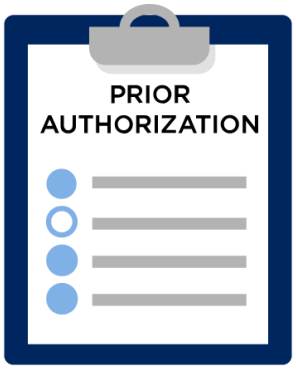
Provider E-News

Provider Services Department

KAISER PERMANENTE

February 2024

Business Updates



Answers to your questions about our prior authorization reduction pilot

We are pleased to report that our prior authorization reduction pilot is going extremely well. Thank you for your positive feedback regarding the reduction of administrative work, as this was our goal. We appreciate your questions as we implement this pilot, as they have been valuable in helping us to clarify our processes. You can read more about the pilot in our January 2024 Provider eNews, and you can refer to our Frequently Asked Questions for more information on implementation. Below are some specific topics that have been raised since our launch last month:

- Only in-network providers are included in the pilot – Out of network providers still require prior authorization when seeing members on our Core HMO or Medicare Advantage plans.

- Visiting members – Visiting members are included in our prior authorization reduction pilot. We treat visiting members the same as our Washington region Core HMO members regarding our prior authorization rules. Please see our Visiting Members Guidelines for more information.

- In-office procedures – In-office procedures do not require prior authorization under the new rule. Please see our Standard Code Range for Procedures for more information.

- PPO providers – PPO providers don't require prior authorization for most services. Please see our 2024 PPO Preauthorization and Notification Requirements document for more information.

- Clarification: All specialties - removal of the "Evaluate and Treat authorization from PCP" requirement – This rule applies to any specialty not on the list where pre-authorization is still required; If the patient was referred to the specialist but the referring provider did not perform the step to ask for authorization from KP, the specialist can contact KP directly and ask for authorization to ensure payment. In the past, we would have denied that request and asked that the specialist contact the PCP to initiate the authorization instead.

- Referrals/Orders are the request process to define the clinical question and transfer clinical information, whereas a health plan authorization is a prior approval document related to claims and benefits. Kaiser Permanente Care Delivery will continue to provide a referral and Summary of Care document for all specialties when referring a patient to a network provider. Contracted providers will continue to see all referrals from Kaiser Permanente providers in Affiliate Link.

We hope these answers will help you as we continue implementation of this pilot. If you have further questions, please contact the Provider Assistance Unit at 1-888-767-4670.

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Address to use for pre-payment reconsideration requests

Please send your first-level reconsideration requests for claims denials to the following address, along with the Pre-Payment Reconsideration Form (check box first level) to the following:

Fax to: 877-779-4861
Mail to: Kaiser Permanente
Attn: Provider Assistance Unit
P.O. Box 30766
Salt Lake City, UT 98140

Please refer to our Reconsideration Process provider manual page for more details. You may also emails pre-pay-inbox@kp.org for inquiries regarding Pre-Payment reconsideration status.

Billing Instructions for Behavioral Health Add-On Code Policy

Effective March 1, 2024, in accordance with CMS billing guidelines (Section II.B), Kaiser Permanente will not reimburse E/M add-on CPT codes 90833, 90836 and 90838 unless medical records support the time billed.

Please note that **records are not required to be submitted at the time of service or when providers submit claims.** Claims may be stopped for prepayment review and if records are needed, they will be requested at that time. Please refer to the Behavioral Health Add- On Codes payment policy for more details.

For any additional questions, providers can contact the Provider Assistance Unit at 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

New Approach Aims to Educate and Reduce Evaluation and Management Billing Errors

The proper coding of Evaluation and Management (E/M) services is a well-known challenge for many providers. Because providers are faced with the difficult task of determining which level of CPT code appropriately reflects the complexity of the visit, E/M coding constitutes a high percentage of mistakes compared to coding for other services.

To help providers and their offices facilitate correct coding, Kaiser Permanente has contracted with Optum to implement their Coding Advisor solution.

Coding Advisor will review the use of E/M codes, psychotherapy assessments, the billing of Modifier 25 and other codes for providers submitting claims to Kaiser Permanente. The program's aim is to identify cases where providers are billing in one of these areas significantly more often than other providers in the same specialty, as per their primary taxonomy. From this analysis, Coding Advisor provides useful data insights to the provider community, maximizes coding efficiency and accuracy through education, and reduces the burdens associated with traditional audits.

Beginning February 2024, Coding Advisor will initiate an outreach campaign to qualifying providers who are submitting claims to Kaiser Permanente. This campaign will consist of a series of communications which may include outbound notification letters, education-based telephone calls, and clearinghouse level claim status messaging.

