



This document is effective 11/30/2021 and is subject to revisions based on the rapidly changing environment.

NATIONAL CLAIMS ADMINISTRATION

The content of this FAQ pertains to members of Kaiser Foundation Health Plan, Inc. and its subsidiary health plans (“Kaiser Permanente”). For members covered by Kaiser Permanente Insurance Company, please see the separate COVID-19 FAQ for KPIC Claims Administration.

COVID-19: Claims Processing FAQ for Providers | V18 Updated as of 11/30/2021

1. Will Kaiser Permanente continue to accept, and process claims submitted during the COVID-19 pandemic?

Yes. Kaiser Permanente will continue to accept, and process claims according to the guidelines and processes found within our provider manual except as otherwise communicated to providers.

2. Do you expect COVID-19 to impact Kaiser Permanente Claims Administration business operations? Is there risk of claims payments being delayed?

No, Kaiser Permanente's Claims Administration department is fully operational, and we do not anticipate any delays currently. We have robust business continuity plans in place, and should anything change unexpectedly, we will keep providers and regulators informed about any anticipated delays.

3. Will timely filing requirements for claims be waived, if providers' claims submissions are delayed due to impacts from COVID-19?

Kaiser Permanente will continue to apply all timely filing requirements, except when regulators have issued orders explicitly suspending or modifying the requirements. This policy may be revised or updated, as appropriate, based on the rapidly changing environment.

4. Will claims be held if they have a COVID-19 diagnosis?

No, they will not be held. They will be processed according to our standard processing guidelines.

5. Will Kaiser Permanente waive the requirement for authorization for some or all claims considering COVID-19?

At this time, Kaiser Permanente is only waiving authorization for claims related to testing and screening of COVID-19. Medicare plans generally do not require an authorization for treatment in addition to testing and screening for COVID-19. We will continue to apply all other authorization requirements, except when regulators have issued orders explicitly mandating suspension or modification of medical management requirements. This policy may be revised or updated, as appropriate, based on the rapidly changing environment.



6. Should providers collect cost sharing for COVID-19 screening, diagnosis, testing, or treatment services from our members?

Please do not collect cost sharing for COVID-19 screening, diagnosis, testing services from our members.

The zero-dollar cost sharing for screening and testing is effective for dates of service between March 5th, 2020 through the end of the federal public health emergency, unless superseded by government action or extended by Kaiser Permanente. The Public Health Emergency declared early last year has been extended.

Zero-dollar cost sharing for treatment services will apply for all dates of service (admissions) from April 1, 2020 through July 31, 2021, unless superseded by government action or otherwise voluntarily reinstated.

These zero-dollar cost sharing provisions do not automatically apply to self-funded customers. Please contact the customer service number on the back of the Member's ID Card to confirm benefits and member cost share for all self-funded plans.

7a. What are the requirements for submitting COVID-19 related claims?

Please use the scenarios below to find the most specific and accurate diagnosis code. Using these codes will support claims processing associated with COVID-19 screening, diagnosis, testing and treatment services.

COVID-19 SCREENING

**COVID-19 Screening Office Visits:
One code from each table (Table 1 - 3)**

Diagnosis Code:

Any Dx below on any position of the claim with any Place of Service (Except 41 & 42)

Table 1

Any Position on the Claim

B34.2	Coronavirus Infection, Unspecified
B34.9	Viral infection, unspecified
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J12.89	Other viral pneumonia

J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
J80	Acute respiratory distress syndrome
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.52	Encounter for screening for COVID-19 (Effective 1/1/21)
Z11.59	Encounter for screening for other viral diseases
Z20.822	Contact with and (suspected) exposure to COVID-19 (Effective 1/1/21)
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
COVID-19 IMMUNIZATION (NOT A REQUIRED DIAGNOSIS CODE, INFORMATIONAL PURPOSES ONLY)	
Table 1a	
Z23	Encounter for Immunization

