Provider E-News
Provider Services Department

November 2021

KAISER PERMANENTE.

Business Updates

Legislation brings changes to directory validation

An important mandate, **effective January 1, 2022**, will bring changes to how provider directory information is validated. The Consolidated Appropriations Act 2021, also called the No Surprises Act, requires payers to establish a verification process to confirm directory information at least every 90 days. You can learn more about the Consolidated Appropriations Act on the Congressional website.

You will be required to provide attestation that you have validated your directory information at least every 90 days. Please notify us promptly of changes to your directory information by submitting a Provider Information Update Form, available on the provider demographic and practice changes page on our provider site.

We're excited to continue to partner with LexisNexis to meet this regulation through our existing 90-day outreach program. If you have previously opted out of responding to the LexisNexis outreach, we encourage you to take this opportunity to opt back in to meet this requirement. Contact your Provider Service Consultant or kpwa.provider-directory@kp.org to opt into the verification outreach, to identify a single point of contact for your office, or for more information about the LexisNexis verification program.

We are dedicated to making the verification process as convenient as possible and continue to work to resolve issues and address frequently asked questions arising from the process. Please look for additional information in our December 2021 newsletter.

Tip – searching for authorization codes

Did you know that you can use the search bar on our provider site to search for an authorization code? Just type the code into the search bar and the results will list the code range documents that have the code included. If you don't get a return match, review the Eval/Treat link in the specialty code range document to see if the code is included in the current authorization. If the code isn't in the current authorization, please use "Other - Provide Detailed Comment" to include the CPT code in the comment section of the referral template.

Kaiser Permanente Robotic Assisted Surgery payment policy update

Effective December 1, 2021, additional CPT Codes are being added to Kaiser Permanente's Robotic Assisted Surgery payment policy. In addition to codes S2900, 20985, 0054T and 0055T, CPT Codes 61781, 61782, and 61783 will also not be separately reimbursable when billed as part of surgery. If you have any questions, please contact the Provider Assistance Unit at 1-888-767-4670.

Diagnosis Related Group (DRG) Prepay reviews set to begin January 2022

The DRG Payment and Review payment policy was published and took effect January 1, 2021. On June 1, 2021, Kaiser Permanente began post-payment DRG reviews with our partner, Cotiviti. Since that time, Kaiser Permanente has continued work with Cotiviti and our National Clinical Review team to create a process for prepay reviews, which are slated to begin January 2022.

Cotiviti will send medical records requests for prepay reviews, along with clear instructions on how to submit the records directly to them. Once the review is complete, you will receive an audit determination letter. If you wish to dispute their findings, instructions will be provided on how to submit a reconsideration request directly to Cotiviti.

Home infusion referrals now available through Affiliate Link

You are now able to refer patients receiving home infusion services to Kaiser Permanente Specialty Home Infusion through Affiliate Link. The request will simultaneously be reviewed for health plan authorization and an order will be placed with Kaiser Permanente Specialty Home Infusion. Please see the affiliate link home infusion referral job aid for instructions on how to submit this referral.

Have you had a conversation about statins with your diabetic patients recently?

Taking a statin is one of the easiest ways to lower risk for heart attack and stroke. Statin medicines can help protect patients from heart disease and stroke by lowering the amount of cholesterol that's produced by the liver, reducing inflammation in the arteries, and stabilizing plaques to keep them from rupturing.

Most statins are Tier 1 generic medicines with minimal or no cost share for patients. As with any medicine, there can be side effects, although statins are generally well-tolerated. If your patient starts a statin and has side effects such as muscle aches, the dose can be lowered or they can be switched to a different medicine.

Vedolizumab (Entyvio) updated quantity limits:

Vedolizumab (Entyvio) is on the non-Medicare list of office-administered drugs requiring prior authorization. Effective **December 1, 2021**, the quantity limit (QL) for vedolizumab (Entyvio) will be updated to specify the frequency of use. Letters were sent September 30, 2021 to outline the QL update below:

- Quantity Limit: 300 mg per dose at 0, 2, and 6 weeks and then every 8 weeks thereafter.

