

## Clinical Practice and Business Updates

### **UPDATE: First Call Guide for Ambulance Partnerships for Kaiser Permanente**

We have a final update about Kaiser Permanente's Emergency Medical Service (EMS) partnership changes in Western Washington. As you know, Kaiser Permanente has developed new partnerships with smaller, local EMS transportation providers. The update is for Pierce county, which now has Olympic Ambulance as their first call. Please refer to this [First Call Guide](#) (effective February 15, 2020, 8:00 a.m.), which lists our preferred EMS transportation provider by county, along with the contact information for each provider. For more information, please email Provider Services at [kpwa.provider-services@kp.org](mailto:kpwa.provider-services@kp.org).



### **Threshold decrease for claims pre-payment and medical necessity review for inpatient and outpatient claims**



**Effective February 1, 2021**, Commercial HMO, POS, PPO, and Medicare Advantage facility claims with billed charges of \$20,000 and greater will be subject to prepayment review for billing appropriateness. Please continue to submit your claims via EDI. Itemizations and/or medical records are required and should be submitted via fax at **1-509-241-7506**, as soon as you have a claim number for your bill or when you receive your Electronic Remittance Advice (ERA) with either of the following denial messages:

- "An attachment/other documentation is required to adjudicate this claim/service" with remark "Missing Admitting History and Physical Report" or
- "Missing itemized bill/statement"

It is not necessary to submit a corrected/replacement claim with the required documentation. Please include the claim number and the medical record number on the cover sheet of your fax for ease of processing.

### **Internet Explorer browser no longer supported**

Microsoft is discontinuing use of Internet Explorer as of March 2021. In order to preserve the integrity and security of our provider site, we will also phase out support of Internet Explorer in early 2021. We encourage users to switch to one of our [supported browsers](#). Please use Google Chrome or Microsoft Edge for the best user experience.



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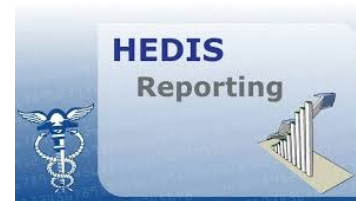
### **Timely filing of claims involving a coordination of benefits**

When filing a claim that involves a coordination of benefits, the original claims must be received by Kaiser Permanente within 12 months from the date of service. If Kaiser Permanente receives information of primary insurance for a member, we may initiate an adjustment within 12 months from the date of notification. Adjustment requests must be received within 30 months from the date the claim was processed.

**When filing a claim that involves a self-funded group, please note that timely filing limits vary.** Please check with the employer group or the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670 for filing deadlines.

### **HEDIS<sup>®</sup> Medical Record Review Season: February – May 2021**

From February through mid-May 2021, Kaiser Foundation Health Plan of Washington will be conducting HEDIS medical record reviews on members enrolled in a Kaiser Permanente plan in 2020 to measure the quality of care provided to our members. Our medical record reviewers will be contacting your office to request remote access to your electronic medical record system (preferred), and/or request that medical records are faxed or mailed. We appreciate your assistance in providing access to the medical information as requested. Your prompt response will ensure that your group's HEDIS measures accurately represent the high quality of care that you provide to our members.



Please contact Susie Jorgensen, HEDIS Program Coordinator at [Susie.R.Jorgensen@kp.org](mailto:Susie.R.Jorgensen@kp.org) or 206-630-1274 if you have any questions.

### **Reminder – we can't accept CD's for reconsiderations and appeals**



When submitting reconsideration requests and medical records, please fax these requests and records to our team at 509-747-4606 or use the [online reconsideration request form](#), within 24 months of the claim denial. These are sent directly to our team via Outlook and are stored with the reconsideration case. We will review your case within 60 days. We do not have a way to process, download, save or store CDs. When hard copies or CDs are sent to the post office box in Seattle, our Provider Reconsideration team does not have a way to monitor or ensure those documents are received.

### **Need a 1099 from Kaiser Permanente?**

Kaiser Permanente National is now the appropriate contact for 1099 requests. Please contact [1099misc@kp.org](mailto:1099misc@kp.org) or 510-627-2798 (1099 help desk voicemail) to make your request.



# Provider E-News

## Provider Services Department



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### Online Referral Request Tools you can use today!

**Did you know** there are multiple tools available for you on the Kaiser Permanente provider site to assist with referral requests?

### **What codes will need Clinical Review? Should I attach chart notes with my request?**

There is a [pre-authorization code check tool](#) available for you to use. You'll enter in your CPT or HCPCS code and then select the plan type for the member. It will then let you know if an authorization is required along with if there is any clinical review requirements. Sometimes review might be based on the ICD-10 dx code along with the CPT or HCPCS code. You are able to search by the ICD-10 dx code to determine if there is still review needed. If clinical review is required, attaching chart notes when sending in your request can help to streamline the turnaround process. For those that need clinical review, there is a link to the criteria to help you know if the patient meets the criteria.