Evaluation & Management Code Ranges		
Table 2		
Code Range		Evaluation & Management
Start	End	Type
99051	99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99201	99215	Office
99217	99220	Observation
99221	99223	Initial Hospital Care
99224	99226	Subsequent Observation Care
99231	99233	Subsequent Hospital Care
99234	99236	Inpatient Hospital
99238	99239	Hospital Discharge
99241	99245	Office Consult
99251	99255	Inpatient Consult
99281	99288	Emergency Department
99291	99292	Critical Care
99304	99310	Initial Nursing Facility
99315	99316	Nursing Facility Discharge
99324	99337	Rest Home
99339	99340	Domiciliary or rest home
99341	99350	Home Visit

99354	99357	Prolonged E/M Services
99358	99359	Prolonged E/M Services
99421	99423	Online
99441	99443	Telephone
99446	99449	Interprofessional telephone/Internet/electronic health record assessment and management service
99451	99452	Interprofessional telephone/Internet/electronic health record assessment and management service
99468	99476	Neonatal & Pediatric Critical Care
99477	99480	Intensive Care
99495	99496	Transitional Care Management
99499	99499	Unlisted E/M Service

Medical Specialty	
Table 3	
Adult Care	Adult Care
Allergy, Asthma & Immunology	Allergy, Asthma and Immunology
Allergy, Asthma & Immunology	Pediatrics, Allergy, Asthma and Immunology
Allergy, Asthma & Immunology	ALLERGY
Allergy, Asthma & Immunology	OTOLARYNGIC ALLERGY
Critical Care Medicine	Critical Care Medicine
Critical Care Medicine	NURSE PRACTITIONER, CRITICAL CARE MED
Critical Care Medicine	REGISTERED NURSE, CRITICAL CARE MEDICINE
Emergency Medicine	Emergency Medicine
Ear, nose & throat	Otolaryngology
Family Care	Family Care
Family Practice	Family Practice
Family Practice	Family Practice Res
Family Practice	Family Practice N.P.
Family Practice	Family Practice P.A.
General Practice	General Practice
General Practitioner	General Practitioner
Geriatric Medicine	Geriatric Medicine
Geriatric Medicine	Geriatric Medicine SP
Hospital Medicine	Hospital Medicine

Infectious Disease	Infectious Diseases
Internal Medicine	Internal Medicine
Internal Medicine	INTERNAL MED - ALLERGY & IMMUNOLOGY
Internal Medicine	INTERNAL MEDICINE, ADOLESCENT MEDICINE
Internal Medicine	INTERNAL MEDICINE, GERIATRIC MEDICINE
Laboratory	Laboratory
Laboratory	CLINICAL PATHOLOGY/LABORATORY MEDICINE
Laboratory	CLINICAL MEDICAL LABORATORY
Laboratory	MEDICAL LABORATORY
Medical P.A.	Medical P.A.
Nephrology	Nephrology
Nurse	Nursing, General
Nurse Practitioner	Nurse Practitioner
Obstetrics & Gynecology	Obstetrics & Gynecology, Maternal Fetal
Obstetrics & Gynecology	Obstetrics
Obstetrics & Gynecology	Obstetrics & Gynecology
Obstetrics & Gynecology	Gynecology
Obstetrics & Gynecology	GYNECOLOGY, OBG
Obstetrics & Gynecology	Obstetrical Res
Obstetrics & Gynecology	Gynecology Res
Obstetrics & Gynecology	Ob/Gyn N.P.
Obstetrics & Gynecology	NURSE PRACTITIONER, OB/GYN
Obstetrics & Gynecology	OBSTETRICS & GYNECOLOGY, CRITICAL CARE MEDICINE
Obstetrics & Gynecology	OBESITY MEDICINE, OBSTETRICS & GYNECOLOGY
Pathology	Pathology
Pathology	Pathology, Anatomic
Pathology	Pathology, Clinical
Pathology	Pathology, Chemical
Pathology	PATHOLOGY: CHEMICAL PATHOLOGY
Pediatrics	Pediatrics, Critical Care
Pediatrics	Pediatrics, Neonatology
Pediatrics	Pediatrics
Pediatrics	Pediatric Emergency Medicine
Pediatrics	Pediatric Intensive Care
Pediatrics	Pediatrics, Radiology
Pediatrics	Pediatric Res
Pediatrics	Pediatric N.P.
Pediatrics	Pediatric P.A.
Pediatrics	Pediatric Care
Pediatrics	PEDIATRICS-HOSPITAL MEDICINE



