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Clinical Practice and Business Updates

[Important Changes to Medical Necessity Review Criteria for High-End Imaging Site of Care](#)



As a reminder, on June 1, 2021, Kaiser Permanente changed the medical necessity review criteria to direct high-end imaging (such as MRI, MRA, CT, or CTA) performed on an ambulatory, non-emergent basis to an appropriate site of care. Please review the [High-End Imaging Site of Care Medical Policy](#) on the Kaiser Permanente provider website to determine the appropriate site of care for imaging. This policy applies to non-Medicare members. If you have any questions, please contact the Provider Assistance Unit at 1-888-767-4670.

[Changes to Medical Necessity Review Criteria for Certain Elective Surgical Procedures](#)

As of August 1, 2021, Kaiser Permanente has implemented updated site of care review criteria for certain elective surgical procedures for non-Medicare members. This will be implemented using a phased approach, starting with Benton, Kitsap, Spokane, and Whatcom counties. These criteria direct certain elective surgical procedures to an ambulatory surgery center when the hospital inpatient/outpatient setting is not medically necessary. Please review the [Ambulatory Surgery Center \(ASC\) - Site of Care Policy](#) on the Kaiser Permanente provider website to determine the appropriate site of care for upcoming procedures. If you have any questions, please contact the Provider Assistance Unit at 1-888-767-4670.



[Philips recalls Respironics PAP equipment and ventilators](#)

As you may know, Philips recently issued a [major recall of Philips Respironics PAP equipment and ventilators](#). This equipment is used to treat sleep apnea patients as well as patients with other respiratory diagnoses.

If you receive calls from your patients with questions regarding their recalled equipment, please instruct them to register their devices at www.philipssrcupdate.expertinquiry.com. Providers and patients may also contact Philips directly 1-877-907-7508.

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Celebrating the first anniversary of Affiliate Link

On August 20, 2020, we went live with our new online referral tools, and after a bumpy start, we have continuously worked to refine and update the tools to respond to the feedback from our provider communities. Here are a few of the highlights that we've implemented over the past year:



- Authorization notifications are sent digitally once an organization accesses the secure provider portal; they will no longer receive them via fax or USPS, thus saving time and getting the patient care as quickly as possible
- Providers now have the ability to search for referrals by member ID number
- Authorization code ranges documents are updated continuously with CPT code changes
- Introduction of the Referral Notification Letter Folder, which streamlines notifications
- Affiliate Link [job aids](#) are available for most actions
- We have created a re-authorization tool and process to [request reauthorizations online](#)
- Introduction of the [Epic Affiliate/Referral Request & Status Issue Troubleshooting Form](#) to report issues when accessing our online Referral Request & Status Tools



Electronic Prior Authorization for pharmacy requests is now enabled for all Kaiser Permanente Medicare Patients

Electronic Prior Authorization (ePA) is now enabled for all of Kaiser Permanente Medicare Patients. Effective immediately, you will be able to submit drug coverage requests electronically as an alternative to fax, phone, or mail for all Medicare Part D members.

Benefits:

- Prior authorization (PA) criteria can provide improvements in safety and cost-saving measures for Kaiser Permanente, but the review process can cause delays in care.
- The PA review process involves providers, payers, and pharmacists evaluating essential information to demonstrate that the patient meets medical necessity criteria.
- Switching from a manual to an electronic PA review process, within an electronic health record (EHR), can decrease administrative burden and increase efficiency.
- Congress passed SUPPORT for the Patients and Communities Act, which requires Part D prescription drug plans to support a new electronic prior authorization (ePA) transaction standard.

How does ePA work?

- Upon prescribing: When a prescription is written, if your EHR system is enabled with ePA, it will flag the prescription as "PA is required," and you will automatically receive an electronic PA form to fill out without leaving your EHR.

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- Submitting ePA: Once the electronic form is filled out and the request is sent, the pharmacy benefit help desk team will be able to review it electronically, which saves a significant amount of time.
- Decision notification: Approval/denial notification will be sent electronically right away to your EHR system, in addition to the fax notification.

What can you do next?

1. Ask your organization if ePA is turned on. If it is, find out where the ePA is generated.
2. If you do not have ePA turned on, you can [register for free](#) with Surescripts and start submitting ePA today.
3. If you are already registered with Surescripts Prior Authorization portal, [start submitting ePA](#) for Medicare members today.

