

# Provider Update

News for Kaiser Permanente Contracted Providers • JUNE 2021

## New Affiliate Link re-authorization process now available for providers

**KAISER PERMANENTE IS PROUD TO ANNOUNCE** that we have introduced a new way to request a re-authorization or an extension of an existing referral. You will be able to use Epic Affiliate Link via OneHealthPort to make your request if the original referral came from a Kaiser Permanente provider.

This enhancement leverages the use of our new referral tools that many of our partners are using effectively to receive referrals and authorizations from us. It will eliminate the need for you to fax or phone in a request, or to ask your patient to contact their Kaiser Permanente provider to request a re-authorization.

After you enter your request for a referral extension in Epic Affiliate Link,

it will be electronically routed to our Referral Management Unit (RMU), who will coordinate the review of your request and communicate next steps back to you and to our patient.

We have also developed a [job aid](#) that will give you step-by-step instructions on the referral extension process. If you have any questions, please call the Provider Assistance Unit at 1-888-767-4670 for further assistance.



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**Provider Update** is published quarterly for Kaiser Permanente contracted providers. Send story ideas and comments to [Provider Communications](#).

Coverage provided by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., referred to as Kaiser Permanente in this publication.

**2021  
Calendar**



**EFT deposit and check mail dates**

Provider reimbursement checks are scheduled to be deposited ACH or mailed on the following dates. Mailed checks should arrive within approximately three business days.

<b>JUNE</b>	5, 10, 17, 24	<b>SEPTEMBER</b>	8, 10, 16, 23, 30
<b>JULY</b>	1, 8, 15, 22, 29	<b>OCTOBER</b>	7, 14, 21, 28
<b>AUGUST</b>	5, 12, 19, 26	<b>NOVEMBER</b>	4, 11, 18, 26
		<b>DECEMBER</b>	7, 9, 16, 23, 30

**Kaiser Permanente holidays**

**INDEPENDENCE DAY**

Monday, July 5

**LABOR DAY**

Monday, September 6

**THANKSGIVING DAY**

Thursday, November 25

**CHRISTMAS DAY**

Saturday, December 25

**PROVIDER NEWS**

# Change to how Affiliate Link users access referral notifications

**WE HAVE IMPLEMENTED A CHANGE** in how Affiliate Link users access their referral notifications. Currently, users must open a summary in the Referral Notifications folder and click through several steps to see the actual referral notification letter.

This change will have a transition period where, based on the date the referrals was approved or denied, you will need to look in the appropriate folder to view the letter:

- To view referral requests approved or denied on April 18, 2021 or afterward, you will see a new folder called "Referral Notification Letter" which has the referral notification letters in the folder rather than a summary.
- To view referral requests approved or denied prior to April 18, 2021, please open the Referral Notifications folder, open the summary, and click through the steps to see the referral notification letter.

Thank you for working with us on this change.

## Please include the original claim number when submitting a corrected claim

We require the original claim number when submitting a corrected claim so that we can efficiently and accurately review the claim. Please use the following guidelines for adding the original claim number to your corrected claim:

- Professional and institutional claims submitted electronically – include the original claim number in the notes
- Professional claims submitted via paper – include the original claim number in box 22 under "Original Ref No."
- Institutional claims submitted via paper – include the original claim number in box 64 (Document Control Number)

For more information on submitting a corrected claim, please refer to our [Corrected Billing](#) provider manual page on our provider site.

# Streamlining Mental Health & Wellness authorization and reauthorization requests

**IN ORDER TO EXPEDITE** mental health and wellness authorization requests, we have detailed two important areas for you below:

## Affiliate link should be used for reauthorizations

We want to strongly encourage all providers to begin using the online provider portal to enter requests for additional visits. When entered via the online provider portal, requests are automatically entered into the system and, if appropriate, may be authorized without review. If requests are submitted by fax, the request must be manually entered into the system and may take longer to process. To request additional visits (reauthorization), please go to the Kaiser Permanente [provider site](#) and click on "OneHealthPort Sign In" at the top right of the page to log in to your account. Once you've logged into your account, select "Referral/Order Entry" to enter your request.