Pediatrics	PEDIATRIC PATHOLOGY
Pediatrics	NURSE PRACTITIONER, PEDIATRICS
Pediatrics	SKILLED NURSING FACILITY NURSING CARE, PEDIATRIC
Pediatrics	CLIN NURSE SPECIALIST, PEDIATRICS
Pediatrics	EMERGENCY MEDICINE, PEDIATRIC
Pediatrics	PEDIATRICS, CLINICAL & LABORATORY IMMUNOLOGY
Pediatrics	REGISTERED NURSE, PEDIATRICS
Pediatrics	PEDIATRICS, ADOLESCENT MEDICINE
Pediatrics	NURSE PRACTITIONER, PEDIATRICS CRITICAL CARE
Pediatrics	MEDICAL TOXICOLOGY, PEDIATRICS
Pediatrics	REGISTERED RESPIRATORY THERAPIST, NEONATAL/PEDIATRICS
Pediatrics, Infectious Disease	Pediatrics, Infectious Disease
Pediatrics, Pulmonology	Pediatrics, Pulmonology
Pharmacists	Pharmacist Practitioner
Physician Assistant	Physician Assistant
Physician Assistant	Physician Assistant - Medical
Primary Care	Ambulatory Healthcare Facility Primary Care
Pulmonary Disease	Pulmonary Disease
Pulmonary Disease	Pulmonary Medicine
Pulmonary Disease	CERTIFIED RESPIRATORY THERAPIST, PULMONARY DIAGNOSTICS
Pulmonary Disease	CERTIFIED RESPIRATORY THERAPIST, PULMONARY FUNCTION TECH
Pulmonary Disease	CERTIFIED RESPIRATORY THERAPIST, PULMONARY REHABILITATION
Pulmonary Disease	PULMONARY FUNCTION TECHNOLOGIST
Pulmonary Disease	REGISTERED RESPIRATORY THERAPIST, PULMONARY DIAGNOSTICS
Pulmonary Disease	REGISTERED RESPIRATORY THERAPIST, PULMONARY FUNCTION TECH
Pulmonary Disease	REGISTERED RESPIRATORY THERAPIST, PULMONARY REHABILITATION
Radiology	Radiology
Radiology	Radiology, Diagnostic
Radiology	Radiology Res
Radiology	RADIOLOGY DIAGNOSTIC ULTRASOUND
Registered Nurse	Registered Nurse
Urgent care	Urgent Care

Urgent care	Urgent Care II
Urgent care	Urgent Care II
Urgent care	z Urgent Care Facility
Urgent care	AMBULATORY HEALTH CARE FACILITIES, URGENT CARE

**COVID-19 S Ancillary Testing Services:
Diagnosis Code from Table 1 Required**

Table 4

71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)

**COVID-19: Laboratory Testing
Diagnosis Code Not Required**

Table 5

0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected (Effective 5/20/2020)
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected (Effective 6/25/2020)
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed (Effective 6/25/2020)

0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected (Effective 8/10/20)
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(Coronavirus disease [COVID-19]), ELISA, plasma, serum (Effective 8/10/20)
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected (Effective 10/6/20)
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected (Effective 10/6/20)
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective 4/10/2020)
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(Coronavirus disease [COVID-19]); screen (Effective 8/10/20)
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(Coronavirus disease [COVID-19]); titer (Effective 8/10/20)
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative (Effective 9/10/20)
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) multiple-step method (Effective 4/10/2020)
87426	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) (Effective 6/25/2020)
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or