Pre-authorization detail

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CPT 97110 SERVICE  
Medical

Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Authorization requirements		DME information	
Network provider	REQUIRED	Quantity limit	NO
Non-network provider	REQUIRED	Same/similar	NO

Note: A clinical review may still be required. See below for more details.

Clinical review requirements

Clinical review	REQUIRED
Criteria	<a href="#">Lymphedema Therapy/ Lymphedema Therapy Training - Clinical Criteria</a>

ICD-10 Dx codes

Search codes (ex. C52, C53) REVIEW: All CRITERIA: All

REVIEW	ICD-10 CODE	DESCRIPTION	CRITERIA
Required	C4A.52	Merkel cell carcinoma of skin of breast	Lymphedema Therapy/ Lymphedem...
Required	C50	Malignant neoplasm of breast	Lymphedema Therapy/ Lymphedem...
Required	C50.01	Malignant neoplasm of nipple and areola, female	Lymphedema Therapy/ Lymphedem...

**Want to know what codes are automatically included within your referral request?** Check out the [authorization code ranges](#). Pick your specialty to view codes that are included by the order 'reason' found in Affiliate Link. Note that not all the codes may show on your approval letter, which is why checking these documents can be useful!

Example: If gastroenterology is the specialty and the reason for the referral is for an EGD, all of these codes listed will be included automatically on the request even if not listed on the authorization letter:

**EGD (Esophagogastroduodenoscopy):**  
43180, 43191, 43193, 43194, 43195, 43196, 43197, 43198, 43200, 43202, 43204, 43205, 43206, 43211, 43212, 43213, 43214, 43215, 43217, 43220, 43226, 43227, 43229, 43231, 43232, 43233, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43243, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43252, 43253, 43254, 43255, 43259, 43260, 43261, 43262, 43263, 43264, 43265, 43266, 43270

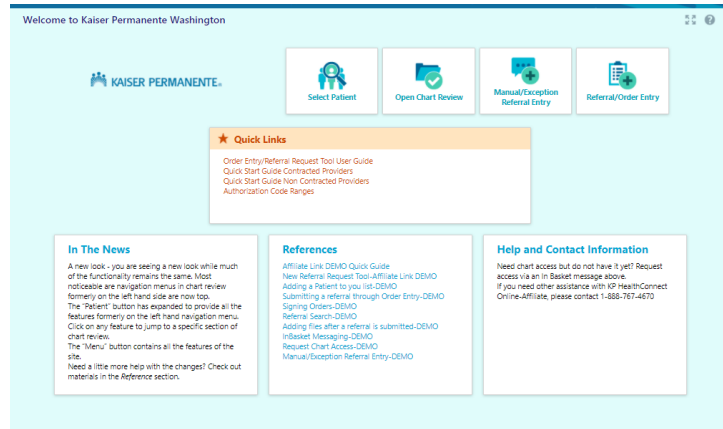
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**Are you more visual and enjoy step by step demos?** On the home page for Affiliate Link, you can find Quick Links and References to demos and guides. You can find resources ranging from an overall Affiliate Link Quick Guide to attaching files after submitting a request. It will even break down the difference between using Manual/Exception Referral Entry or using Referral/Order Entry.



**Questions asked on the referral –** When you enter in a referral request, a question pops up, asking, “*Ok to substitute an in network provider if the chosen referred to provider is not in the member’s network?*” If you answer “Yes,” the processing team will update the provider to a contracted and preferred provider for the member’s network. This allows for quicker processing time for the member requests. If you answer “No,” the processing team will reach out to inquire if they can update the request to a preferred provider. If not, the request will likely go to Clinical Review.

### **Retail flu vaccine options extended to March 31, 2021**

The COVID-19 pandemic and flu season are a double threat this year. It remains important to get a flu shot as we all do our best to stay healthy and protect others. We have extended the availability for members to get a flu vaccine at selected retail locations through March 31, 2021. Please see the Kaiser Permanente [flu resources page](#) for more information.



### **Routine hepatitis C screening now recommended for all adults—not just baby boomers**



The Kaiser Permanente [Hepatitis C Screening Guideline](#) has been reviewed and updated. Based on guidance from the U.S. Preventive Services Task Force and trends reported by the CDC, routine one-time screening for hepatitis C is now recommended for all adults aged 18–79. Previously, the routine screening was recommended only for adults born between 1945 and 1965.

