

Clinical Practice and Business Updates

COVID-19 Household Prevention Program resources available



Kaiser Permanente has resources for our members who are caring for COVID-19 positive loved ones at home, and we would like your help to make them aware of these resources. Kaiser Permanente members who have tested positive for COVID-19 can contact us for a household transmission-prevention kit and educational information that provide critical actions to stop the spread of COVID-19. You may refer patients to the program by calling 1-800-394-2279 and providing a warm hand-off, if possible. You may also refer the member to the Kaiser Permanente [member website COVID-19 page](#) for more COVID-19 resources, including a [caregiver's guide](#), information about [critical actions to stop the spread](#), how to [clean and disinfect surfaces](#), and more.

Members who choose to participate in this program may expect:

- An educational specialist from the Household Prevention program will call the member.
- Once the member has spoken with the Household Prevention program team, a kit will be mailed to the member's home, for members with a household of more than 1. The kit will arrive approximately 2 to 3 days following the phone conversation with the Household Prevention program team, and will contain masks, gloves, hand-sanitizer and other essential items to help prevent the spread of COVID-19.
- Education will include a brochure (mailed with the kit), phone support regarding household prevention of COVID-19, and answers to questions regarding social support.
- The member will also be provided the number for the Household Prevention program team in case they have any future questions (non-clinical in nature). Questions that are clinical in nature will be transferred to the appointment and advice call center.

Please help us by asking your healthcare practitioners to complete a brief, voluntary survey on Race, Ethnicity and Language

As a matter of policy and as a part of our values, Kaiser Permanente keeps records and performs certain analyses of our provider network including race, ethnicity and language. We would greatly appreciate the participation of practitioners in your clinic in this brief, voluntary survey. Their responses to this survey will enable us to better meet member needs by allowing us to compare our provider network to the communities we serve. If you could please share this [survey link](#) your clinicians and encourage their participation, we would be very grateful.



Provider E-News

Provider Services Department



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Important changes effective January 1, 2021 to our [Women's Health Payment Policy](#)



Excerpt from the policy: “Kaiser Permanente will not cover care or pay claims when a Kaiser Permanente member is being seen for maternity care, covered reproductive health services, gynecological care, general examination, and preventive care when provided by a non-network provider without an authorization. Exceptions apply to plans that have an out-of-network (OON) benefit and no authorizations are required. Non-network providers providing Women’s Health services, must ensure that an

authorization is in place for care. Plans with an OON benefit may not be required by the patient’s network, prior to rendering care. Kaiser Permanente will ensure adequate access to women’s health care through its current network.”

Reminder - Kaiser Permanente offering \$0 copay for primary care office visits for Medicare Advantage members through December 2020

Kaiser Permanente realizes that, due to the onset of the COVID-19 pandemic, some of our Medicare Advantage members may have delayed seeking care during this time. To assist them with their healthcare needs, from October 1 through the end of the year, we are waiving the copay for all primary care office visits for our Medicare Advantage members. Fees for services performed in connection with primary care visits, such as labs or x-rays, will not be waived. **This waiver applies only to primary care office visits and does not include urgent care visits or specialty care visits.**



Your contractual allowable with Kaiser Permanente will not change when we reimburse you for the primary care services you provide to our Medicare Advantage members. You will be reimbursed for the copay by Kaiser Permanente. We will run a daily report to capture any claims back to October 1, 2020. If a copay was taken for a primary care visit, we will adjust the claim to remove the copay. You will receive the adjusted claims information on your next remit, advising you to reimburse the member for the copay amount. Thank you for your support in caring for our Medicare Advantage members.

We need your help to transfer your patients’ refills to Kaiser Permanente mail order



Many Kaiser Permanente members are transferring their maintenance prescriptions to Kaiser Permanente mail order as part of our initiative to provide them with the most affordable medications possible. We need your help in making this transition. In order to respond to member refill requests as soon as possible, **please respond to Kaiser Permanente Pharmacy refill requests within 24 hours.** In the event the prescribing provider is out of the

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office, please ensure a covering provider can authorize on the prescriber's behalf to meet the 24-hour request. These requests may come to you outside of the regular refill cycle because network pharmacies have not responded promptly to our prescription transfer requests.