	semiquantitative; adenovirus enteric types 40/41; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B (Effective 11/10/20)
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique (Effective 3/13/2020)
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique (Effective 10/6/20)
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique (Effective 10/6/20)
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective 10/6/20)
C9803	Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source (Effective 3/1/2020)
D0604	Antigen testing for a public health related pathogen, including coronavirus (Effective 1/1/21) - Pay claim if no dental coverage
D0605	Antibody testing for a public health related pathogen, including coronavirus (Effective 1/1/21) - Pay claim if no dental coverage
D0606	Molecular testing for a public health related pathogen, including coronavirus (Effective 3/15/2021) - Pay claim if no dental coverage
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. (Effective 3/1/2020)
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source. (Effective 3/1/2020)



U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel SARS-CoV-2 (Effective 4/1/2020) *for dates of service on or after 2/4/2020
U0002	Novel Coronavirus Test Panel SARS-CoV-2/2019-nCoV (Effective 4/1/2020) *for dates of service on or after 2/4/2020
U0003	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R (Effective 4/14/2020) *for dates of service on or after 3/18/2020
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R (Effective 4/14/2020) *for dates of service on or after 3/18/2020
U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection. <i>(List separately in addition to either HCPCS code U0003 or U0004)</i> Effective 1/1/2021

COVID-19: Other

An executive decision was made to cover PPE coding (Code 99072) for ABA Providers during the duration of the Public Health Emergency. (The direction was to make this specific to the duration of the Public Health Emergency at this time, we would evaluate and decide formally later if this would be made permanent and/or expanded to other providers.)

99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease (Effective 9/10/20)
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COVID-19 Modifier: (At the line Level)

No Other Code Requirements

CS	Cost sharing for COVID-19 testing and visits related to testing *for dates of service on or after 3/18/2020
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Ancillary Laboratory Services

36415	Collection of venous blood by venipuncture (Only when billed with antibody tests 0224U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87811, D0604, D0605)
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COVID-19 TREATMENT

Diagnosis for confirmed COVID-19 infection	
U07.1	COVID-19 Acute Respiratory Distress (Effective 4/1/2020)

COVID-19: Laboratory Testing Diagnosis from Table 1 Required for Hospital Outpatient	
Table 6	
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected (Effective 5/20/2020)
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U0005	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection. <u>(List separately in addition to either HCPCS code U0003 or U0004)</u> Effective 1/1/2021
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Ancillary Laboratory Services	
36415	Collection of venous blood by venipuncture (Only when billed with antibody tests 0224U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87811, D0604, D0605)

Monoclonal Antibody Therapy Administration

Table 7a

M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses (Effective 7/30/21)
M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses (Effective 7/30/21)
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
M0244	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency. (Effective 5/6/21)
M0245	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring

M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency. (Effective 5/6/21)
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring (Effective 5/26/2021)
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency (Effective 5/26/2021)
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose (Effective 6/24/2021)
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose (Effective 6/24/2021)

Monoclonal Antibody Therapy Drug Supply

Table 7b

Q0240	Injection, casirivimab and imdevimab, 600 mg (Provided at no cost and should not be billed on a claim) (Effective 7/30/21)
Q0243	Injection, casirivimab and imdevimab, 2400 mg (Provided at no cost and should not be billed on a claim)
Q0244	Injection, casirivimab and imdevimab, 1200 mg (Provided at no cost and should not be billed on a claim) (Effective 6/3/21)
Q0245	Injection, bamlanivimab and etesevimab, 2100 mg (Provided at no cost and should not be billed on a claim)
Q0247	Injection, sotrovimab, 500 mg (Effective 5/26/2021) (will not be purchased by the government and given to providers and suppliers free of charge and is billable. Medicare payments for Sotrovimab will follow payments for other vaccines products during the PHE)
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or

	extracorporeal membrane oxygenation (ECMO) only, 1 mg (Effective 6/24/2021)
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COVID-19 Modifier: (At the Line Level) No Other Code Requirements	
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CS	Cost sharing for COVID-19 testing and visits related to testing *for dates of service on or after 3/18/2020
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Modifiers (Optional) *Medicare required	
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CR	Catastrophe/Disaster
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Facility Condition Code (Optional) *Medicare required	
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DR	Disaster related
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COVID-19 VACCINATIONS

