REF (Specialty) – TO KAISER (SPECIALTY) in the New Procedure field):



A health plan authorization, which is a determination of coverage, is not required when a Kaiser Permanente member is referred to an in-network specialist. For many specialties, authorization is no longer required for office visits to Kaiser Permanente or contracted specialists. Please see our FAQ regarding removal of administrative authorization requirements, and use the Preauthorization Code Check tool when referring a Kaiser Permanente member to a specialist to see if health plan authorization is needed.

If you have any questions, please contact the Provider Assistance Unit at 1-888-767-4670 for assistance.

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Helpful Appeal Tips

Please follow these tips to help us to process your appeal efficiently:

- When sending in your appeal request, please include your justification letter at the beginning, rather than adding it after the medical records. This will help improve efficiency and turnaround times for your appeal to be completed.

- Please be mindful of when to request an expedited appeal. Expedited cases (completed within 72 hours of receipt) should be reserved for when a patient's life, health, or ability to regain maximum function would be jeopardized by following the standard process. In these cases, please include medical records to support the appeal with your request.

- Please fax your request for reconsideration of a denied claim to the correct department that can process your request. This will allow for more timely review and response.
    - For denials related to no authorization or medical necessity, please fax to 844-660-0747.
    - For denials related to claim payment issues, please fax to 877-779-4861 for the Pre-Pay review process.
    - For denials related to contractual payment disputes, please fax to the Provider Assistance Unit at 866-453-1147.

You can also find information and resources about the appeals and reconsideration process on our provider portal. Go to the provider manual and look in the Appeals subsection for more details.

SHARP program showing positive early results

Last month we gave you a brief introduction to our new Specialty and High-Cost Medication Advanced Review Partnership (SHARP), developed for the specialty pharmacy needs of Kaiser Permanente members. The SHARP team has been operating for about a month, providing guidance to providers about alternate agents that are likely to be approved and helping with conditional approvals. We are pleased to report that we have already seen fewer denials, an increase in appropriate approvals and approximately a 20% withdrawal/change to a more preferred therapy. Thank you for your partnership in this team effort to serve our members!

Hepatitis C Virus Treatment

At Kaiser Permanente, we are proud of our history as an early adopter of coverage for newer generation therapies to treat Hepatitis C infection. These treatments were groundbreaking and exciting when first authorized by the FDA. Since that time, the medical community has gained experience using these therapies, and thousands of our members have been treated and cured. But we know there are still patients in the state of Washington who have yet to be treated, and we are committed to breaking down barriers to that treatment. For these reasons, **effective immediately, we are eliminating the prior authorization requirement for our preferred hepatitis C treatment – generic sofosbuvir/velpatasvir (unbranded Epclusa)**.

Clinical Updates

Type 1 and Type 2 Diabetes guidelines updates

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

In this edition, we have added new sections on:

- Determining diabetes type
- Managing hypoglycemia
- Non-insulin options for patients with insulin resistance and type 1 diabetes

We have also expanded content on:

- Use of concentrated insulins
- Precautions when prescribing SGLT-2 inhibitors
- Dietary recommendations for patients with diabetes
- Diabetes medications in the elderly

Questions?
Emily Omura, MD, Medical Program Director, Endocrinology
Mamatha Palanati, MD, Medical Director, Diabetes Program
John Dunn, MD, MPH, Medical Director, Knowledge & Implementation
Avra Cohen, MN, RN, Guideline Coordinator

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Supporting Care Pathways to Thrive and Total Health

Documenting all stable conditions help fully portray the patient in front of you – even if these conditions require no change in management and/or are managed by a specialist. Reviewing these conditions are especially important for patients you only see once a year.

Accurate and complete ICD-10 code assignment is crucial to identify patients for certain chronic disease management programs and clinical decision making. Document and code all conditions to the highest specificity at least once annually to the care for the patient.

Here are some tips for accurate **hypertension** reporting:

Hypertension Documentation Tips

1. Establish the diagnosis of hypertension.
   - Use an ICD-10 screening code or code for individual symptom(s) when ruling out a diagnosis.
   - For example, use Z13.6 "Screening for Hypertension," when ordering ambulatory blood pressure monitoring to rule out hypertension.
   - ICD-10 code R03.0 includes "Elevated blood pressure reading" / "Elevated blood pressure reading without the diagnosis of hypertension" / "White Coat Syndrome without hypertension"
     - Use this code if, based on your clinical judgement, the patient does not meet criteria to establish the diagnosis of hypertension but has recorded elevated blood pressure reading(s).
     - Examples include, but are not limited to:
       - The patient's office blood pressure measurements meet the criteria for hypertension, but home or ambulatory blood pressure measurements are below the threshold for hypertension.
       - The patient has a situational high blood pressure reading without a pattern of high blood pressures.
       - Not enough blood pressure data.