If the member is new to our mail order program, please advise them that our pharmacy mail order delivery service offers many advantages:

- Deliveries are free
- Medications arrive within 1-2 days
- Members can get a 90-day supply of their medications with one order
- Members enjoy reduced cost shares/copays by utilizing this service
- Mail order is a safe way to get medications during this pandemic and flu season

This helpful [patient flyer](#) explains how the member can get connected with this convenient service. We appreciate your partnership to ensure a smooth transition of our members' prescriptions. If you have any questions, please call 877-939-8778.

Acupuncture Medicare Benefit for Chronic Low Back Pain

Policy: Upon the most recent national coverage analysis for acupuncture specifically targeted for chronic low back pain (cLBP), CMS determined it will cover acupuncture for cLBP under section 1862(a)(1)(A) of the Social Security Act, effective for claims with dates of service on and after January 21, 2020. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:



- For the purpose of this decision, cLBP is defined as:
 - lasting 12 weeks or longer;
 - nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - not associated with surgery; and,
 - not associated with pregnancy.
- An additional 8 sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. Example: If the 1st service is performed on March 21, 2020, the next service beginning a new year cannot be performed until March 1, 2021. This means 11 full months must pass from the date of the 1st service before eligibility begins again.
- Treatment must be discontinued if the patient is not improving or is regressing.

CMS requirements are very specific regarding the qualifications of a licensed acupuncturist to perform these services. Additionally, the acupuncture treatment must have physician oversight. Due to these

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strict requirements, there are very few acupuncturists who meet the CMS provider requirements for this chronic low back pain benefit.

Many of our Medicare Advantage members have supplementary acupuncture benefits, which are separate from the chronic low back pain acupuncture benefit available to all Medicare beneficiaries. The supplemental benefits cover services provided by our acupuncture network for a wide range of conditions.

As of now, the only acupuncture providers that meet the CMS criteria for low back pain acupuncture treatment are:

- Kerri Fitzgerald, MD, DABMA, Affordable Acupuncture Clinic, Bellingham
- Keith Swan, DO, DABMA, Bellingham Osteopathic Center, Bellingham
- Lee Robertson, DO, Eastwest Medical Arts, Seattle
- Gregory Rudolf, MD, Swedish, Seattle

If you have any questions, please call our Provider Assistance Unit at 1-888-767-4670.

Generic albuterol HFA (Proventil[®]) is Kaiser Permanente's preferred short-acting beta agonist

Generic albuterol HFA (Proventil[®]) is now the Kaiser Permanente preferred short-acting beta agonist for all lines of business (Commercial, Medicare and Molina formularies). In late October, our Pharmacy department began converting prescriptions to generic albuterol HFA. Going forward, the Pharmacy department is converting prescriptions when a patient places a refill request for their short-acting beta agonist prescription. This conversion process is expected to continue into the new year. Prescribers can assist with this process by writing new prescriptions and refill authorizations for generic Proventil[®].



30-Day Supply Limit Added for Opioids, Benzodiazepines, and non-Benzodiazepine Receptor Agonists (Z-drugs) for KP Commercial Plans



Due to high rates of overdose within the United States, many organizations, including Kaiser Permanente of Washington (KPWA), continue to work towards safer prescribing practices for controlled substances. Data supporting the long-term effectiveness of opioids, benzodiazepines, and z-drugs for indications where they are typically prescribed is underwhelming. The addition of this 30-day supply limit will help ensure safe and appropriate prescribing and decrease excess in the community.

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30-Day Supply Limit Update:

A new 30-day supply limit for opioids (subacute or chronic use*), benzodiazepines, and non-benzodiazepine receptor agonists (z-drugs) for a single dispense will go into effect **January 1, 2021** for Kaiser Permanente members with commercial (non-Medicare) plans. Any prescriptions for these medications requesting a larger than 30-day supply dispense will require a clinical review at the Pharmacy Benefit Help Desk.

What does this mean for prescribers and members?

