

MULTIPLE PAYMENT POLICY CHANGES

Applies to: Commercial HMO, POS, PPO, Medicare Advantage

HIGH LEVEL EVALUATION AND MANAGEMENT SERVICES WITH A DIAGNOSIS OF “NO ABNORMAL FINDINGS”

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will reimburse professional claims billed with high level Evaluation and Management codes (99204, 99205, 99214, 99215) when the presenting problem(s) support the level of the visit. If the only diagnosis on the claim is “Encounter for xxx with no abnormal findings,” the likelihood for moderate to high complexity decision making is low. These claims will be denied, with the opportunity to rebill a corrected claim.

CHANGE OF POLICY NAME AND ADDITION OF MEDICARE SPECIFIC LANGUAGE

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/admission-post-stabilization.pdf>

Effective January 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will rename the payment policy “Emergency Patient Resources & Options (EPRO)” to “Admission and Post Stabilization Requirement.” CMS-specific definitions around Post Stabilization criteria and differentiating Medicare Advantage members from Commercial members have been added.

Questions: Contact Provider Assistance Unit at 509-241-7206 or 1-888-767-4670, Monday through Friday, 8 a.m. to 5 p.m.

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.

<CONTRACT MANAGER NAME>

Provider Communications, RCB-C2W-02

PO Box 34262, Seattle, WA 98124-1262



FIRST CLASS MAIL
PRESORTED
US POSTAGE PAID
SEATTLE, WA
PERMIT NO. 5203

<SALUTATION><FIRST><MIDDLE><LAST><CREDENTIALS>
<TITLE>
<COMPANY>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>