Please note recently expired and soon to expire OIC COVID-19 Orders

Expired as of July 25, 2021:

- Permit in-network providers to use non-HIPAA compliant telemedicine platforms
- Treat audio-only telephone services as telemedicine
- Continue covering COVID-19 testing at drive-up care sites
- Eliminate prior authorization requirements for long-term care facility or home health services when an enrollee is determined to be ready for discharge from a hospital and there is insufficient time to receive approval prior to the delivery of care. For other covered services necessary for discharge to a long-term care facility or home, prior authorization requests must be treated as expedited (decision must be made within two (2) calendar days)



Expired as of July 31, 2021:

- COVID-19 Treatment (effective April 1, 2020 – July 31, 2021) – Treatment and additional services, including hospital admission when billed with a COVID-19 diagnosis code: \$0 cost share
Note: All Self-funded groups cover COVID-19 treatment. However, the group may elect to cover in full or apply applicable cost shares, with variable coverage dates. Medicare plans will continue coverage in full through December 31, 2021.

Expiring as of August 20, 2021 (may be extended in a future order):

- Emergency order 21-02 requires coverage for 2 medical provider consultations regarding COVID-19 vaccination.
- COVID-19 vaccination consultations must be covered as a preventive service at no member cost-sharing.
Note: For high deductible HSA health plans, cost-sharing is allowed until the deductible is met.

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Ensuring successful transfer of Kaiser Permanente patients to Kaiser Permanente affiliated hospitals via our Emergency Patient Resources & Options (EPRO) program

Kaiser Permanente requires notification from the treating provider at the time of the patient's stabilization and prior to their hospital admission. To assist you with this process, we have an EPRO department, which is staffed by emergency room/urgent care physicians and licensed practical nurses, who:

- Review and determine if the patient has benefits and eligibility to cover the requested care
- Determine if alternatives to inpatient admissions are feasible, and if so, coordinate care for outpatient services
- Manage transition of patient care from one venue to another (e.g., assists in the transition of the patient from the emergency department to a designated inpatient facility)
- Assist non-designated emergency departments with the care of Kaiser Permanente patients by supplying medical history, EKG and medication lists
- Facilitate follow-up care
- Transfer the patient for admission (if considered stable by treating emergency department physician) to the appropriate Kaiser Permanente facility
- Arrange for the appropriate mode of transportation

How it works:

Call EPRO at [1-800-337-3197](tel:1-800-337-3197) when a patient is stable and needs to be transferred for admission to any Kaiser Permanente affiliated hospital. The EPRO staff has 1-2 hours to formulate a disposition plan, and will support the transition in the following ways:

- Collect intake information:
 - Patient name
 - Patient MRN
 - Current vital signs
 - Presenting symptom
- Conduct a peer-to-peer conversation with the emergency department provider (within 20 minutes) to determine the patient's needs, the most appropriate place to transfer, and the mode of transportation
- Coordinate the transfer of care with Kaiser Permanente hospitalists or specialists as needed and notify the emergency department of the transfer
- Arrange for an agreed-upon mode of transportation

Please review our [Admission and Post Stabilization Requirement](#) payment policy on our provider website for more details.

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So, what is subrogation? Glad you asked...

According to *Allstate.com*, “Subrogation allows your insurer to recoup costs... from the at-fault driver's insurance company if the accident wasn't your fault. A successful subrogation means a refund for you and your insurer.”



In other words, if Kaiser Permanente (or any health plan, for that matter) pays for accident-related care and the patient has a liability claim for bodily injuries, then the health insurer may seek recovery of those payments when the claim is settled. The recovery of paid medical expenses enables your patient's health plan to lower medical costs and keep coverage premiums in check.

Many factors can affect a health plan's ability to recover payments. For example, subrogation recovery varies based on the health plan contract, the state in which the injury occurred, as well as state and federal case laws. To learn more, a valuable resource for state-by-state subrogation can be found by visiting <https://www.mwl-law.com/subrogation-laws-in-all-50-states>.

If you feel that your patient should have a subrogation case with the OPL department, the Provider Assistance Unit (PAU) can connect you to our office upon request, or you may call us directly at (866) 783-9594.

Ensure providers are contracted with us when ordering services for patients

When ordering services for patients, such as monitored anesthesia, genetic tests, cardiac or neuro monitoring, or if you are referring a patient to a specialist, please check to ensure the provider is contracted with Kaiser Permanente. If the provider to whom you are referring is not contracted, clinical review of the prior authorization request may be necessary. Please do not refer a Kaiser Permanente member to a non-contracted provider without a prior authorization request. This will help avoid unnecessary claim denials for patients.



Provider E-News

Provider Services Department



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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](#):

- None this month

[Letters to providers](#):

[Changes to medical necessity review criteria for substance use disorder treatment \(PDF\)](#)

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) is adopting established guidelines from the American Society of Addiction Medicine (ASAM) for medical necessity reviews for substance use disorder treatment for Medicare Advantage members.

[Changes to medical necessity review criteria for dermal fillers for facial lipoatrophy \(PDF\)](#)

Effective October 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 dermal fillers for facial lipoatrophy for non-Medicare members.

[Changes to medical necessity review criteria for dermatology services \(PDF\)](#)

Effective October 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.