Kaiser Permanente members who have received greater than 30-day supply in a single dispense for one or more of these medications within the last 4 months will receive a letter notifying them of this change. Providers will receive a similar letter notifying them of their Kaiser Permanente members who received greater than a 30-day supply in a single dispense for one or more of these medications. Additionally, KP members previously obtaining larger supplies using a mail order benefit may notice a change in prescription cost, as a mail order benefit for greater than a 30-day supply will no longer be available for opioids, benzodiazepines, and z-drugs.

Resources for clinicians:

Kaiser Permanente Clinical Guidelines: [Chronic opioid therapy for chronic non-cancer pain](#)

Kaiser Permanente Clinical Guidelines: [Insomnia](#)

**Please Note: Short Acting Opioid (SAO) quantity limits for members identified as opioid-naïve continue for the first two opioid fills. Currently, these limits are as follows and does not preclude the potential for future changes:
For members age 21 or older: 5-day supply not to exceed 42 tablets/ capsules or 210mL of SAO.
For members less than 21 years of age: 5-day supply not to exceed 18 tablets/capsules or 90 mL of SAO.*

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](#):

- [Diagnosis Related Group Payment & Review](#)
- [Facility Charges for Evaluation and Management Services](#)
- [Manipulative Services \(Chiropractic\)](#)
- [National Drug Code Billing Requirements](#)
- [Telehealth Services \(Medicare\)](#)

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- [Telemedicine Services \(Commercial\)](#)
- [Women's Health](#)

Letters to providers:

[Changes to medical necessity review criteria for bone anchored hearing system \(BAHA\)](#)

Effective January 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 bone anchored hearing systems (BAHA) for non-Medicare members.

[Changes to medical necessity review criteria for chromoendoscopy and narrow band imaging for colonoscopy](#)

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for chromoendoscopy and narrow band imaging during colonoscopy. Although Kaiser Permanente has not covered these services historically, this letter serves as formal notification of this new non-coverage policy.

[Changes to medical necessity review criteria for hyperbaric oxygen therapy](#)

Effective January 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 hyperbaric oxygen therapy for non-Medicare members.

[Changes to medical necessity review criteria for next generation sequencing \(NGS\) for advanced cancer](#)

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) has selected CellNetix Pathology & Laboratories as the preferred provider for next generation sequencing (NGS) in advanced cancer.

[Multiple payment policy changes effective 1/1/2021](#)

Drug Waste Policy

Women's Health Policy

Surgical Codes - Anatomical Modifiers

[Multiple payment policy changes effective 1/1/2021](#)

High Level Evaluation and Management Services with a Diagnosis of "No Abnormal Findings"

Change of Policy Name and Addition of Medicare Specific Language

[Multiple payment policy changes effective 1/1/2021](#)

Diagnosis Related Group (DRG) Payment and Review

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[Medicare Part B drugs requiring step therapy](#)

Effective January 1, 2021, step therapy review will be required for the non-preferred Part B drugs.

[Changes to medical necessity review criteria for reduction mammoplasty surgery](#)

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for reduction mammoplasty surgery.

[Changes to medical necessity review criteria for cardiac ambulatory monitoring for extended duration](#)

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for cardiac ambulatory monitoring for extended duration.

[Changes to medical necessity review criteria for brachytherapy](#)

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Brachytherapy.

[Changes to medical necessity review criteria for genetic panels using Next Generation Sequencing](#)

Effective December 1, 2020, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating the clinical review criteria for Genetic Panels using Next Generation Sequencing (NGS) when ordered for non-Medicare members.

[Multiple Procedure Payment Reduction \(MPPR\) on Outpatient Hospital Claims](#)

Effective December 1, 2020, Kaiser Permanente facility outpatient claims billed with a professional revenue code will be treated like they have a 26 modifier and all other facility revenue codes will be treated as though they have a Technical Component (TC) modifier.

Please see our [COVID-19 Provider Resources page](#) on our [provider website](#) for helpful coverage and clinical resources.

CME and Workshop Opportunities

Continuing Education Opportunities

Kaiser Permanente Washington offers a variety of continuing medical education courses throughout the year. Check out the 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

We have a freshly updated [CME Catalog page](#). New features include printing past certificates and receipts, easier access to your transcript, view your current registrations and more!

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.