

# Provider E-News

## Provider Services Department



May 2021

### Clinical Practice and Business Updates

#### Change to how Affiliate Link users access referral notifications

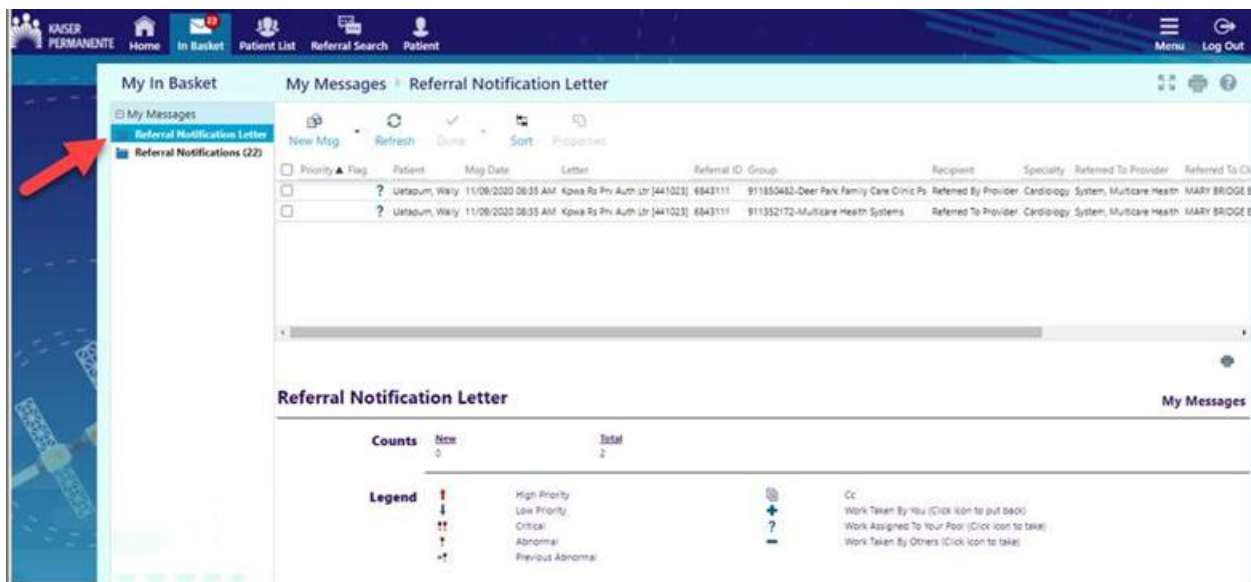
We have implemented a change in how Affiliate Link users access their referral notifications. Currently, users must open a summary in the Referral Notifications folder and click through several steps to see the actual referral notification letter.



This change will have a transition period where, based on the date the referrals was approved or denied, you will need to look in the appropriate folder to view the letter:

- To view referral requests approved or denied on April 18, 2021 or afterward, you will see a new folder called “Referral Notification Letter” which has the referral notification letters in the folder rather than a summary.
- To view referral requests approved or denied prior to April 18, 2021, please open the Referral Notifications folder, open the summary, and click through the steps to see the referral notification letter.

During the first several months of the transition period starting on April 18, 2021, both folders will be active to ensure that all notifications are being received. We ask that you continue to review both folders during that time as we ensure that the transition goes smoothly. Thank you for working with us on this change.



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### **Service delivery standards added to Provider Manual**

We have added a new introductory page to our provider manual, titled [Kaiser Permanente service delivery standards](#). These standards set the tone for the desired relationship between Kaiser Permanente and its contracted providers, particularly their joint commitment to providing the highest quality of care for our members. If you have any questions, please contact Provider Services at [KPWA.provider-services@kp.org](mailto:KPWA.provider-services@kp.org)

### **Diagnosis Related Group (DRG) reviews set to begin June 1<sup>st</sup>**

The [DRG Payment and Review payment policy](#) was published and [took effect January 1, 2021](#). Since that time, Kaiser Permanente has been working diligently with our partner, Cotiviti, to create a process for completing these reviews. We are now set to begin post-payment reviews June 1<sup>st</sup>.



Correspondence from Cotiviti requesting medical records will begin going out sometime next month. The letter will provide clear instructions on how to submit the records directly to Cotiviti. Please do not submit the records to Kaiser Permanente, as that will only delay the process.

Once the review is complete, you will receive an audit determination letter and the opportunity to accept or dispute the determination. Should you dispute their findings, instructions will be provided on how to submit a reconsideration request directly to Cotiviti.



