

CORRECTION FAX NUMBER UPDATED**THRESHOLD DECREASE FOR PRE-PAYMENT REVIEW (AKA LINE ITEM DEDUCTION) AND
MEDICAL NECESSITY REVIEW FOR INPATIENT AND OUTPATIENT CLAIMS**

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

Effective February 1, 2021, facility claims with billed charges of \$20,000 and greater will be subject to prepayment review for billing appropriateness. Please continue to submit your claims via EDI. Itemizations and/or medical records are required and should be submitted via fax at 1-509-241-7506, as soon as you have a claim number for your bill or when you receive your ERA with either of the following denial messages:

- “An attachment/other documentation is required to adjudicate this claim/service” with remark “Missing Admitting History and Physical Report” or
- “Missing itemized bill/statement”

It is not necessary to submit a corrected/replacement claim with the required documentation. Please include the claim number and the medical record number on the cover sheet. The applicable policies can be found at:

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/line-item-deduction.pdf>

<https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/medical-necessity.pdf>

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>