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The guideline continues to recommend screening for adults and adolescents of any age with risk factors such as injection drug use, HIV infection, receipt of clotting factor concentrates before 1987, or blood transfusion or solid organ transplants before July 1992 (see Table 1 in the guideline for the full list). For patients testing positive for hepatitis C, the guideline includes referral information and recommendations for staging, treatment, and surveillance by HCV providers and clinical pharmacists.

Questions?

[John Dunn, MD, MPH](#), Medical Director, Preventive Care

[Avra Cohen, MN, RN](#), Guideline Coordinator

### **Non-invasive Prenatal Fetal Testing – Temporary Change Extended to March 15, 2021**

**Effective April 1, 2020 – March 15, 2021**, Kaiser Permanente is extending the timeframe for the temporary change to the utilization management requirement for Non-invasive prenatal Fetal testing. Kaiser Permanente will cover Cell-Free Fetal DNA testing (service code 81507) without prior authorization or clinical review for pregnant women regardless of age when performed at Ariosa Diagnostics. This change is temporary due to the COVID-19 pandemic to decrease the amount of in-person appointments. Prior Authorization will still be required for all other Non-Invasive Prenatal Testing (NIPT) in advance of submitting a claim for payment. The patient's normal copay/co-insurance and deductible still apply. Please view the [Cell-Free Fetal DNA Analysis for Trisomies](#) clinical criteria on our provider site for more details. If you have any questions about this change, please contact the Provider Assistance Unit at 1- 888-767-4670.



### **Medical necessity review guidelines for substance use disorder treatment**



Washington state is requiring the use of established guidelines from the American Society of Addiction Medicine (ASAM) for medical necessity reviews for substance use disorder treatment. Kaiser Permanente has revised existing Substance Use Disorder criteria to reflect the adoption of ASAM criteria effective January 1, 2021. ASAM criteria will be referenced for medical necessity reviews after the initial 2 days for inpatient or residential treatment or 3 days for withdrawal management services, which are covered without review as mandated by the legislation in House Bill 2642, signed into law in 2020. This revision applies to the following Substance Use Disorder policies:

- Substance Use Disorder – Residential Admission & Concurrent Stay
- Substance Use Disorder – Sub-Acute Detox
- Substance Use Disorder Treatment – Partial Hospital Program
- Substance Use Disorder- General



# Provider E-News

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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](#):**

- [Telemedicine Services \(Commercial\)](#)

**[Letters to providers](#):**

[Changes to medical necessity review criteria for continuous glucose monitors](#)

Effective April 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 continuous glucose monitors (CGM) for non-Medicare members.

[Changes to the preauthorization and notification requirements for Preferred Provider Organization \(PPO\) plans](#)

Effective April 1, 2021, Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the Preauthorization and notification requirements for Access PPO, Elect PPO, and Summit PPO members.

[Neurology product in the home infusion setting restricted to administration by Kaiser Permanente Specialty Home Infusion](#)

Effective April 1, 2021, the criteria for the specialty home infusion product listed in Table 1 will change. For home infusion, this specialty home infusion product and administration of this product 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 this product through a network home infusion provider, the criteria will go into effect when the provider authorization expires.

[Infusion products in the home infusion setting restricted to administration by Kaiser Permanente Specialty Home Infusion](#)

Effective April 1, 2021, the criteria for the specialty home infusion products listed in Table 1 will change. For home infusion, this specialty home infusion product 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 Rezūm system](#)

Effective March 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 the Rezūm System for the treatment of lower urinary tract symptoms (LUTS) due to benign prostatic hypertrophy (BPH).

### [Vedolizumab \(Entyvio\) updated prior authorization criteria](#)

Vedolizumab (Entyvio) is on the non-Medicare list of office-administered drugs requiring prior authorization. Effective February 15, 2021, the criteria for vedolizumab (Entyvio) will be updated to include a quantity limit of 300 mg per dose.

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

## 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:

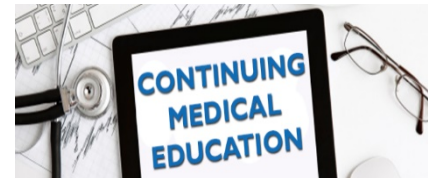
- Add new practitioners or term practitioners, including advanced registered nurse practitioners, physician assistants, and locum tenens
- Submit staff changes: in case we must adjust our records of clinic staff with Kaiser Permanente Electronic Medical Record (EMR) access.
- Submit demographic and business 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.

## 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](mailto:Christopher.J.Scott@kp.org)

[Course Information and Registration](#)

<u>Date</u>	<u>Course</u>
March 11, 2021	Gastroenterology For Primary Care
May 26, 2021	Opioid Use Disorders
January – December 2021	Suicide Prevention 2021 (online - free)