## Standard authorization change for mental health therapy

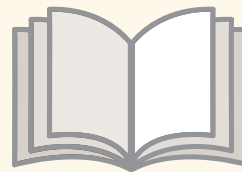
In an attempt to streamline standard mental health authorizations and reduce the reauthorization process, Kaiser Permanente began authorizing CPT code 90834 (45-minute visit) with a quantity of 52 per annum. Although our intent was to simplify the process for providers, we received overwhelming feedback from our contracted providers that their practice was built around CPT code 90837 (60-minute visit).

To better meet the needs of our contracted provider community, we are implementing the following change in our standard authorization for mental health services:

<b>Current Authorization</b> <b>90834</b> <b>Quantity: 52</b> <b>12-month timeframe</b>	<b>New Authorization</b> <b>90832 - 90853*</b> <b>Quantity: 30</b> <b>12-month timeframe</b>
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\*In addition to the code range of 90832-90853, the 90837 authorization includes crisis and complexity codes for appropriate clinical scenarios

We hope these changes will assist you in making timely authorization and reauthorization requests. If you have any questions, please contact the Provider Assistance Unit at 509-241-7206 or 1-888-767-4670.



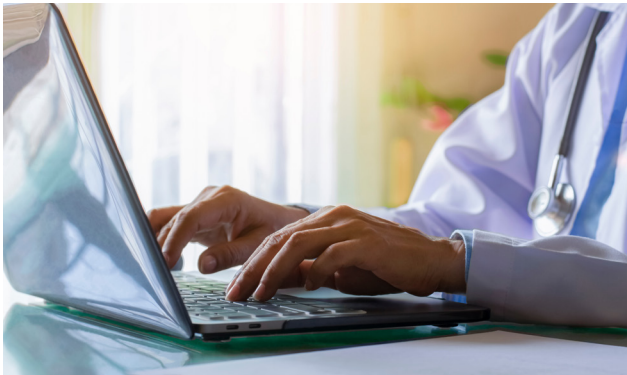
## Service delivery standards added to Provider Manual

We have added a new introductory page to our provider manual, titled [Kaiser Permanente service delivery standards](#). These standards set the tone for the desired relationship between Kaiser Permanente and its contracted providers, particularly their joint commitment to providing the highest quality of care for our members. If you have any questions, please contact Provider Services at [KPWA.provider-services@kp.org](mailto:kpwa.provider-services@kp.org).

## New and updated payment policies

Payment policies are designed to assist you when submitting claims to Kaiser Permanente. They are consistently updated to promote accurate coding and policy clarification.

- [Thirty-Day Readmission](#)
- [Telemedicine Services \(Commercial\)](#)



## Always verify patient coverage prior to visit

### What is the potential impact to you as a provider if you fail to validate a member's coverage and plan?

Unpaid claims, unnecessary increase in your outstanding AR, unhappy patients, as well as office staff frustration and time contacting patients and the health plan. As a best practice, be sure to verify the patient's current insurance coverage that is on file. This will help reduce the number of claims denied for no pre-authorization due to not knowing the patient's coverage and plan. In order for us to accept a provider reconsideration where the extenuating circumstance was "unable to know coverage," we require documentation showing registration proof at the time of admission and/or appointment. Please refer to [Extenuating Circumstances](#), pages 4-5 of the Administrative Simplification rules, for more details.

## Communication is key in tragic emergency department situations

**RECENTLY, A TRAGIC SITUATION OCCURRED** that no provider ever wants to encounter. A teenager attempted to commit suicide, and despite the emergency department's best efforts to save him, the boy died while in their care. Because he was a Kaiser Permanente member, the Emergency Department physician called Kaiser Permanente to report the incident. Due to the late hour, the emergency department physician and the Kaiser Permanente on-call physician did not connect right away. Subsequently, the communication channels broke down between the emergency department and Kaiser Permanente, and the message was never conveyed to the primary care provider for the family. Weeks later, the teenager's mother came to her Kaiser Permanente primary care physician for care. Her provider, who was also the primary care physician for her child, casually asked about her son during the visit. The mother shared what happened, much to the physician's surprise. No provider wants to find out in this way, or to put a mother in the position of having to share the news of her son's death.

In light of this unfortunate incident, we have reviewed our notification procedures, and ask that you do as well. If you treat a Kaiser Permanente member in your care with a negative outcome, please contact us immediately on our Consulting Nurse Line at 1-800-211-9399 to inform us so we can update our records and notify Kaiser Permanente providers associated with the patient's care.