Throughout the course of this program, Coding Advisor will continue to monitor billing practices and will periodically send updated report(s). They may contact your practice with the intention of identifying any coding discrepancies and to perform one-on-one coding education. All correspondences will be sent to you from Optum.

If you have questions, please call Optum Coding Advisor's Customer Support at 844-592-7009, Option 3, Monday through Friday between 8:00 a.m. and 4:00 p.m. CT.

Continuous Positive Airway Pressure (CPAP) Device

To align with CMS payment methodology, effective January 30, 2024, Kaiser Permanente is updating authorization durations on CPAP requests for our Medicare members to an initial 3-month rental, followed by a 10-month capped rental when a recertification request is made after a clinical re-evaluation has been completed.

References:

Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea—Local Coverage Determination (L33718)

Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea –Policy Article (A52467)

Continuous Glucose Monitors (CGM)

Kaiser Permanente is updating the Continuous Glucose Monitor (CGM) authorization duration for our Medicare and non-Medicare members to a 6-month authorization duration. Requests for CGMs for our members with Type 1 diabetes will have a fast track to a decision. Additionally, to align with Medicare Final Rule 1713 (84 Fed. Reg Vol 217), a treating

provider must have an in-person or Medicare-approved telehealth visit with the beneficiary every six months to document adherence to their CGM regimen and diabetes treatment plan for initial and continued CGM coverage.

References:

Glucose Monitors—Local Coverage Determination (L33822)

Glucose Monitors—Policy Article (A52464)

Clinical Updates

Cervical Cancer Screening Guideline Updated

The KP Washington Cervical Cancer Screening Guideline has been reviewed and updated.

Key points

- Self-collected primary high-risk HPV (hrHPV) screening is an acceptable cervical cancer screening method for average-risk patients aged 30–65, as it has a similar sensitivity and specificity as clinician-collected samples and increases the uptake of cervical cancer screening when the collection kit is mailed directly to patients' homes.
- Self-collected primary hrHPV screening is not recommended for cervical cancer screening in high-risk patients due to insufficient evidence in this population.

Questions about this article?

- John Dunn, MD, MPH, Medical Director, Preventive Care, john.b.dunn@kp.org
- Avra Cohen, MN, RN, Guideline Coordinator, Clinical Improvement & Prevention, avra.l.cohen@kp.org

Hospice Care available for Kaiser Permanente members

Hospice is both a healthcare benefit and a clinical service. The benefit is a set of services defined by Medicare or a health insurance organization to serve patients at the end of life. The service is provided by an interdisciplinary team, including RN, MD, SW, Spiritual Care, and others, who deliver care to patients near the end of life. Hospice agencies most commonly deliver care in the home, though there are times that care is provided in dedicated hospice facilities or in hospitals. See Home Health and Hospice Services | Kaiser Permanente Washington for more information on the program and how to refer our

members. The Kaiser Permanente Hospice agency serves members in King, Kitsap, Pierce, and Snohomish counties, though members outside this service area are connected to community agencies.

Kaiser Permanente Washington Health Research Institute News

Personalized coaching shows promise for delaying memory loss
Trial is the first to test an individualized approach to improve dementia risk factors.

Measuring blood pressure at home: It's easy and accurate
Bev Green, doctor and scientist, has tips for monitoring your blood pressure without leaving your house.

Quitting smoking: Practice makes perfect
Jennifer McClure, PhD, who leads KPWHRI's tobacco studies, offers tips on how to recommit if you slip after you quit.

Provider Notices

All notices below 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. Thank you for your partnership in the care of our members.

- 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)
- The following neurology medications not covered under the medical benefit (PDF)
- Guselkumab (Tremfya) not covered under the medical benefit (PDF)
- Teriparatide (Forteo) not covered under the medical benefit (PDF)

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- Changes to medical necessity review criteria for Applied Behavioral Analysis therapy (ABA)
- Changes to medical necessity review criteria for elective cardiac defibrillator and pacemaker placements
- Prolonged service add-on codes
- Behavioral health add-on codes
- Changes to medical necessity review criteria for chromoendoscopy
- Changes to medical necessity review criteria for office-based methadone treatment
- Changes to medical necessity review criteria for MRI cervical, thoracic and lumbar
- Oncology products updated prior authorization criteria
- Pegcetacoplan (Syfovre) updated prior authorization criteria
- Pasireotide (Signifor LAR) will require prior authorization approval
- Updated prior authorization criteria for Ranibizumab (Lucentis)
- Medicare Part B drugs requiring prior authorization
- Medicare Part B drugs requiring step therapy

EFT Deposit & Check Mailing Dates

2024 Calendar

EFT deposit and check mail dates

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

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.