2. If comorbid conditions are present, use a combination ICD-10 code. ICD-10 presumes a relationship between hypertension with CKD and/or heart failure.
   - Examples:
     - I12.9, N18.31 "Benign hypertension with chronic kidney disease, stage IIIa" / "Hypertensive chronic kidney disease, stage IIIa"
     - I11.0 "Hypertension with congestive heart failure" / "Hypertensive heart disease with heart failure"
     - I13.2 "Hypertensive heart disease and CKD, stage 5 or ESRD, with heart failure"
     - Do not code I10 "Essential hypertension" with a separate CKD and/or heart failure code unless documented to be unrelated.

3. Identify secondary hypertension, (such as due to underlying OSA, primary kidney disease, primary aldosteronism, aortic coarctation) and use the appropriate ICD-10 code.

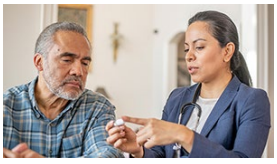
Documentation Example:

(I12.9, N18.31) Hypertensive kidney disease with stage 3a chronic kidney disease

Kaiser Permanente Washington Health Research Institute News

Changing sitting habits shows meaningful impact
A new trial highlights a promising intervention to improve blood pressure in older adults.

KPWHRI contributes to flu vaccine effectiveness results
Interim data for the 2023-2024 flu season shows that the vaccine has protected all age groups.



What works to meet complex needs in diabetes care?
An ACT Center partnership is helping a nonprofit engage patients and provide comprehensive care.

Provider Notices

Notices can be viewed on our Provider Notices page on the Kaiser Permanente provider site. 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 for your convenience. However, it is your responsibility to remain updated on any changes by visiting our site regularly for updates on our policies and procedures.

- Changes to medical necessity review criteria for PET scans
- Changes to medical necessity review criteria for genetic screening and testing
- Change in the method we will provide 60-day notices

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- Changes to medical necessity review criteria for Apolipoprotein E (APOE) genotyping
- Changes to medical necessity review criteria for hypoglossal nerve stimulation
- Changes to medical necessity review criteria for pneumatic compression devices
- Changes to medical necessity review criteria for ultrasonic bone growth stimulators
- Changes to medical necessity review criteria for intraosseous basivertebral nerve ablation
- Oncology products updated prior authorization criteria
- Enzyme replacement therapies updated prior authorization criteria
- Golimumab (Simponi Aria) updated prior authorization criteria
- Medicare part B drugs requiring prior authorization
- Medicare part B drugs requiring step therapy
- Changes to medical necessity review criteria for home pulse oximetry and continuous passive motion (CPM) (PDF)
- Changes to medical necessity review criteria for MRI Brain & MRI Cervical (PDF)
- Changes to medical necessity review criteria for MRI Brain & MRI Cervical (PDF)

EFT Deposit & Check Mailing Dates

EFT Deposit & Check Mail Dates

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately 3 business days.

January 1, 19, 25	July 5, 11, 18, 25
February 1, 7, 15, 23, 29	August 1, 7, 15, 22, 29
March 7, 14, 21, 28	September 6, 12, 19, 26
April 4, 11, 18, 25	October 7, 10, 17, 24, 31
May 7, 9, 16, 23, 31	November 7, 14, 21, 29
June 6, 13, 20, 27	December 5, 12, 19, 27

Kaiser Permanente Holidays

New Year's Day
Monday, January 1

Martin Luther King Jr. Day
Monday, January 15

Presidents' Day
Monday, February 19

Memorial Day
Monday, May 27

Independence Day
Thursday, July 4

Labor Day
Monday, September 2

Thanksgiving
Thursday, November 28

Christmas
Wednesday, December 25

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Provider Resources

Submit a Provider Update Form to inform us of changes to your practice.

View our Provider Directory.

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Specialty Services

Learn more about our Specialty Services.

Read our latest Formulary Decision Highlights.

View our 7 formularies on our Formulary page or ePocrates.

Register for one of our many Continuing Medical Education offerings.