Additionally, if you would like education on suicide prevention, we are offering a free [online suicide prevention course](#) you can take at any time. We appreciate your assistance with assuring that appropriate notifications take place as soon as possible in these situations.

## 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.



Thank you for helping us maintain a compliant and accurate provider directory.

# Infusion site of care criteria

**WHEN REQUESTING AN AUTHORIZATION** for an infused drug for a non-Medicare member, Affiliate Link now identifies whether the requested drug has site of care criteria for the outpatient hospital setting. Additional questions have been included on the order to determine the planned site of care and facility where the drug will be administered. Please see the Kaiser Permanente [Site of Care](#) policy for criteria and a complete list of drugs with site of care requirements.

1. Reason For Referral? J0202 - Alemtuzumab (Lerr) ▼

For Non-Medicare members, Kaiser Permanente applies a "Site of Care" policy to the drug you have selected. Administration in a hospital setting will only be authorized if criteria is met. Will this drug be administered at a hospital? Yes No

Will the drug be administered in an inpatient or outpatient hospital setting? [Dropdown]

Facility where the drug will be administered [Search Box]

2. Ok to substitute an in network provider if the chosen referred to provider is not in the member's network? Yes No

3. Does patient have any functional status or cognitive limitations? Yes No

4. Is this a retrospective request? (In the past) Yes No

5. Contact Name: [Text Box]

6. Contact Phone/Ext: [Text Box]

7. Referred services may be covered by another party? Yes No

## Recent letters to providers

### As of June 1, 2021

- [Tocilizumab \(Actemra\) updated prior authorization criteria \(PDF\)](#)
- [Dermatology products updated prior authorization criteria \(PDF\)](#)
- [IVIg updated prior authorization criteria \(PDF\)](#)
- [Neurology products updated prior authorization criteria \(PDF\)](#)
- [Oncology products updated prior authorization criteria \(PDF\)](#)
- [Site of care prior authorization requirement for Pembrolizumab \(Keytruda\) and Nivolumab \(Opdivo\) \(PDF\)](#)
- [Rheumatology products updated prior authorization criteria \(PDF\)](#)
- [Rituximab \(Rituxan\) and Rituximab-abbs \(Truxima\) updated prior authorization criteria \(PDF\)](#)
- [Changes to medical necessity review criteria for high-end imaging site of care \(PDF\)](#)

[Changes to Transition of Care policy \(PDF\)](#)

[Changes to medical necessity review criteria for Transcatheter Mitral Valve Repair \(TMVR\) \(PDF\)](#)

[Changes to medical necessity review criteria for Myocardial Perfusion Imaging \(PDF\)](#)

### Effective June 15, 2021

[Critical care when patient is discharged to home from facility \(PDF\)](#)

*Notice: This 60-Day notice title has been modified. The content of this 60-Day notice has not been modified from the original version sent to you on April 6, 2021. The effective date remains unchanged.*

### Effective July 1, 2021

[Thirty day readmission policy \(PDF\)](#)

### Effective July 15, 2021

[Hospital Acquired Conditions, Adverse & Never Events \(PDF\)](#)

[Allergen Immunotherapy \(PDF\)](#)  
[Modifiers JA and JB \(PDF\)](#)

### Effective August 1, 2021

- [Changes to medical necessity review criteria for certain elective surgical procedures \(PDF\)](#)
- [Changes to medical necessity review criteria for breast MRI \(PDF\)](#)
- [Changes to medical necessity review criteria for coronary artery calcium \(PDF\)](#)
- [Changes to medical necessity review criteria for cochlear implants \(PDF\)](#)
- [Changes to medical necessity review criteria for enteral formula \(PDF\)](#)
- [Changes to medical necessity review criteria for Intensity Modulated Radiation Therapy \(IMRT\) \(PDF\)](#)
- [Changes to medical necessity review criteria for total joint arthroplasty \(PDF\)](#)

## Diagnosis Related Group post-pay reviews begin

The [Diagnosis-Related Group \(DRG\) Payment and Review policy](#) was published and took effect January 1, 2021. The post-pay reviews begin this month, so we would like to remind you about the process.

