

**MENTAL HEALTH & WELLNESS PROVIDER
AFFILIATE LINK FAQ**

QUESTION	ANSWER
1. Can I still request an authorization using a paper form?	We are moving away from the paper authorization process. While we will not reject a paper form at this time, we are transitioning to the online tool to ensure the most efficient processing of requests both for the provider and the member.
2. I got a referral entry error message - "We don't have your user record associated with a clinic or authorizing provider yet. Please use the Manual/Exception Referral Entry feature to have this specific authorization request reviewed for a coverage determination."	Submit an Affiliate Link Issue Troubleshooting Form to report this issue and we will ask our data team to research and resolve any setup issues.
3. Can I see if a patient has one of the "Blanket Auths" that allow the member to see ANY Core contracted provider?	No. Providers can view their authorizations, specifically approved to them/their Tax ID.
4. How do I get OneHealthPort access?	Go to www.OneHealthPort.com and click on Register under Single Sign-On to view instructions to get access.
5. I see the same codes listed under 90834 and 90837. Are they the same?	No; 90834 includes only 90834 and 90791. To have approval for 90846, you must request 90837. Authorization Code Range for 90834 is an old version and will be updated.
6. Do I use referral entry for inpatient services?	No; this is for outpatient services only. You will follow the current process for authorizing inpatient requests.
7. Are codes 90791 and 90837 included under 90837?	Both codes are included in 90837, along with other codes shown in Authorization Code Ranges.
8. Does the 90837 come with 52 visits and cover 90837 if you get the referral for 90834?	Yes, if the referral was generated after 2/23/21. If the referral was generated after 2/23/2021, 90834 and 90837 contain the same code range and a quantity of 30. If the referral was generated prior to 2/23/2021, no, the referrals are not the same. If the referral was generated prior to 2/23/2021, 90834 contains only two codes, 90834 and 90791 for an intake appointment.
9. The blanket auth for 50 visits is 90834, but can I still bill for 90837?	No, moving forward, 90834 and 90837 will both be a quantity of 30 and either can bill 90837.
10. In the past we had the patient contact their Kaiser plan for an intake interview and Kaiser took things from there. Is this no longer the case?	Generally speaking, initial approvals are generated after patients contact Kaiser Permanente MHAC. However, if the provider accepted a Kaiser Permanente patient and they do not have preauthorization, the provider could also request authorization if the patient would like to use their Kaiser Permanente plan coverage. Also, please note that some Kaiser Permanente plans do not require preauthorization.

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11. If referral is accepted or denies will we still get a fax?	No, all notifications will be digital once you are using the online referral tool.
12. Must we log into this referral entry tool from OneHealth Port?	Yes, you can access from our public provider site or from the OneHealthPort site.
13. Can you use this tool if your patient is self-referring to psychotherapy?	Yes, you can submit the initial request through the online referral tool.
14. How do you add patients to your patient list?	Please see our job aids located on the provider site at https://wa-provider.kaiserpermanente.org/communications/site-enhancements
15. What if it is an initial request and you have not been able to determine a diagnosis yet?	You can enter the best diagnosis you can discern based on your limited contact with the member. If uncertain, utilizing some variation of adjustment disorder is always an option.
16. Do you need an authorized referral before seeing a patient?	If the patient's plan requires authorization, you will need to have an authorized referral in place before seeing the patient.
17. How long does a referral request take to be completed?	We have worked diligently to work down a significant back log. The authorization requests sent via fax are taking much longer to process than the authorizations that are sent through Affiliate Link. Please use Affiliate Link so your request can be processed efficiently. We are hiring three temp staff to help process our backlog and to help support our providers learning to use the online portal Affiliate Link.
18. Will all Kaiser Permanente patients need a referral for mental health services?	Some members may not require authorization. Please validate by using either the Pre-Authorization Code Check Tool or contacting our Provider Assistance Unit at 888-767-4670.
19. When another provider refers a client to us and it is approved, is there a way to decline this referral in the system if we are not accepting new clients?	There is no way to decline a referral in the system. If you receive a referral and are unable to treat the client, please notify the client and Kaiser Permanente so a treating provider can be found.
20. What if the therapist isn't listed?	If the therapist is not listed, please submit an Affiliate Link Issue Troubleshooting Form to report this issue and request resolution.
21. If we do not prescribe medication, do we have to enter medication information?	If the question on the request has a red stop sign, you will need to complete the question to successfully submit the request.
22. How do I bill for telehealth?	Follow the standard authorization process. Authorization for office includes modifier-95 for telehealth. Authorization with POS office can be used to bill telehealth at this time.