Vaccine Administration No additional qualifiers needed	
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Table 8

0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose (Pfizer)
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose (Pfizer)
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose. (Pfizer)
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose (Pfizer)
0011A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike

	protein, preservative free, 100 mcg/0.5mL dosage; first dose (Moderna)
0012A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose (Moderna)
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose (Moderna)
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; first dose (AstraZeneca)
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; second dose (AstraZeneca)
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage, single dose (Janssen)
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5 mL dosage; booster dose (Janssen)
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; first dose (Novavax)
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage; second dose (Novavax)

0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose (Pfizer)
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose (Pfizer)
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose (Pfizer)
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose (Pfizer)
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose (Moderna)
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose (Pfizer - PEDS)
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose (Pfizer - PEDS)
D1701	SARSCOV2 COVID-19 VAC Administration mRNA 30mcg/0.3mL IM DOSE 1 (Pfizer) Effective 3/15/2021
D1702	SARSCOV2 COVID-19 VAC Administration mRNA 30mcg/0.3mL IM DOSE 2 (Pfizer) Effective 3/15/2021
D1703	SARSCOV2 COVID-19 VAC Administration mRNA 100mcg/0.5mL IM DOSE 1 (Moderna) Effective 3/15/2021
D1704	SARSCOV2 COVID-19 VAC Administration mRNA 100mcg/0.5mL IM DOSE 2 (Moderna) Effective 3/15/2021
D1705	SARSCOV2 COVID-19 VAC Administration rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1 (AstraZeneca) Effective 3/15/2021

D1706	SARSCOV2 COVID-19 VAC Administration rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2 (AstraZeneca) Effective 3/15/2021
D1707	SARSCOV2 COVID-19 VAC Administration Ad26 5x1010 VP/.5mL IM SINGLE DOSE (Janseen) Effective 3/15/2021
M0201	COVID-19 vaccine administration inside a patient's home; reported only once per individual home, per date of service, when only COVID-19 vaccine administration is performed at the patient's home (Medicare Only - Effective 6/8/2021)

COVID-19 Vaccine
No additional qualifiers needed
When COVID-19 doses for vaccine are provided by the government without charge, only bill for the administration. Don't include the drug codes on the claim.

Table 9

91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use (Pfizer)
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use (Moderna)
91302	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage, for intramuscular use (AstraZeneca)
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010. viral particles/0.5mL dosage, for intramuscular use (Johnson & Johnson)
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use (Novavax)
91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use (Pfizer)
91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use (Moderna)

91307		Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, trisucrose formulation, for intramuscular use (Pfizer - PEDS)					
Diagnosis Position and Cost Share Requirement for Testing & Treatment							
	Place of Service / LOB	Claim Type	POS (Tapestry AP maps to Bill Type)	Qualifiers	Dx Position	Adjudication Level	Cost Share
Testing	Professional (adjudicate with Dx at header level)	CMS	Any (except 41, 42, 51, 52, 55, 56, 57, 58, 65)	COVID Diagnoses Table 1 + E&M Table 2 + Provider Specialty Table 3	Any	Claim	\$0 entire claim
	Lab	CMS	Any (except 41 & 42)	Lab CPT Table 5	Not applicable	Line	\$0 lab only
	Radiology & Ancillary	CMS	Any (except 41, 42, 51, 52, 55, 56, 57, 58, 65)	Diagnoses Table 1 + Radiology & Ancillary Table 4	Primary (adjudicate with Dx at the header level)	Line	\$0 radiology and ancillary only
	Hospital ED & Urgent Care	CMS & UB	20, 23	COVID Lab CPT Table 5 + COVID Diagnoses Table 1	Any	Claim	\$0 entire claim
	Hospital outpatient	CMS & UB	12,19, 22	Lab CPT Table 5	Not applicable	Line	\$0 lab only