You may receive correspondence from Cotiviti requesting medical records. The letter will provide clear instructions on how to submit the records directly to Cotiviti. The quickest and easiest way to submit records will be to use the Cotiviti Image Portal. The request letters will instruct you on how to sign up for

portal access. Please do not submit the records to Kaiser Permanente, as that will only delay the process.

Once a claim review is complete, you will receive an audit determination letter and the opportunity to accept or dispute the determination. If you wish to dispute the findings, reconsideration requests should be submitted directly to Cotiviti.

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

## CLINICAL NEWS

### Clinical Updates



Clinical guidelines are regularly reviewed and updated. Announcements about changes are posted on our provider website.

## Primary hrHPV is now default test for Cervical Cancer Screening

**KAISER PERMANENTE'S** [Cervical Cancer Screening Guideline](#) has been reviewed and updated. This guideline focuses on recommendations for screening asymptomatic patients for cervical cancer, including those at increased as well as average risk.

- Primary hrHPV screening (i.e., screening with hrHPV testing alone with a reflex to Pap) every 5 years is now the default screening option for patients aged 30-65.
- Screening recommendations have been added for higher-risk populations, including patients with prior history of dysplasia, cancer, or DES exposure, and those taking immunosuppressive medications.
- The American Society for Colposcopy and Cervical Pathology (ASCCP) [2019 Risk Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Precursors](#) have been adopted.
- The [new ASCCP web tool and app](#) are recommended for management of abnormal cervical screening tests per 2019 ASCCP guidelines.
- Updated patient handouts:
  - Cervical cancer screening [English](#) | [Spanish](#)
  - HPV vaccine information: [People aged 9-26](#) | [People aged 27-45](#)

### Questions?

[Maggie Chin, MD](#), Family Medicine, Cancer Screening Quality Champion

[Sarah Dawn O'Dell, DO](#), Obstetrics/Gynecology

[John Dunn, MD, MPH](#), Medical Director, Prevention

[Avra Cohen, MN, RN](#), Guideline Coordinator

# Asthma Diagnosis and Treatment Guideline Update

**KAISER PERMANENTE'S** [Asthma Diagnosis and Treatment Guideline](#) has been reviewed and updated. The guideline addresses asthma care for patients of all ages.

## Changes in this edition

- Intermittent use of inhaled corticosteroids (ICS) may be now considered for patients with mild intermittent asthma symptoms. Continuation of daily ICS is recommended for patients with persistent asthma.
- Guidance on managing asthma exacerbations and exercise-induced bronchospasm has been added.
- The Asthma Action Plan is now available in two versions: [symptom-based](#) and [peak flow-based](#).

## Questions?

[Katie Paul, MD, MPH](#), Clinical Lead, Clinical Improvement & Prevention

[Avra Cohen, MN, RN](#), Guideline Coordinator

## Other updated clinical guidelines

- [Non-specific Back Pain \(PDF\)](#)
- [Type 1 Diabetes screening, diagnosis and treatment \(PDF\)](#)
- [Type 2 Diabetes screening, diagnosis and treatment \(PDF\)](#)
- [Adult and Adolescent Depression \(PDF\)](#)
- [Perinatal Depression \(PDF\)](#)



# Updated recommendations for gonorrhea treatment in patients and their partners

**THE KAISER PERMANENTE Sexually Transmitted Infection Guideline** has been updated with new CDC recommendations on the treatment of gonorrhea in patients and their partners.

## Major changes

- Azithromycin use is no longer recommended as part of dual therapy for gonorrhea. Instead, the recommended first-line treatment is now monotherapy with ceftriaxone 500 mg IM. For persons weighing  $\geq 150$  kg ( $\geq 300$  lb), a single 1 g IM dose of ceftriaxone should be administered.
- If gonorrhea is present and chlamydia infection has not been excluded, CDC recommends treating the gonorrhea/chlamydia coinfection by adding oral doxycycline 100 mg twice daily for 7 days. During pregnancy (or for patients who may have difficulty with adherence), 1 g PO azithromycin (single dose) should be used to treat the chlamydia coinfection in place of the doxycycline.
- Partners of patients with active gonorrhea infections should be treated with 800 mg PO cefixime (single dose). If chlamydia coinfection has not been excluded, oral doxycycline 100 mg twice daily for 7 days should be added.

