

Provider E-News

Provider Services Department



May 2024

Business Updates

Celebrating Mental Health Awareness Month

Kaiser Permanente is proud to recognize Mental health Awareness Month throughout May in support of raising awareness about mental health and fostering mental wellness in our community.



Mental Health Awareness Month serves as a crucial platform for increasing public understanding of mental health, eliminating stigma surrounding mental health care, and encouraging individuals to seek help when needed. It is an opportunity to prioritize mental well-being and advocate for comprehensive, accessible, and inclusive mental health services.

Provider Resource: Mind Phone

Kaiser Permanente offers the [Mind Phone](#) telephonic psychiatric consultation phone line to all medical and mental health practitioners in the Kaiser Permanente delivery system. Mind Phone psychiatrists are available to assist with:

- Reaching a diagnosis
- Making psychotropic medication recommendations and decisions
- Providing information about psychotropic medications
- Deciding which psychotropic medications (including non-formulary medications) to continue for a patient transferring their care to Kaiser Permanente
- Deciding on next steps in treatment
- Deciding whether to make a referral
- Addressing questions about our mental health and wellness service line and our delivery system
- Responding to a patient or family question
- Coordinating care (deciding to whom to refer, who handles which aspects of care, etc.)
- Deciding which psychotropic medications (including non-formulary medications) to continue for a patient transferring their care to Kaiser Permanente

Practitioners can call the Provider Assistance Unit at 1-888-767-4670 to be connected to Mind Phone on weekdays from 8 a.m. to 5 p.m. Messages will be responded to within 30 minutes. Providers can also send consultation requests via Epic staff messaging to Mind Phone. Holiday, after-hours, and weekend consultation is not available. **Please note that Mind Phone is for provider-to-provider consultation only and is not for patient use.**

Member Resources

We also offer many mental health and addiction medicine services and resources available to help the

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Kaiser Permanente members you serve get access:

- [National 24/7 suicide and mental health-related crisis lifeline](#): If your patient needs addiction or mental health-related crisis support, or are worried about someone else, they can [call or text 988 \(TTY 711\)](#) or visit the [National Suicide and Crisis Lifeline's chat](#) for free, confidential support with a trained crisis counselor. The lifeline is provided by the Substance Abuse and Mental Health Services Administration.
 - [LGBTQI+ specialized services through 988](#): LGBTQI+ youth and young adults can access specialized 988 services by:
 - Texting "PRIDE" to 988
 - Calling 988 and choosing option 3 or indicating LGBTQI+ in the pre-chat survey on <https://988lifeline.org>.
- **Call for a mental health appointment**: When they call, we will assess their needs and offer a phone, video, or in-person appointment with a mental health and addiction medicine specialist, if appropriate, for nonurgent mental health or addiction medicine concerns.
 - [Members can call our Mental Health Access Center \(MHAC\) at 1-888-287-2680, Monday through Friday, 8 a.m. to 5 p.m.](#) We can match members with a mental health specialist in their area or help find addiction treatment.
 - For help after hours, members can call us at 1-800-297-6877 so we can evaluate symptoms, provide next steps, or contact an on-call psychiatrist.
 - **Reminder: Authorizations and re-authorizations are not required for Kaiser Permanente members to access outpatient mental health therapy or psychiatry services with a contracted provider.**
- **Explore emotional wellness and self-care apps**:
 - [Calm and MyStrength](#): With features like meditations, videos, interactive programs, and more, these self-care apps are proven effective, easy to use, and recommended by Kaiser Permanente clinicians.
 - [24/7 emotional support through Headspace](#): Activities, podcasts, videos, and more — available anytime on demand. The app also makes personalized recommendations and offers 1-on-1 emotional support via text.
- **Other resources**:
 - [Take a mental health assessment](#): Your Kaiser Permanente patient can take a quick online survey to assess their mental health symptoms to find out if they might have depression. Note, this tool is not for diagnosis.
 - [Chat with a mental health specialist](#): Your Kaiser Permanente patients can get mental health care advice via online chat, Monday through Friday, 8 a.m. to 6 p.m.
 - [Additional resources and information](#) regarding Mental Health and Addiction care services can be found on our member website.

We encourage providers as well to take a moment to prioritize mental well-being. We express our sincerest gratitude for your continued dedicated service and care that you provide for our members.

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Fax reconsideration requests to our toll-free number

When sending in a reconsideration request for authorization or medical necessity denials, please use our toll free fax number, 1-844-660-0747, listed on our [provider reconsideration form](#).