	Hospital ambulatory surgery center	CMS & UB	24	Lab CPT Table 5	Not applicable	Line	\$0 lab only
	All services	CMS & UB	Any (except 41 & 42)	CS Modifier	Not applicable	Line	\$0 line level
	Venipuncture	CMS & UB	Any (except 41 & 42)	CPT 36415 (Only when billed with antibody tests 0224U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87811, D0604, D0605)	Not applicable	Line	\$0 line level
Treatment IP	Inpatient & Hospice	CMS & UB	21, 31, 32, 33, 34, 61 (Except 41 & 42)	Diagnosis U07.1	Any	Claim	\$0 entire claim
Treatment OP	Hospital ED & Urgent Care	CMS & UB	20, 23	Diagnosis U07.1	Any	Claim	\$0 entire claim
	Hospital outpatient	CMS & UB	12, 19, 22	Diagnosis U07.1	Any	Claim	\$0 entire claim
	ESRD clinic	CMS & UB	65	Diagnosis U07.1	Primary	Claim	\$0 entire claim
	Outpatient treatment	CMS	Any (except 41, 42, 51, 52, 55, 56, 57, 58, 65)	Diagnosis U07.1	Any	Claim	\$0 entire claim

Vaccine Administration	Commercial, Fully Insured, KPIC, Self Funding	CMS & UB	Any	HCPCS Code from Table 8	Any	Line	\$0 line level
Vaccine Administration	KP Medicare & KP Medicaid	CMS & UB	Any	HCPCS Code from Table 8	Any	Line	Deny claim Lines in Tapestry
Monoclonal Antibody Therapy Administration	KP Medicare	CMS & UB	Any	HCPCS Code from Table 7a	Any	Line	Deny claim Lines in Tapestry
Monoclonal Antibody Therapy Administration	MediCal (California Only)	CMS & UB	Any	HCPCS Code from Table 7a	Any	Line	\$0 line level
Vaccine Supply (DRUG)	All LOB	CMS & UB	Any	HCPCS Code from Table 9	Any	Line	Deny claim Lines in Tapestry
Monoclonal Antibody Therapy Supply (DRUG)	All LOB	CMS & UB	Any	HCPCS Codes Q0240, Q0243, Q0244 & Q0245 Only	Any	Line	Deny claim Lines in Tapestry

Place of Service (POS) List:

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

7b. What are the requirements for submitting COVID-19 related claims?

[ALTERNATE RESPONSE]

Please use the appropriate COVID-19 codes that have been established to indicate COVID-19 screening, diagnosis, testing and treatment on your claims. For more information related to CDC's ICD-10-CM Official Coding and Reporting Guidelines October 1, 2020 – September 30, 2021, <https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2021.pdf> . If you do not charge a cost share because you are providing a service related to COVID-19, please utilize the CS modifier on your claim to indicate this when appropriate.



7c. What are the requirements for submitting COVID-19 related monoclonal antibody treatment claims for Medicare enrollees?

Effective for dates of service prior to January 1, 2022 for monoclonal antibody treatment to KP Medicare members, providers must submit a Medicare fee-for-service claim to CMS.

Effective date of service, January 1, 2022 the COVID-19 monoclonal antibody treatment will be reimbursed via Medicare Advantage under Medicare Part B, without cost sharing. Providers should no longer bill CMS directly for monoclonal antibody treatment. Providers should bill KP via EDI for monoclonal antibody treatment.

For more information about COVID-19 vaccine policies and guidance, please see the toolkits found at <https://www.cms.gov/COVIDvax> and <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>

8. What diagnosis do the providers/groups use for non-COVID-19 related issues?

Providers should continue to follow standard ICD-10 coding guidelines for any non-COVID-19-related issues.

9. Can providers submit claims for authorized office visits that were converted to telehealth visits?

We appreciate your efforts to limit the spread of COVID-19 in the community. You may convert authorized office visits to telehealth visits, where clinically appropriate and technology is available, without seeking additional authorization from Kaiser Permanente.