[Changes to prior authorization requirements for diagnostic services \(PDF\)](#)

[CPT codes updates – diagnostic services \(PDF\)](#)

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will require pre-authorization for additional diagnostic services in the following categories: Cardiac MRI, certain venography procedures, EKG and Echocardiography, Pacemaker Checks, and Neurology and Neuromuscular diagnostic testing.

[Changes to medical necessity review criteria for genetic testing \(PDF\)](#)

Effective October 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 Genetic Testing & Screening and Pharmacogenomic Testing.

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[Changes to medical necessity review criteria for basivertebral nerve ablation \(PDF\)](#)

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement clinical review criteria for basivertebral nerve ablation.

[Changes to medical necessity review criteria for Magnetic Resonance Enterography \(PDF\)](#)

Effective October 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 Magnetic Resonance Enterography.

[Changes to medical necessity review criteria for Renal Sympathetic Nerve Ablation \(PDF\)](#)

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement new medical necessity criteria for Renal Sympathetic Nerve Ablation.

[Applied Behavior Analysis criteria and payment policy changes \(PDF\)](#)

Effective October 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will require that only category 1 CPT codes for ABA services may be used in order to streamline Applied Behavior Analysis (ABA) services. The clinical review criteria and payment policy for ABA have been modified to reflect this change.

[Botox products updated prior authorization criteria \(PDF\)](#)

Effective September 1, 2021, the criteria for the products listed in Table 1 will be updated to include new quantity limits for chronic migraine. These products are on the non-Medicare list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

[Eculizumab \(SOLIRIS\) and Ravulizumab \(ULTOMIRIS\) updated prior authorization criteria \(PDF\)](#)

Effective September 1, 2021, the criteria for the products listed in Table 1 will be updated to include quantity limits. These products are on the non-Medicare list of office-administered drugs requiring prior authorization. This letter is a notification of the upcoming change in prior authorization criteria required before administering this medication in a physician's office.

[Eculizumab \(SOLIRIS\) and Ravulizumab \(ULTOMIRIS\) restricted to administration by Kaiser Permanente Specialty Home Infusion when infused in the home setting \(PDF\)](#)

Effective September 1, 2021, criteria for the infusion products listed in Table 1 will change. For home infusion, these specialty drug products and administration of these products is limited to Kaiser Permanente Specialty Home Infusion for **non-Medicare** Health Maintenance Organization (HMO) members. For patients who currently have an authorization to receive these products through a network home infusion provider, the criteria will go into effect when the provider authorization expires.

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[Changes to medical necessity review criteria for facet neurotomy \(PDF\)](#)

Effective September 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 facet neurotomy for non-Medicare members.

[Changes to medical necessity review criteria for lung and liver transplant \(PDF\)](#)

Effective September 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) has adopted updates to the Kaiser Permanente National Patient Referral Guidelines for Lung Transplant and Liver Transplant for non-Medicare members.

[Chromoendoscopy and Narrow Band Imaging \(PDF\)](#)

Effective August 15, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for chromoendoscopy, chromoscopy, chromocolonoscopy or narrow band imaging as a part of services provided during a diagnostic or surveillance colonoscopy or endoscopy.

[Changes to medical necessity review criteria for certain elective surgical procedures \(PDF\)](#)

Effective August 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 certain elective surgical procedures for non-Medicare members. This will be implemented using a phased approach, starting with Benton, Kitsap, Spokane, and Whatcom counties.

[Changes to medical necessity review criteria for breast MRI \(PDF\)](#)

Effective August 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating medical necessity criteria for breast MRI.

[Changes to medical necessity review criteria for coronary artery calcium \(PDF\)](#)

Effective August 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 coronary artery calcium (CAC) scoring for non-Medicare members.

[Changes to medical necessity review criteria for cochlear implants \(PDF\)](#)

Effective August 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 cochlear implants for non-Medicare members.

[Changes to medical necessity review criteria for enteral formula \(PDF\)](#)

Effective August 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 enteral formula for non-Medicare members.

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[Changes to medical necessity review criteria for Intensity Modulated Radiation Therapy \(IMRT\) \(PDF\)](#)
Effective August 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 IMRT for non-Medicare members.

[Changes to medical necessity review criteria for total joint arthroplasty \(PDF\)](#)
Effective August 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the medical necessity criteria for elective total hip, total knee and total shoulder replacements or revisions performed in a hospital inpatient status for all members.

Please see our [COVID-19 Provider Resources page](#) on our [provider website](#) for helpful coverage and claims resources.

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

September 21, 2021

October 6, 2021

October 21, 2021

January – December 2021

January 26, 2022

COURSE

Evidence Based Medicine in a Time of COVID-19: The Evolution of EBM During a Pandemic

Women's Health for Primary Care

Diabetes for Primary Care 2021

Suicide Prevention 2021 (online - free)

Orthopedics and Sports Medicine for Primary Care

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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.