2024 Provider Manual available online

Our May 2024 Provider Manual is now available online. While you may download a PDF version of the manual from our provider site, we recommend that you access our online pages throughout the year for the most up-to-date information.

Clinical Updates



New Preferred Basal Insulin at Kaiser Permanente Washington

Insulin Glargine-yfgn (unbranded Semglee) is now the preferred basal insulin for patients with Kaiser Permanente insurance. Insulin Glargine-yfgn (unbranded Semglee) is a biosimilar insulin that has been approved by the FDA and which has been deemed therapeutically equivalent to Lantus. Insulin glargine-yfgn is preferred over insulin NPH and Lantus at Kaiser Permanente as it offers a significant cost-savings opportunity for our organization and our members. There is no prior authorization requirement for Kaiser members to obtain insulin glargine-yfgn.

Action for Prescribers:

- Consider prescribing glargine-yfgn (unbranded Semglee) rather than insulin NPH or glargine (Lantus) for your Kaiser patients starting basal insulin.
- Consider converting patients who may be on other basal insulins (like Lantus or insulin NPH) to glargine-yfgn (unbranded Semglee).

Frequently Asked Questions:

What is a biosimilar medication?

- A biosimilar is an FDA-approved medication that is HIGHLY SIMILAR to a biologic medication. In this case, Lantus is the original glargine insulin medication and insulin glargine-yfgn is the biosimilar to Lantus.
- Biosimilars are safe and effective medications that have been shown to have no clinically meaningful differences from the original biologic medication.

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How do you dose glargine-yfgn when converting from insulin NPH (an intermediate-acting insulin) to glargine-yfgn (a long-acting insulin)?

- Anytime basal insulins are adjusted from one product to another, it is important to understand the current dosing and blood glucose control a member has on the regimen. Patients may also need to temporarily increase the number of times they are checking their blood glucose levels throughout the day during the transition.
- While insulin NPH is generally dosed twice a day, insulin glargine-yfgn (like Lantus) may be dosed just once daily which may reduce the number of injections a patient needs.
 - **Tip:** Trial insulin glargine-yfgn dose once in the morning for several days to see if it is lasting a full 24 hours. If patients have high fasting blood glucose, but all the other blood glucose readings are within target, then it might be that twice daily dosing of glargine is needed. In these cases, take the total dose, divide it in half and give half of dose twice a daily, 12 hours apart.
 - **For patients using NPH once daily**, assess daytime blood glucose readings to see if they are above or below target.
 - **If daytime readings are consistently at or below target:** consider a 10-20% dose reduction when switching to glargine-yfgn and give once daily in the morning.
 - **If daytime readings are consistently above target:** convert 1:1 to glargine-yfgn U-100 and give once daily (generally in the morning).
 - **For patients with good control using NPH twice daily**, decrease the glargine-yfgn dose by 20% to reduce the risk of hypoglycemia and give glargine-yfgn once daily. The insulin dose can be titrated if needed.
- Mealtime insulins or secretagogue therapy (like sulfonylureas) may also need to be decreased when changing to a long-acting insulin.
- Because NPH often provides some mealtime coverage due to its action profile, it may be necessary to add mealtime insulin if postprandial glucose values increase after switching to glargine-yfgn.



Supporting Care Pathways to Thrive and Total Health

Documenting all stable conditions help fully portray the patient in front of you – even if these conditions require no change in management and/or are managed by a specialist. Reviewing these conditions are especially important for patients you only see once a year.

Accurate and complete ICD-10 code assignment is crucial to identify patients for certain chronic disease management programs and clinical decision making. Document and code all conditions to the highest specificity at least once annually to the care for the patient. Here are some tips for accurate diabetes diagnosis reporting.

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Diabetes Documentation Tips

1. **Choose a diabetes diagnosis.**
 - Type 1 vs Type 2 vs other (such as secondary diabetes or drug-induced diabetes).
2. **Identify all complications.**
 - ICD-10 assumes a cause-and-effect relationship with diabetes and certain diseases when both are documented (including neuropathy, cataract, nephropathy, retinopathy, and others), unless the provider's documentation specifically states otherwise.
 - Poor control is considered a complication. Use diagnosis code Type 2 Diabetes with hyperglycemia (E11.65)
3. **Identify diabetic medications.**
 - For diabetic patients on medications, the type of medication(s) must be coded additionally. Use one or more of the following:
 - Z79.4 Long term use of insulin.
 - Z79.84 Long term use of oral hypoglycemic drugs.
 - Z79.899 Long term use of non-insulin antidiabetic drug. (For non-insulin injectable diabetes medication).
 - *Example: If a patient is on both metformin and insulin, code Z79.84 Long term use of oral hypoglycemic drugs AND Z79.4 Long term use of insulin.*

Documentation Example:

(E11.22, N18.31, Z79.84) Type 2 diabetes with Chronic Kidney Disease (CKD) stage 3A; Long term use of oral hypoglycemic drugs.

