Provider E-News

Provider Services Department

KAISER PERMANENTE®

January 2025

Business Updates

Appointment Accessibility Survey

We are required by the National Committee for Quality Assurance (NCQA), the Office of the Insurance Commissioner (OIC) and the Centers for Medicare and Medicaid Services (CMS) to collect appointment accessibility data for primary care, women's health, and specialty providers. **You will receive the required appointment accessibility survey in the next week. Please respond to the survey within 7-14 business days.** Please note that the appointment accessibility survey emails are sent from automation@app.smartsheet.com and providers must use this email to report their appointment access information. Thank you for partnering with us to provide this important information in a timely manner.

HEDIS® Medical Record Review Season: February – May 2025

From February through mid-May 2025, Kaiser Foundation Health Plan of Washington will be conducting HEDIS medical record reviews on members enrolled in a Kaiser Permanente plan in 2024 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, if you have any questions.

Clinical Updates

Gestational Diabetes Guideline updates

Kaiser Permanente's **Gestational Diabetes Guideline** has been reviewed and updated. The guideline offers evidence-based recommendations for the screening, diagnosis, and treatment of gestational diabetes.

New in this edition:

- **Insulin glargine** is now the preferred basal insulin at Kaiser Permanente (prior authorization not needed). Previously, NPH was the preferred basal insulin.
- **Glyburide** is no longer recommended as the third-line treatment for GDM due to possible risks to the fetus. Women with GDM who are unwilling to take insulin may still be prescribed

glyburide if they have an intolerance or failure of metformin, but information about the risks of glyburide should be provided.

- The **recommended metformin dosing frequency for GDM** has been changed to twice daily, to align with the dosing frequency for type 2 diabetes and improve adherence. The previous recommendation called for metformin three times daily.
- A **minimum daily intake of 175 g carbohydrates** is now recommended to avoid increased ketone levels in the mother and fetus.

Coding tips for gestational diabetes
When coding for gestational diabetes in ICD-10:

1) Specify the type of management (diet, insulin, oral medications).
    a. O24.41: Diet-controlled GDM
    b. O24.42: Insulin-controlled GDM
    c. O24.43: Oral hypoglycemic-controlled GDM
2) Report the trimester.
3) Report the presence of diabetic complications, if any:
    a. If GDM leads to complications, such as diabetic retinopathy or diabetic nephropathy, additional codes (e.g., E11.21 for type 2 diabetes with nephropathy) should be added to reflect these conditions.
    b. O99.8 is used for other specified complications of pregnancy due to diabetes.

Example: Diet controlled gestational diabetes mellitus (GDM) in first trimester [O24.410]

After pregnancy is complete, please evolve the diagnosis on the Problem List to "Z86.32 History of Gestational Diabetes."

Questions about this article?

- Ory Holtzman, MD, FACOG, Associate Medical Director, Obstetrics/Gynecology
- John Dunn, MD, MPH, Medical Director, Knowledge & Implementation
- Avra Cohen, MN, RN, Guideline Coordinator, KP Medical Foundation

Cefadroxil is now preferred cephalosporin on Kaiser Permanente formulary

Cefadroxil is an oral beta-lactam that falls into the class of first-generation cephalosporins. While it is very similar in spectrum of activity to cephalexin, it is distinguished by a prolonged duration of activity and slower rate of excretion. Because of these pharmacokinetics, **cefadroxil can be dosed twice a day in adults compared to the usual dosing frequency of cephalexin at four times a day**. Cefadroxil and cephalexin also have similar

side-effect profiles and are both considered relatively safe. Kaiser Permanente has thus made the decision to prefer cefadroxil on the formulary as the oral first-generation cephalosporin.

