Provider E-News
Provider Services Department

January 2021

KAISER PERMANENTE

Clinical Practice and Business Updates

Elimination of CPT Code 99201

According to the 2021 coding updates released by the AMA, CPT Code 99201 was deleted effective 1/1/21 and cross walked to CPT Code 99202. We have updated our documentation to advise requestors to submit authorization requests using CPT Code 99214. CPT code 99202 will continue to be the primary code used when requesting Consult Only.

Please refer to the [Authorization Code Ranges](#) on the provider portal to view appropriate office visit ranges.

- Consult Only (99202)
- Second Opinion (99203)
- Evaluate & Treat – 3 visits (99214)
- Evaluate & Treat – 6 visits (99214)

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.

HEDIS® 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 or 206-630-1274 if you have any questions.

Terminology for our online resources

Do the names of our online resources get confusing? Here's a list of our resources that you may find helpful:

OneHealth Port – Single sign-on security solution for multiple participating health plans. They help solve information exchange and workflow problems shared across health care organizations.
- OHP manages the security and access for providers groups who are registered with them for this service
- Registration of Tax ID's and Users is managed through this solution

Secure Provider Portal – Kaiser Permanente provider site accessed by the single sign on through OneHealth Port. On the secure provider portal, providers can access claims, eligibility and historical referral search, along with general information. Our provider manual and "tiles" for accessing Affiliate Link with the Referral Request & Status or Electronic Medical Record are also available.

Affiliate Link - Epic module for external providers to use to submit order/referral entry requests or manual/exception referral requests. Affiliate Link is accessed through the Secure Provider Portal utilizing the established single sign-on. Simply click the "Referral Request & Status" or "Electronic Medical Record" tile.

Public Provider Site – Kaiser Permanente's Washington region public provider site, providing access to information that is available without secure sign-on.

Affiliate Link reminders and updates

Referral message via Epic - When you need to send a message regarding a referral, you must attach it to the specific referral and patient you are referencing in order to get it to the correct department that can help you. Please refer to the Sending a Referral Message job aid for the steps outlining how to send this type of message. Please note that sending a generic message from the In Basket will not route your message to the right department, nor can it be forwarded. Further, there is no identifying information on a generic message that would enable us to outreach to the sender for additional information.

Provider Assistance Unit reminder – If you need assistance with Affiliate Link, please contact the Provider Assistance Unit (1-888-767-4670) first so they can triage your question and, if necessary, route your call to the correct department for further assistance.

Referral search by member - Did you know that Affiliate Link now allows you to search referrals *by member?* Please see our Referral by Member Search job aid for more details on how to use this function.

Please submit authorizations via Affiliate link rather than by fax – We have moved our authorizations to the Affiliate Link online tool now. The most efficient processing of authorization requests is online. If you are currently using faxes for authorization requests, please be advised that the processing time will take much longer. We have several job aids to help you with submitting your requests via Affiliate Link. Please see our authorizations upgrade overview page for these resources.

Claims processing tip: Please verify all information is correct prior to submission

In order to ensure your claims process correctly, please remember to verify that the correct provider, facility, facility location, dates, and service codes are included in an authorization prior to the date of service.

If you have questions or need to update an authorization, please call Review Services at 1-800-289-1363 or the Provider Assistance Unit at 1-888-767-4670.

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.

Mandatory Telemedicine training for all licensed, registered or certified health care professionals

Mandatory Training

In 2020, Washington State passed SSB 6061, which requires mandatory telemedicine training for all licensed, registered, or certified healthcare professionals who provide telemedicine services. Physicians and Osteopathic physicians are excluded from the mandate, but they are encouraged to complete the training.

Washington defines "Telemedicine" as the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. "Telemedicine" does not include the use of audio-only telephone, facsimile, or email. It does include live video visits or app-based video visits.

The mandatory training can be taken online at the Northwest Regional Telehealth Resource Center. This training was developed by the Washington State Telehealth Collaborative and the Northwest Regional Telehealth Resource Center.

At the completion of this telemedicine training the healthcare professional will be able to:
- Identify how telemedicine is defined in Washington State
- Describe regulating policies and scope of practice when providing telemedicine services
- Understand the necessary infrastructure before providing telemedicine services
- List practice considerations when providing telemedicine services
- Demonstrate knowledge of telemedicine practice, business, and compliance standards

Internet Explorer browser no longer supported

Microsoft is discontinuing use of Internet Explorer as of March 2021. Therefore, 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.

Thank you for participating in our $0 Medicare Advantage copay initiative

Thank you for partnering with us to allow our Kaiser Permanente members this incentive to meet with their primary care provider during this challenging time. We know how important it is for our Medicare Advantage members to keep up with their preventive care, have regular check-in's regarding their current medications, and stay on track with their health. Your cooperation in this effort helped us to provide that opportunity, and we appreciate all you did to make that happen.

New guideline provides treatment options for patients with opioid use disorder

Kaiser Permanente's new Opioid Use Disorder Diagnosis and Treatment Guideline provides recommendations for the diagnosis and treatment of opioid use disorder (OUD) in adults, adolescents, and pregnant individuals with and without chronic pain. Treatment recommendations include both pharmacologic (buprenorphine/naloxone, methadone, and naltrexone) and psychosocial treatment options.