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23. Is there a way to check how many sessions of a current authorization have been used/how many are left?	At this time, we don't show used vs. authorized in the system. We rely on the provider to track that internally.
24. If we attach additional information, e.g. narrative where is it stored and who has access to it?	Only the MHAC sees this information. It is embedded in the referral and is not kept as clinical notes in the electronic medical record.
25. If we have authorization for 98037, 55-minute sessions, and someone during the treatment needs shorter length or vice versa how to handle so that we bill accurately and provide appropriate treatment? Can the two codes be interchangeable?	Yes, just bill the appropriate code.
26. Do I need a pre-auth to submit secondary claim if patient has HMO but primary is another insurance?	Yes, if Kaiser Permanente is secondary to another commercial payor, our health plan authorizations rules apply for us to pick up as secondary.
27. What if you don't have a patient's ID?	Patient ID is required to use the online tool. It is needed for the Eligibility, Claims and Referrals tools
28. Lexus Nexus calls to verify Kaiser Permanente's profile and directory list?	Yes, this is a legitimate request. We are using Lexus Nexus to validate our provider profiles to ensure the most accurate information is available for our members.
29. We used to be listed under "to provider" and now are only listed under "to loc/pos." Is there something we should do about this?	Email kpwa.provider-services@kp.org and include your screen shot, Tax ID and name, and we will ask our data team to research and resolve any setup issues.
30. Do I use this tool to send the patient to a Kaiser Permanente clinic for a psychiatry consult?	Yes, you will. The only difference is if you are sending to our internal Kaiser Permanente clinic, you will use Internal instead of External on the Order.
31. In one of your original screen shots on Dora, it included Epic Dashboard (Problem List). As I go to live OneHealthPort, my patient list doesn't show this. Is that Authorization / Security on my profile or internal / external. This would help with coordination of care.	If you need chart access, please reference our job aid on our Referrals and authorizations support tools at the link below, look for Job Aid - Requesting elevated chart access https://wa-provider.kaiserpermanente.org/communications/site-enhancements
32. What diagnosis codes do we use for a chem dep evaluation auth?	Give a preliminary diagnosis based on your conversation with patient when the patient requests an evaluation.
33. What email or phone number do I use for troubleshooting questions and assistance?	Call the Provider Assistance Unit at 1-888-767-4670 for assistance. To request troubleshooting and/or resolution of an issue or to request provider education specific to Affiliate Link, submit an Affiliate Link Issue Troubleshooting Form .

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34. On dates of relevant service for reauth, do I use the initial date with a one-year window?	Dates of Relevant Services is the expected date the services will start. Please note, this question will be removed from the online referral in a matter of weeks.
35. What information in the new procedure box?	In the New Procedure field, enter the specialty or referral order type, such as Mental Health or Chem Dep.
36. Is the only way we will be notified if a referral request is authorized is using MyChart?	If you are using our online Affiliate Link referral tools, all notifications will be sent to the in basket digitally.
37. Do I use this tool for all Kaiser Permanente plans?	This tool can be used for any patients that need an authorization for services.
38. Will we be able to refer back to this training if we have future questions?	There is a job aid that you can reference for the future. There are also some generic demos online that can be referenced.
39. Can we get an auth for add on codes?	Most add-on codes are included in the authorization. For a complete list of codes, visit our Provider Site at: https://wa-provider.kaiserpermanente.org/static/pdf/provider/billing-claims/auth-code-ranges/mental-health.pdf
40. What if the provider isn't contracted with Kaiser Permanente? How do we look for authorizations?	Non-Contracted providers will receive authorizations by mail. They cannot access them online at this time.