In general, indications for use of cefadroxil are the same as for cephalexin. Situations to which it is particularly suited include treatment of acute bacterial skin and soft tissue infections caused by methicillin susceptible *Staphylococcus aureus* (MSSA) and/or *Streptococcus* species, as well as treatment of lower urinary tract infections (uncomplicated cystitis) caused by susceptible *Escherichia coli, Proteus mirablis,* and *Klebsiella* species. The traditional dosing for a patient with normal renal function for either of these indications is cefadroxil 500 mg PO b.i.d. for a 5-day course.

Note that cephalexin will still be available on the formulary as an option where IV formulations are needed but oral high dose can achieve similar concentrations and coverage. When oral cephalosporin suspension is needed, we will continue to use Keflex suspension for pediatrics.

Questions about this article?

- Joshua Jeharajah, MD, Infectious Disease
- Dan Kent, PharmD, CDCES, Coordinator, Pharmacy Clinical Programs
- Paul Thottingal, MD, FRCPC, Senior Medical Director, Communicable Diseases/Organizational Preparedness

Kaiser Permanente Washington Health Research Institute News

Top research highlights in 2024

From improving blood pressure to mapping cellular changes in Alzheimer's, these are the research stories that made headlines over the last year.

Encouraging findings from intervention supporting unhoused patients

Samaritan, a digital health intervention designed to assist individuals at risk for or experiencing homelessness, showed promising results in a pilot evaluated by the Center for Community Health and Evaluation (CCHE), which is part of Kaiser Permanente Washington Health Research Institute. Notably, CCHE found that Samaritan benefited both the people experiencing homelessness who took part in the program as well as the health care system, which saw reduced costs.

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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 sacral nerve stimulator
- Changes to medical necessity review criteria for responsive neurostimulation for treatment of epilepsy
- Changes to medical necessity review criteria for single photon emission computed tomography (SPECT)
- Changes to medical necessity review criteria for transthyretin amyloidosis genetic testing
- Leuprolide acetate (Fensolvi) will require prior authorization approval
- Site of care prior authorization requirement for oncology medications
- Changes to medical necessity review criteria for shoulder arthroscopy
- Changes to medical necessity review criteria for gender-affirming surgeries
- Changes to medical necessity review criteria for applied behavioral analysis therapy
- Changes to medical necessity review criteria for sex-hormone binding globulin
- Changes to medical necessity review criteria for plethysmography
- Changes to medical necessity review criteria for fecal DNA testing
- Oncology products updated prior authorization criteria
- Updated prior authorization criteria for ocrelizumab (Ocrevus)
    - **Modification: New effective date is March 10, 2025**
- Nedosiran (Rivfloza) updated prior authorization criteria
- Medicare Part B drug requiring step therapy: epcoritamab-bysp (Epkinly)
- Medicare Part B drugs requiring prior authorization
- Changes to medical necessity review criteria for fundoplication procedures
- Changes to medical necessity review criteria for hip arthroscopy
- Changes to medical necessity review criteria for physical, occupational, and speech therapy
- Changes to medical necessity review criteria for lumbar and thoracic MRI
- Changes to medical necessity review criteria for ultrasound-guided needle release of carpal tunnel

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January 2025

EFT Deposit & Check Mailing Dates

2025 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 9, 16, 24, 30	July 8, 10, 17, 24, 31
February 6, 13, 21, 27	August 7, 14, 21, 28
March 6, 13, 20, 27	September 5, 11, 18, 25
April 5, 10, 17, 24	October 2, 9, 16, 23, 30
May 3, 8, 15, 22, 30	November 6, 13, 20, 28
June 5, 12, 19, 26	December 4, 11, 18, 26

Kaiser Permanente Holidays

New Year's Day
Monday, January 1

Martin Luther King Jr. Day
Monday, January 20

Presidents' Day
Monday, February 17

Memorial Day
Monday, May 26

Independence Day
Thursday, July 4

Labor Day
Monday, September 1

Thanksgiving
Thursday, November 27

Christmas
Wednesday, December 25

Provider Resources

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

View our Provider Directory.

KAISER PERMANENTE®
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