

Provider E-News

Provider Services Department



July 2023

Business Updates



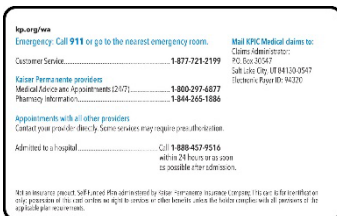
Credentialing online applications required

Prior to submitting a practitioner add/credentialing request, a current, attested application is required to be completed and available on OneHealthPort (provider portal): Provider Source or CAQH with Kaiser Foundation Health Plan of Washington authorized to access the application.

The online application must be completed prior to submitting the credentialing request to be considered for credentialing with Kaiser Foundation Health Plan of Washington. If there is not a current application (attested within the past 120 days) available, the credentialing request will be archived with no further action taken. The request will need to be resubmitted when the application is available.

Clinical Review fax number

We have noticed a high rate of fax failures when sending information for clinical review. You may have an outdated local fax number for our Clinical Review Unit programmed into your system. Using the local fax number often results in a fax failure, so we implemented the use of a toll-free number for these faxes. Please use **844-660-0717** when faxing our Clinical Review Unit to ensure we receive your information.



Claims address change for select self-funded plans

Effective July 1, 2023, Kaiser Permanente will migrate select self-funded plans to its third-party administrator, Harrington Health Plan Services. This change in administrator requires a change in the claims P.O. Box number and electronic payor identification number where providers will submit claims for medical services provided to our self-funded members.

This claims address change only applies to select self-funded plans. **Please always refer to the back of members' insurance ID card(s) for the most current information and update your systems accordingly with the appropriate mailing address and customer service phone number.**

To assist us in expediting claims processing, we highly encourage providers to submit claims electronically when possible.

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If you have any questions about the claim submission process for these self-funded plans, please contact Customer Service at 1-877-721-2199 (TTY 711).

Optum[®] Prepay Reviews Beginning Soon

Kaiser Permanente of Washington is committed to continuously improving its overall payment integrity solutions. As such, we are partnering with Optum for Pre-Pay claim reviews, which will include medical record reviews to verify that the documentation supports the services billed.



Healthcare professionals may be asked for medical records and billing documents that support the charges billed via a written request from Optum, along with detailed instructions on how to submit records. Several methods will be offered; however, the preferred and quickest method for records submission is electronic.

Upon completing the medical record review, if any part of the associated claim is denied, you will receive an initial review findings letter from Optum. This letter will state the reason for denial and provide instructions for filing an appeal if you choose to do so. Your remittance advice will also indicate an Optum review, along with contact information for Optum.

Should you need to call and discuss a medical record request or review findings, please contact Optum directly at 877-687-2062.



Provider reconsideration requests require extenuating circumstances

To process a provider reconsideration request, extenuating circumstances are required and must be submitted along with your request. Failure to provide extenuating circumstances will result in the denial of the reconsideration request. Please refer to the [Retroactive Authorizations, Provider Reconsideration Requests](#) page on our provider site for more information.

Durable Medical Equipment orders to be placed with Apria

Kaiser Permanente has an exclusivity contract with Apria for a core list of Durable Medical Equipment (DME.) Your assistance is crucial to maintaining our agreement with Apria and to providing a consistent quality and process for our patients. Please ensure that all Core DME services for Medicare Advantage and Commercial patients are sourced exclusively from Apria.



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We understand that this may require some adjustments to your current ordering or prescribing practices. The [Apria List of Core Services](#) for DME items can be found on our provider site. If you have any questions or require additional information, please contact our DME department at 800-289-1363. We are here to support you and ensure a seamless experience for both you and our patients.

Member Enrollment Opportunities

Advanced Care at Home enrolls 100th patient!



Kaiser Permanente's Advanced Care at Home (ACAH) program went live across the state on January 1st, 2023. The program provides personalized, patient-centered acute and restorative care for patients in their homes instead of the inpatient setting. We recently celebrated the enrollment of our 100th patient! This program is growing quickly as we enroll patients from Urgent Care and Emergency Department locations. For more information about the program, please email [Heather Paris](#), RN, Program Manager or [Mona Kathuria](#), D.O., FAAHPM, Medical Director. If you are ready to refer a patient to this program, please call our referral line at 206-219-0816.