After additional review, the QL will be updated to allow for dose escalation in select patients. This will be reflected in the December 1, 2021 criteria update with changes in bold:

- Quantity Limit: 300 mg per dose at 0, 2, and 6 weeks and then every 8 weeks thereafter. **Dose escalation up to every 4 weeks may be considered medically necessary in patients who have had an inadequate response to every 8-week dosing.**

Electronic Prior Authorization for pharmacy requests is now enabled for all Kaiser Permanente Medicare Patients

Electronic Prior Authorization (ePA) is now enabled for all of Kaiser Permanente Medicare Patients. Effective immediately, you will be able to submit drug coverage requests electronically as an alternative to fax, phone, or mail for all Medicare Part D members.

Benefits:
- Prior authorization (PA) criteria can provide improvements in safety and cost-saving measures for Kaiser Permanente, but the review process can cause delays in care.
- The PA review process involves providers, payers, and pharmacists evaluating essential information to demonstrate that the patient meets medical necessity criteria.
- Switching from a manual to an electronic PA review process, within an electronic health record (EHR), can decrease administrative burden and increase efficiency.
- Congress passed SUPPORT for the Patients and Communities Act, which requires Part D prescription drug plans to support a new electronic prior authorization (ePA) transaction standard.

How does ePA work?
- Upon prescribing: When a prescription is written, if your EHR system is enabled with ePA, it will flag the prescription as "PA is required," and you will automatically receive an electronic PA from to fill out without leaving your EHR.
- Submitting ePA: Once the electronic form is filled out and the request is sent, the pharmacy benefit help desk team will be able to review it electronically, which saves a significant amount of time.
- Decision notification: Approval/denial notification will be sent electronically right away to your EHR system, in addition to the fax notification.

What can you do next?
1. Ask your organization if ePA is turned on. If it is, find out where the ePA is generated.
2. If you do not have ePA turned on, you can register for free with Surescripts and start submitting ePA today.
3. If you are already registered with Surescripts Prior Authorization portal, start submitting ePA for Medicare members today.

Virtual care options that support care of your Kaiser Permanente patients

As we partner with you in caring for our members, we would like to remind you that we have several options available to our members for care, usually with no copay, when they are not able to see you in person or complete an e-visit with you outside of your regular office hours.

Found behind "Get Care Now" on our member site, our on demand virtual care options include:
- Consulting Nurse Service, available 24/7 by phone
- Care Chat, a 24/7 real-time online chat with a Kaiser Permanente medical professional
- Video or phone visit with a Kaiser Permanente provider available 24/7
- E-visit, an online questionnaire that gives members a personalized care plan

If your organization uses Epic and has configured Care Everywhere, these virtual care encounters will be visible on the Documents tab of Care Everywhere.

Provider Payment Policy Updates and 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.

Recently updated payment policies:
- Applied Behavioral Analysis (ABA) Therapy
- Associate Level Mental Health Care
- Code Editing
- Robotic Assisted Surgery
- Telehealth Services (Medicare)
- Telemedicine Services (Commercial)
- Virtual Care

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Provider Notices:

- [Changes to medical necessity review criteria for AlloSure](#)
- [Changes to medical necessity review criteria for Virtual/CT Colonography](#)
- [Changes to medical necessity review criteria for External Trigeminal Nerve Stimulation for ADHD](#)
- [Changes to medical necessity review criteria for Cell-Free Fetal DNA Analysis for Trisomies](#)
- [Associate Level Mental Health Care](#)
- [Brivaracetam (Briviact) updated prior authorization criteria](#)
- [Irinotecan liposome (Onivyde) updated prior authorization criteria](#)
- [Abatacept (Orencia) updated prior authorization criteria](#)
- [Tocilizumab (Actemra) updated prior authorization criteria](#)
- [Vendolizumab (Entyvio) updated prior authorization criteria](#)
- [Ustekinumab (Stelara) updates to coverage under the medical benefit](#)
- [Benralizumab (Fasenra) and Mepolizumab (Nucala) will not be covered under the medical benefit](#)
- [Changes to medical necessity review criteria for eating disorders and outpatient mental health services](#)

CME and Workshop Opportunities
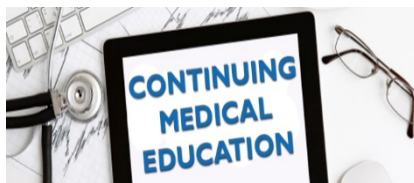
Continuing Education Opportunities

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.

January – December 2021	Suicide Prevention 2021 (online - free)
January 26, 2022	Orthopedics and Sports Medicine for Primary Care

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.