- While the combination of medication therapy and psychosocial interventions is recommended for OUD treatment, if a patient declines psychosocial treatment, this should *not* pose a barrier to starting or receiving medication.
- Treatment is the same regardless of the source of the opioids (prescribed or illicit) and should be offered universally to all patients with OUD.
- Clinical setting does not impact the effectiveness of OUD treatment. *There is no wrong door for starting treatment.*

OUD medications are the primary treatment for OUD because they reduce the risk of opioid overdose death and return to opioid use more than non-pharmacologic treatment. Medications to treat OUD include buprenorphine, methadone, and naltrexone.

- Buprenorphine/naloxone (Suboxone) can only be prescribed by health care professionals who have a federal DEA waiver to prescribe buprenorphine.
- Buprenorphine alone (not in combination with naloxone) is the preferred medication therapy for pregnant individuals, as the benefits in reducing the severity of neonatal abstinence syndrome (NAS) outweigh the potential risks to the fetus. There is no known risk of increased birth defects with pharmacotherapy for OUD.
- Buprenorphine/naloxone is the preferred medication for adolescents, but methadone may be used if there is poor response to buprenorphine/naloxone.
- Methadone can only be prescribed at a federally licensed methadone clinic.
- Naltrexone can be prescribed by any health care provider with prescriptive authority.
- Injectable naltrexone is strongly preferred over oral for helping patients to maintain opioid abstinence. Oral naltrexone is an acceptable option for patients who decline or have a contraindication to using the injectable form.

Patients with OUD should remain on OUD medication for a minimum of 12 months. All patients with OUD should be given take-home naloxone (to both patient and family members) to treat an accidental overdose.

At Kaiser Permanente, patients with OUD are four times more likely to have depression and/or anxiety and eight times more likely to have PTSD than our general population. Psychosocial treatment is recommended in combination with medication treatment, as it can help address specific factors that are associated with opioid use and increase the likelihood of treatment adherence.

Questions?
Angie Sparks, MD, Medical Director, Clinical Knowledge Development & Support
Avra Cohen, MN, RN, Guideline Coordinator
Ryan Caldeiro, MD, FASAM, KPWA Assistant Medical Director, Addiction and Recovery Services and Consultative Psychiatry

CDC drops azithromycin from gonorrhea treatment recommendations

In light of rising antimicrobial resistance, the Centers for Disease Control and Prevention has revised its treatment guidelines for gonorrhea.

Released December 18, the CDC report recommends a single 500 mg intramuscular dose of ceftriaxone as first-line treatment for uncomplicated gonorrhea. For persons weighing ≥ 150 kg (≥ 300 lb), a single 1 g IM dose of ceftriaxone should be administered. (The previous recommendation for gonorrhea was combination treatment with 250 mg ceftriaxone IM and 1 g oral azithromycin, given concurrently.)

When gonorrhea is present and chlamydia infection has not been excluded, the updated recommendation is to add oral doxycycline 100 mg twice daily for 7 days. *Note:* Recommendations are unchanged for patients with chlamydia infection alone (not a coinfection with gonorrhea), who should continue to be treated with a 1 g PO azithromycin (single dose).

Kaiser Permanente is reviewing the new CDC guidance and will update the Sexually Transmitted Infection Guideline to reflect it in the first quarter of 2021. Clinicians should begin following the CDC's updated guidance for gonorrhea treatment now.

Questions?
John Dunn, MD, MPH, Medical Director, Preventive Care
Avra Cohen, MN, RN, Guideline Coordinator

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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:
- Admission and Post Stabilization Requirement
- Telemedicine Services (Commercial)

Letters to providers:

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 (PDF)
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.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR ELECTRORETINOGRAPHY
Effective February 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 electroretinography.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR IMPLANTED INFUSION PUMPS
Effective February 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 implanted infusion pumps for non-Medicare members.

CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR CERVICAL SPINE MAGNETIC RESONANCE IMAGING (MRI)
Effective February 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement medical necessity criteria for MRI of the cervical spine for non-Medicare patients.

UPDATED PRIOR AUTHORIZATION CRITERIA FOR: AVASTIN®, HERCEPTIN®, REMICADE®, AND RITUXAN®
Effective February 1, 2021, the prior authorization criteria for Avastin®, Herceptin®, Remicade®, and Rituxan® will be revised. This letter is a notification of the upcoming change in the prior authorization criteria required before administering these medications in a physician's office.

SITE OF CARE PRIOR AUTHORIZATION REQUIREMENT FOR NUCALA (MEPOLIZUMAB), NULOJIX (BELATACEPT), FASENRA (BENRALIZUMAB), XOLAIR (OMALIZUMAB)
Effective February 1, 2021, Site of Care prior authorization criteria will apply to the medication noted in the Drug Tables below. Site of Care is a prior authorization for the location at which an infused medication is administered under the medical benefit. When Site of Care is applied to a medication, the following site of care types are acceptable: an outpatient standalone clinic, infusion center, provider's office, or home infusion. Outpatient hospital-based infusion sites are not approved sites.

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

All courses presented live via MS Teams
Contact: Christopher.J.Scott@kp.org
Register now

GASTROENTEROLOGY FOR PRIMARY CARE
March 11, 2021

OPIOID USE DISORDER
May 26, 2021

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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 <u>provider directory</u>. On our <u>provider site</u> home page, click on Provider Support, and choose <u>Provider Demographic and/or Practice Changes</u>. 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:
  - o Clinic/services location updates
  - o Close a clinic location
  - o Remit/billing "Pay to" address updates
  - o Tax ID update / Tax ID address update / 1099 address update

Thank you for helping us maintain a compliant and accurate provider directory.

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