Virtual Classes for Patients are Available through Kaiser Permanente Rehabilitation Services

Kaiser Permanente Washington Rehabilitation Services is happy to offer several virtual classes for Kaiser Permanente members. These classes are on a variety of topics and are meant to be treated as a first step in addressing common patient issues. Kaiser Permanente Rehabilitation Services is planning to expand class offerings yearly. After each class, patients are directed in how to seek out additional care in physical or occupational therapy if needed.



You can connect patients to virtual classes through the Kaiser Permanente Washington Health Connect by entering REF PT/OT Class and select the appropriate class for your patients, or the patient may self-appoint to any virtual class by calling 1-877-751-2446. Patients must be active on Kaiser Permanente's MyChart to participate.

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Currently available virtual classes

Bladder Health: For patients experiencing urgency related to urinating and/or incontinence. Appropriate for all genders, this class reviews the different types of incontinence and factors that influence incontinence. Participants will be given recommendations to help improve urgency as well as exercises to improve bladder control.

Breast Cancer Surgery: For patients undergoing breast cancer surgery, either pre- or immediately post-op. This class goes over post-op activity recommendations and timelines, reviews lymphedema and risk reduction of lymphedema, and provides guidance for exercise after surgery.

Fall Prevention: For patients at risk for falls. This class focuses on reducing future fall risk, reviewing strategies for setting up a safe home environment and risk reduction techniques for ambulating. Participants receive a home safety checklist to review on their own.

Postpartum: For both peripartum and postpartum patients. Patients can be referred for this class at any time during their pregnancy or postpartum experience. Physical therapists provide education on common issues and give general recommendations and guidelines for management. Patients are given a home program to work on independently that includes education and general exercises.



Better Choice, Better Health program discontinued

We are discontinuing the Better Choices, Better Health program as of October 31, 2023. The final day to enroll your Kaiser Permanente members will be September 19, 2023.

Provider Notices

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.



Provider Notices:

- [Changes to medical necessity review criteria for Monitored Anesthesia Care \(MAC\) for gastrointestinal endoscopic procedures](#)

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- [Changes to medical necessity review criteria for Bone Anchored Hearing System](#)
- [Changes to medical necessity review criteria for Cervical Spine MRI](#)
- [Changes to medical necessity review criteria for Lumbar Spine MRI](#)
- [Changes to medical necessity review criteria for Thoracic Spine MRI](#)
- [Changes to medical necessity review criteria for Epidural Steroid Injections \(ESI\)](#)
- [Changes to medical necessity review criteria for Facet Neurotomy](#)
- [Changes to medical necessity review criteria for Facet Joint Injections](#)

Clinical Pearl



Is oral vitamin B12 an effective alternative to intramuscular vitamin B12 supplementation?

By [Haley Anderson, MD](#), Neurology, and [J. Chau, PharmD](#), Clinical Pharmacy Programs

Recommendations

- Oral supplementation with vitamin B12 1,000–2,000 mcg daily is an effective option and is preferred for most patients with vitamin B12 deficiency.
- There are multiple over-the-counter vitamin B12 options.
- For patients who are clearly symptomatic and may require faster repletion (e.g., patients with neurologic symptoms, pregnancy), expert opinion suggests using intramuscular (IM) vitamin B12, though there are no studies directly comparing outcomes in this population.

Two systematic reviews [1,2] compared treatment with oral versus IM vitamin B12 for patients with B12 deficiency. Though the details of individual trials varied in terms of patient population, symptoms, and doses, oral supplementation was found to have similar effects in normalizing vitamin B12 levels, with lower overall costs. One study [2] reviewed three randomized controlled trials and concluded that 1,000 mcg oral vitamin B12 was similar to IM vitamin B12 in effect on serum B12 levels, with 2,000 mcg daily of oral vitamin B12 possibly more effective. Some evidence suggests that sublingual administration of vitamin B12 may also be an effective method of treating B12 deficiency, though there are limited direct comparisons between oral and sublingual administration [3, 4].

Why did we choose this topic?

Vitamin B12 is a water-soluble vitamin essential for multiple functions in the body. Deficiency can result from prolonged use of certain medicines (e.g., proton pump inhibitors, metformin), history of gastrointestinal surgery or disorders, or inadequate intake/absorption of vitamin B12-containing foods. Vitamin B12 deficiency can lead to hematologic changes (e.g., megaloblastic anemia, leukopenia,

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thrombocytopenia), glossitis, neurologic changes (e.g., peripheral neuropathy, cognitive impairment), and psychiatric changes (e.g., mood disturbances).