### **Reminder: Always verify patient coverage prior to visit**

What is the potential impact to you *as a provider* if you fail to validate a member's coverage and plan? Unpaid claims, unnecessary increase in your outstanding AR, unhappy patients, as well as office staff frustration and time contacting patients and the health plan. As a best practice, be sure to verify the patient's current insurance coverage that is on file. This will help reduce the number of claims denied for no pre-authorization due to not knowing the patient's coverage and plan. In order for us to accept a Provider Reconsideration where the extenuating circumstance was "unable to know coverage," we require documentation showing registration proof at the time of admission and/or appointment. Please refer to [Extenuating Circumstances](#), pages 4-5 of the Administrative Simplification rules, for more details.

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### **Resubmitting your third-party liability bill may not be the answer**

Have one of your patient's bills been denied for auto insurance, personal injury, or workers' compensation coverage? If so, do you dispute relatedness of your treatment to the injury claim or have information indicating such coverage is exhausted, closed, or otherwise unavailable?

**DUPLICATE  
CLAIM**

Resubmitting your bill to Kaiser Permanente may seem like a reasonable approach to seek payment of your previously denied bills. However, it will likely result in a denial for duplicate claim submission, which can be frustrating to say the least! The friendly staff in the OPL (Other Party Liability) Department is here to answer your questions and provide suggestions on the best approach to addressing your denial. Many issues can be resolved with a simple phone call. Others may just require some documentation to be faxed or emailed to our office for review. Either way, you'll likely get a more expeditious result by contacting our office in lieu of resubmitting your claim.

The next time these issues arise, the Provider Assistance Unit (PAU) can connect you to the OPL Department upon request, or you may call us directly at (866) 783-9594.



### **Only use category 1 CPT codes for ABA services**

In an effort to streamline ABA services among regions/states, we plan to only employ category 1 CPT codes for ABA services. The current H2017, 0362T and 0373T codes will be phased out over the next few months. In order to help us with this transition, please submit ABA services requests using the category 1 CPT 97151-9758 codes.

### **Streamlining mental health & wellness authorization and reauthorization requests**

In order to expedite mental health & wellness authorization requests, we have detailed two important areas for you below:



#### **Affiliate Link should be used for Reauthorizations**

We want to strongly encourage all providers to begin using the online provider portal to enter requests for additional visits. When entered via the online provider portal, requests are automatically entered into the system and, if appropriate, may be authorized without review. If requests are submitted by fax, the request must be manually entered into the system and will be reviewed by Kaiser Permanente. To request additional visits (reauthorization), please go to the [Kaiser Permanente provider site](#) and click on "OneHealthPort Sign In" at the top right of the page to log in to your account. Once you've logged into your account, select "Referral/Order Entry" to enter your request.

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### Standard Authorization Change for Mental Health Therapy

In an attempt to streamline standard mental health authorizations and reduce the reauthorization process, Kaiser Permanente began authorizing CPT code 90834 (45-minute visit) with a quantity of 52 per annum. Although our intent was to simplify the process for providers, we received overwhelming feedback from our contracted providers that their practice was built around CPT code 90837 (60-minute visit). To better meet the needs of our contracted provider community, we are implementing the following change in our standard authorization for mental health services:

Current Authorization  
90834 qty. 52  
12-month timeframe

New Authorization  
90832 – 90853 qty. 30  
12-month timeframe

*\*In addition to the code range of 90832-90853, the 90837 authorization includes crisis and complexity codes for appropriate clinical scenarios*

We hope these changes will assist you in making timely authorization and reauthorization requests. If you have any questions, please contact the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670.



### Depression guidelines updated

Kaiser Permanente's [Adult and Adolescent Depression Guideline](#) and [Perinatal Depression Guideline](#) have been reviewed and updated. Both guidelines address screening, diagnosis, treatment, and follow-up of major depressive disorder (MDD).

### **Adult and Adolescent Depression**

- The guideline recommends **against** the use of pharmacogenetic tests in patients with MDD, based on insufficient evidence of clinical utility.
- The use of CBD or THC for depression is **not** recommended in either adults or adolescents, as low-quality evidence suggests that cannabis increases certain depressive symptoms; evidence of efficacy is also lacking.
- Watchful waiting may be considered for adults and adolescents with mild depression.
- Omega-3s and S-adenosyl-L-methionine (SAME) have been added as options for patients who are reluctant to take traditional antidepressants. Previously, omega-3s and SAME were not recommended for treatment of depression due to insufficient evidence.