- CDC has not changed recommendations for treating patients and their partners with chlamydia infection alone (i.e., not a coinfection with gonorrhea). These patients should continue to be treated with a 1 g PO azithromycin (single dose).

## Resources

- [Update to CDC’s Treatment Guidelines for Gonococcal Infection, Dec. 2020](#)
- More information is available through the [Washington State Department of Health](#).
- WA DOH Provider Letter April 15, 2021 [Updated Treatment Recommendations for Gonococcal Infection \(2020\)](#)

## Questions?

[John Dunn, MD, MPH](#), Medical Director, Preventive Care  
[Avra Cohen, MN, RN](#), Guideline Coordinator

## ARTICLES OF INTEREST

### Kaiser Permanente Washington Health Research Institute

- **Grant of over \$55M to boost Alzheimer’s, dementia study.** Kaiser Permanente Washington will co-lead an expanded ACT Program to better understand the aging brain. [Read more](#)
- **EHR study offers insights on medical cannabis use.** New research examines providers’ notes to understand patients’ cannabis use and health conditions. [Read more](#)
- **Examining racial inequity in suicide prediction models.** Kaiser Permanente researchers stress need to test how prediction models perform in all racial, ethnic groups. [Read more](#)



*J. Dennis Watts, a participant in the Adult Changes in Thought study, has his balance tested during a visit with Becky Lederman, a research specialist at the research clinic at Kaiser Permanente Washington Health Research Institute.*



## Kaiser Permanente 2021 drug formularies

**THE KAISER PERMANENTE DRUG FORMULARIES** are the cornerstone of medication therapy, quality assurance, and cost containment. The formularies are developed by the Pharmacy and Therapeutics (P&T) Committee. You can find [formulary decision highlights](#) from the most recent P&T Committee meetings on the Kaiser Permanente provider website.

### Kaiser Permanente has seven formularies

The table below outlines some of the major differences in these formularies. A closed formulary design describes a formulary in which preferred medications are covered and non-preferred (non-formulary) medications are generally

not covered. Coverage of non-preferred medications is available through an exception process. An open formulary design describes a formulary in which both preferred and non-preferred medications are covered; however, preferred medications are available at a lower cost share for patients.

### How to view the Kaiser Permanente formularies

- On the [Kaiser Permanente provider website](#).
- On [ePocrates](#), register free of charge.

If you have questions about formulary status of a drug or prior authorization, please contact our Pharmacy Help Desk toll-free at 800-729-1174 or by fax toll-free at 866-510-1765.

MEDICARE	INDIVIDUAL & FAMILY / SMALL GROUP	LARGE GROUP AND FEDERAL EMPLOYEE HEALTH BENEFIT				
Closed Design	Open Design	Closed Design	Closed Design	Open Design	Open Design	Open Design
<p><b>Six tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Non-preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred brand</li> <li>• Specialty</li> <li>• Injectable Part D vaccines</li> </ul>	<p><b>Four tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Specialty</li> <li>• Non-preferred generic &amp; brand</li> </ul> <p><b>PLUS:</b></p> <ul style="list-style-type: none"> <li>• Self-administered oncology</li> <li>• Medical benefit</li> </ul>	<p><b>Two tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	<p><b>Three tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Preferred specialty</li> </ul>	<p><b>Three tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred</li> </ul>	<p><b>Four tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred generic &amp; brand</li> <li>• Specialty</li> </ul>	<p><b>Five tiers:</b></p> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> <li>• Non-preferred generic &amp; brand</li> <li>• Preferred specialty</li> <li>• Non-preferred specialty</li> </ul>



## CONTINUING MEDICAL EDUCATION

### Save these dates



Continuing medical education information is available on the Kaiser Permanente provider website.

#### SUICIDE PREVENTION 2021

January - December 2021  
[Free online course](#)

#### SUBOXONE: HALF-HALF BUPRENORPHINE WAIVER

July 16, 2021  
[Register now](#)

#### EVIDENCE BASED MEDICINE IN A TIME OF COVID-19: THE EVOLUTION OF EBM DURING A PANDEMIC

September 21, 2021  
[Register now](#)

#### WOMEN'S HEALTH FOR PRIMARY CARE

October 6, 2021  
[Register now](#)

#### COVID-19 notice

Please note courses will be presented as live virtual sessions using Microsoft Teams.

#### Contact

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