Historically, B12 deficiency has primarily been treated with IM injections, due to concern for poor oral absorption in many patients. IM injections are effective, but may also be costly, uncomfortable, and inconvenient, leading to poor adherence. There is increasing evidence that oral B12 supplementation may be a viable evidence-based treatment option. Oral B12 has the advantages of being inexpensive, available over the counter, and generally well tolerated.

How could this change my practice?

Oral supplementation reduces the need for frequent injections and nurse visits for medication administration. Oral supplementation also negates the potential for injection-site reactions and pain related to intramuscular administration.

References

1. Butler CC, Vidal-Alaball J, Cannings-John R, et al. [Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency: a systematic review of randomized controlled trials](#). *Fam Pract*. 2006;23(3):279-285. doi:10.1093/fampra/cml008
2. Wang H, Li L, Qin LL, Song Y, Vidal-Alaball J, Liu TH. [Oral vitamin B12 versus intramuscular vitamin B12 for vitamin B12 deficiency](#). *Cochrane Database Syst Rev*. 2018;3(3):CD004655. Published 2018 Mar 15. doi:10.1002/14651858.CD004655.pub3
3. Bensky MJ, Ayalon-Dangur I, Ayalon-Dangur R, et al. [Comparison of sublingual vs. intramuscular administration of vitamin B12 for the treatment of patients with vitamin B12 deficiency](#). *Drug Deliv Transl Res*. 2019;9(3):625-630. doi:10.1007/s13346-018-00613-y
4. Sharabi A, Cohen E, Sulkes J, Garty M. [Replacement therapy for vitamin B12 deficiency: comparison between the sublingual and oral route](#). *Br J Clin Pharmacol*. 2003;56(6):635-638. doi:10.1046/j.1365-2125.2003.01907.x

Related resources

- [Vitamin B12](#) – National Institutes of Health Office of Dietary Supplements. Updated December 22, 2022. Accessed May 11, 2023.
- [Oral vs. Intramuscular Vitamin B12 for Treating Vitamin B12 Deficiency](#) – American Family Physician

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Kaiser Permanente Washington Health Research Institute News

We are pleased to share a sample of [Kaiser Permanente Washington Health Research Institute's](#) latest research and studies:



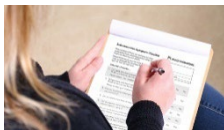
[Some adolescents are more likely to use patient portal than others](#)

A new study aims to understand trends in digital care communication among teens.



[Researchers gather to address critical topics in aging and dementia](#)

The ACT Research Symposium returns with an in-person scientific forum.



[Better tools for assessing substance use disorder](#)

A study finds that a simple checklist developed at KPWHRI does well at measuring symptoms of substance use disorder.

CME and Workshop Opportunities

KPWA 2023 CME CALENDAR

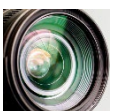
Save the Date and Register now!

[KPWA CME Catalog](#)



[Medication Update for Primary Care](#) – Thursday, September 14, 2023 (Virtual)

SCLT-2 inhibitors and Sacubitril/Valsartan, Hyperlipidemia, SMART therapy for asthma, Gender affirming HRT, HIV update, Pharmacotherapy for weight loss, Case presentations.



[2023 Myth Busters: Applying the evidence-based medicine lens to controversial topics](#) – Wednesday, September 20, 2023 – **IN-PERSON LIVE ACTIVITY**

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Welcome guest speaker Dr. Kenneth Warner, from the University of Michigan to present on e-cigarettes for smoking cessation. This course will provide an introduction on EBM concepts and use interactive small group discussions to apply these concepts to topics areas of clinical uncertainty or debate in the medicine community, e.g., aspirin, vitamin D, fish oil and monoclonal antibodies for dementia.



[Pediatrics for Primary Care](#) – Friday, October 13, 2023 (Virtual)

Obesity, Eating Disorders, Activity/Sports Medicine, Vaccinations, Asthma, Mental Health, URI Surge, ACE's and Social Determinants of Health, Gender Affirming Care, Dermatology



[Radiology for Primary Care](#) – Thursday, November 9, 2023 (Virtual)

Radiography 101, Breast Lumps, Musculoskeletal, Ordering Neuroimaging Studies, Headache and Back Pain, Body CT Basics

Provider Demographic Updates

Have you made any recent changes to your practice?



Please let us know about any changes to your practice so we can maintain an accurate [Provider Directory](#). On our [Provider Update Forms](#) 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 your assistance to ensure our Provider Directory accurately reflects your information.