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### Perinatal Depression

The 2021 guideline has only minor differences from the previous (2019) version. The evidence review identified no newly published high-quality studies that would change the current recommendations.

Both guidelines include links to **Lock to Live** (<http://bit.ly/lock2liveKP>), a web-based tool that helps patients who are risk of suicide make decisions about reducing their access to lethal means, particularly firearms and prescription medications.

### Questions?

[Angie Sparks, MD](#), Medical Director, Clinical Knowledge Development & Support

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

### Cervical Cancer Screening Guideline updated—primary hrHPV is now default test

Kaiser Permanente’s [Cervical Cancer Screening Guideline](#) has been reviewed and updated. This guideline focuses on recommendations for screening asymptomatic patients for cervical cancer, including those at increased as well as average risk.



- Primary hrHPV screening (i.e., screening with hrHPV testing alone with a reflex to Pap) every 5 years is now the default screening option for patients aged 30–65.
- Screening recommendations have been added for higher-risk populations, including patients with prior history of dysplasia, cancer, or DES exposure, and those taking immunosuppressive medications.
- The American Society for Colposcopy and Cervical Pathology (ASCCP) [2019 Risk Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Precursors](#) have been adopted.
- The [new ASCCP web tool and app](#) are recommended for management of abnormal cervical screening tests per 2019 ASCCP guidelines.
- Updated patient handouts:
  - Cervical cancer screening [English](#) | [Spanish](#)
  - HPV vaccine information: [People aged 9–26](#) | [People aged 27–45](#)

### Questions?

[Maggie Chin, MD](#), Family Medicine, Cancer Screening Quality Champion

[Sarah Dawn O’Dell, DO](#), Obstetrics/Gynecology

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

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

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### Medicare Part D benefit coverage – product removal

As a part of our due diligence to inform all concerned of Medicare Part D Formulary Changes, the following notification is requested by CMS to be sent to all providers.

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). As a participating network provider in the Kaiser Permanente Part D program, the list below is intended to inform you of these changes.

**Product Removal: Vivlodex Caps 5 MG, 10 MG; Truvada Tabs 100-150 MG, 133-200 MG, 167-250 MG; Loteprednol Etabonate Gel 0.5 %**

Effective May 1, 2021, the brand-name drug: Vivlodex Caps 5 MG, 10 MG will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

Effective May 1, 2021, the brand-name drug: Truvada Tabs 100-150 MG, 133-200 MG, 167-250 MG will be removed from the Kaiser Permanente Medicare Part D Drug List as generic alternative is now available.

Effective May 1, 2021, Loteprednol Etabonate Gel 0.5% will be removed from the Kaiser Permanente Medicare Part D Drug List.

Affected members who were prescribed these drugs prior to each effective date will be grandfathered, meaning members will continue to receive the removed product under their Part D benefit and continue to receive the product, except for members who have been converted to the generic alternatives.

The following table lists all products recently removed from the Medicare Part D Formulary.

Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug  (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	VIVLODEX CAPS 5 MG, 10 MG	May 1, 2021 Brand drug to be replaced with generic	MELOXICAM CAPS 5MG, 10 MG

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Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug  (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	TRUVADA TABS 100-150 MG, 133-200 MG, 167-250 MG	May 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 100-150 MG, 133-200 MG, 167-250 MG
Removed from Drug List	LOTEPREDNOL ETABONATE GEL 0.5 %	May 1, 2021 Removed from Drug List	LOTEMAX GEL 0.5%
Generic Available	ADVAIR DISKUS AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	May 1, 2021 Brand drug to be replaced with generic	WIXELA INHUB AEPB 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE
Generic Available	EMTRIVA CAPS 200MG	April 1, 2021 Brand drug to be replaced with generic	EMTRICITABINE CAPS 200 MG
Generic Available	ATRIPLA TABS 600-200-300MG	April 1, 2021 Brand drug to be replaced with generic	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 600-200-300 MG
Generic Available	LIBRAX CAPS 5-2.5 MG	March 1, 2021 Brand drug to be replaced with generic	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG
Generic Available	MONUROL PACK 3 GM	February 1, 2021 Brand drug to be replaced with generic	FOSFOMYCIN TROMETHAMINE PACK 3 GM

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Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug  (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	KERYDIN SOLN 5 %	February 1, 2021  Brand drug to be replaced with generic	TAVABOROLE SOLN 5 %
Generic Available	TIMOPTIC OCUDOSE SOLN 0.5 %	February 1, 2021  Brand drug to be replaced with generic	TIMOLOL MALEATE PF SOLN 0.5 %
Generic Available	TRUVADA TABS 200-300 MG	February 1, 2021  Brand drug to be replaced with generic	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TABS 200-300 MG