Comment: 42-year-old male with diabetes, well controlled on metformin, with recent A1c of 6.9%, and stable GFR range 40-45 over the past 6 months, on maximal tolerated dose of lisinopril.

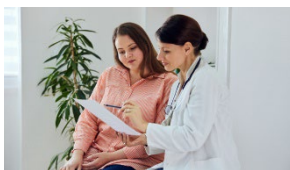
Plan: Continue his current medication and obtain routine labs today.

Kaiser Permanente Washington Health Research Institute News



[Analysis supports new recommendation to begin mammogram screening at 40](#)

Breast cancer screening every 2 years beginning at age 40 has the potential to reduce the number of women who die of breast cancer while minimizing the harms, according to a [large study published](#) recently.



[Study finds bariatric surgery linked to substantially lower risk of blood clots long-term](#)

New research suggests that people with severe obesity who have bariatric surgery have a substantially lower long-term risk of blood clots in veins (venous thromboembolism) than those who don't have the surgery.

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[A medication that can relieve symptoms of psychosis is underused](#)

A [new study](#) led by researchers at Kaiser Permanente Washington Health Research Institute found that clozapine, a medication specifically indicated when other antipsychotic medications have not worked, was underused in some health systems. Clozapine can help reduce the risk of self-harm for people who live with schizophrenia or schizoaffective disorder, and it is the only medication for that purpose that has been approved by the Food and Drug Administration.

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 fecal gi infusion for the treatment of c. Difficile infection](#)
- [Changes to medical necessity review criteria for capsule endoscopy](#)
- [Changes to medical necessity review criteria for treatments for urinary incontinence](#)
- [Changes to medical necessity review criteria for treatments for renal sympathetic nerve ablation](#)
- [Changes to medical necessity review criteria for treatments for infrared thermography](#)
- [Changes to medical necessity review criteria for transcranial magnetic stimulation](#)
- [Changes to medical necessity review criteria for treatments for chelation therapy](#)
- [Changes to medical necessity review criteria for PET scans](#)
- [Changes to medical necessity review criteria for genetic screening and testing](#)
- [Change in the method we will provide 60-day notices](#)
- [Changes to medical necessity review criteria for Apolipoprotein E \(APOE\) genotyping](#)
- [Changes to medical necessity review criteria for hypoglossal nerve stimulation](#)
- [Changes to medical necessity review criteria for pneumatic compression devices](#)
- [Changes to medical necessity review criteria for ultrasonic bone growth stimulators](#)
- [Changes to medical necessity review criteria for intraosseous basivertebral nerve ablation](#)
- [Oncology products updated prior authorization criteria](#)
- [Enzyme replacement therapies updated prior authorization criteria](#)
- [Golimumab \(Simponi Aria\) updated prior authorization criteria](#)
- [Medicare part B drugs requiring prior authorization](#)
- [Medicare part B drugs requiring step therapy](#)

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EFT Deposit & Check Mailing Dates



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 1, 19, 25

July 5, 11, 18, 25

February 1, 7, 15, 23, 29

August 1, 7, 15, 22, 29

March 7, 14, 21, 28

September 6, 12, 19, 26

April 4, 11, 18, 25

October 7, 10, 17, 24, 31

May 7, 9, 16, 23, 31

November 7, 14, 21, 29

June 6, 13, 20, 27

December 5, 12, 19, 27

Kaiser Permanente Holidays

New Year's Day
Monday, January 1

Martin Luther King Jr. Day
Monday, January 15

Presidents' Day
Monday, February 19

Memorial Day
Monday, May 27

Independence Day
Thursday, July 4

Labor Day
Monday, September 2

Thanksgiving
Thursday, November 28

Christmas
Wednesday, December 25

Provider Resources



Submit a [Provider Update Form](#) to inform us of changes to your practice.



View our [Provider Directory](#).



Learn more about our [Specialty Services](#).



Read our latest [Formulary Decision Highlights](#).



View our 7 formularies on our [Formulary](#) page or [ePocrates](#).



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