### 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](#):

- [Thirty-Day Readmission](#)
- [Telemedicine Services \(Commercial\)](#)



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### Letters to providers:

#### Hospital Acquired Conditions, Adverse & Never Events

**Effective July 15, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for Hospital-Acquired Conditions (HAC), Never or Adverse Events. Acute care inpatient hospitals are not allowed to receive or retain any reimbursement for inpatient services related to CMS-identified HACs, Adverse or Never Events. All participating acute care inpatient hospitals are required to hold members harmless for any inpatient services related to CMS-identified HACs and Never Events.

#### Allergen Immunotherapy

**Effective July 15, 2021**, when benefits allow, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse Allergy Immunotherapy practice expenses, billed utilizing CPT code 95165, up to a maximum of 150 doses per calendar year, per patient.

#### Modifiers JA and JB

**Effective July 15, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente), when benefits allow, will reimburse for medications that have one J Code for multiple routes of administration. To allow for proper monitoring of dose and treatment frequency, the JA or JB modifier must be present on the claim to indicate the route of administration as either intravenous or subcutaneous.

#### Thirty-day readmission policy

This notification applies to the following networks: Commercial HMO, POS, PPO and Medicare Advantage. A listing of all networks can be found on the [provider website](#).

**Effective July 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) does not allow separate reimbursement for claims that have been identified as a readmission, within 30 days of a previous discharge, to the same hospital for the same, similar or related condition unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

**Notice - This 60-Day notice TITLE has been modified. The content of this 60-Day notice has not been modified from the original version sent to you on April 6, 2021. The effective date remains unchanged.**

#### Critical care when patient is discharged to home from facility

**Effective June 15, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse critical care services submitted on ER outpatient facility claims only when the patient is not discharged to home (discharge status code = 01) during the same encounter.

#### Tocilizumab (Actemra) updated prior authorization criteria

**Effective June 1, 2021**, the criteria for tocilizumab (Actemra) will be updated to include a quantity limit.

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### [Dermatology products updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for the dermatology products listed in Table 1 will be updated to include quantity limits.

### [IVIg updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for the IVIG products listed in Table 1 will be updated to include a quantity limit.

### [Neurology products updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for the neurology products listed in Table 1 will be updated to include quantity limits.

### [Oncology products updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for the oncology products listed in Table 1 will change.

### [Site of care prior authorization requirement for Pembrolizumab \(Keytruda\) and Nivolumab \(Opdivo\)](#)

**Effective June 1, 2021**, Site of Care prior authorization criteria will apply to the medications noted in Table 1 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. This letter is notification that prior authorization approval is required before administering this medication under the medical benefit.

### [Rheumatology products updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for the rheumatology products listed in Table 1 will be updated to include quantity limits.

### [Rituximab \(Rituxan\) and Rituximab-abbs \(Truxima\) updated prior authorization criteria](#)

**Effective June 1, 2021**, the criteria for rituximab (Rituxan) and rituximab-abbs (Truxima) will be updated to include specific quantity limits.

### [Changes to medical necessity review criteria for high-end imaging site of care](#)

**Effective June 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement site of care review criteria for high-end diagnostic imaging for non-Medicare members.

### [Changes to medical necessity review criteria for Transcatheter Mitral Valve Repair \(TMVR\)](#)

**Effective June 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 Transcatheter Mitral Valve Repair (TMVR) for non-Medicare members.

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### [Changes to medical necessity review criteria for Myocardial Perfusion Imaging](#)

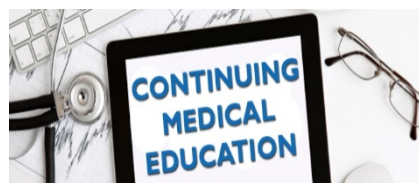
**Effective June 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will implement medical necessity criteria for Myocardial Perfusion Imaging for non-Medicare members.

### [Changes to Transition of Care policy](#)

**Effective June 1, 2021**, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria in the Transition of Care policy.

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**

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>
May 26, 2021	Opioid Use Disorders
July 16, 2021	Suboxone: Half-Half Buprenorphine Waiver
September 21, 2021	Evidence Based Medicine in a Time of COVID-19: The Evolution of EBM During a Pandemic
October 6, 2021	Women's Health for Primary Care
January – December 2021	Suicide Prevention 2021 (online - free)

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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 [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.