Please ensure that you request a visual verification of members' Kaiser Permanente Identification Cards during telehealth visits, just as you would in-person in your medical office setting.

All members (Commercial, Individual and Family, Medicare and Medicaid) are covered for telehealth visits. While most members receive no-charge for telehealth visits, please use Online Affiliate to confirm the cost sharing for High Deductible Health Plan/HSA-qualified members who must first meet their deductible for telehealth visits unrelated to COVID-19 diagnosis and testing.

Kaiser Permanente will follow Medicare rules regarding telehealth visits, as outlined in: "Medicare Telehealth Frequently Asked Questions," dated March 17, 2020.

[**MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET | CMS**](#)

Reimbursement for telehealth visits will follow regulatory guidelines. For eligible telehealth visits, please use Place of Service (POS) 02 and Modifier 95 when submitting your professional (CMS) claims for these visits.



10. Will providers have an alternative solution for submission of requested documents for claims payments or will Kaiser Permanente be waiving the requirement to submit requested documents during this time?

No, we will not be waiving the requirement to submit required requested documentation for claims, except where regulators have explicitly suspended or modified applicable rules. Should providers be unable to submit requested documentation, the claim will be denied. If claim is denied for lack of requested information, providers will still have an opportunity to re-file and submit the requested information to Kaiser Permanente within the timely filing period.

SPECIFIC VERBIAGE FOR CO Provider

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-co.kp.org/cor/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_cod/index.html?

SPECIFIC VERBIAGE FOR MAS Provider

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink.kp.org/MAS/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_mas/kponlineaffiliate.html?

SPECIFIC VERBIAGE for NW Providers:

Provider should continue to mail all requested documents to National Claims Administration. If you have questions concerning this topic, please email NW-Provider-Relations@kp.org.

SPECIFIC VERBIAGE FOR SCAL Providers:

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.



If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-sc.kp.org/scal/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_sca/onlineaffiliateaccess.html?

SPECIFIC VERBIAGE FOR NCAL Providers:

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-nc.kp.org/ncal/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://info.kaiserpermanente.org/html/cpp_nca/onlineaffiliate.html?

SPECIFIC VERBIAGE FOR HI Providers:

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://extsso.kp.org/kpssso-ap/signIn.html>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_hi/onlineaffiliate.html?

SPECIFIC VERBIAGE FOR GA Providers:

Kaiser Permanente has a capability available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-ga.kp.org/georgia/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register: http://providers.kaiserpermanente.org/html/cpp_ga/onlineaffiliateaccess.html?



11. Will providers be able to submit disputes online during this time?

SPECIFIC VERBIAGE FOR CO Provider

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit disputes by signing on with the following link: <https://epiclink-co.kp.org/cor/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_cod/index.html?

SPECIFIC VERBIAGE FOR MAS Provider

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit disputes by signing on with the following link: <https://epiclink.kp.org/MAS/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_mas/kponlineaffiliate.html?

NW Providers

Providers should continue to submit disputes online via Community Provider Connect (CPC) Portal.

SPECIFIC VERBIAGE FOR SCAL Providers:

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-sc.kp.org/scal/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_sca/onlineaffiliateaccess.html?



SPECIFIC VERBIAGE FOR NCAL Providers:

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-nc.kp.org/ncal/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:

http://info.kaiserpermanente.org/html/cpp_nca/onlineaffiliate.html?

SPECIFIC VERBIAGE FOR HI Providers:

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://extsso.kp.org/kpssso-ap/signIn.html>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:

http://providers.kaiserpermanente.org/html/cpp_hi/onlineaffiliate.html?

SPECIFIC VERBIAGE FOR GA Providers:

Kaiser Permanente has a capability that is available for providers to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente's recently launched new capability that allows you to submit documents by signing on with the following link: <https://epiclink-qa.kp.org/georgia/epiclink>

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register: http://providers.kaiserpermanente.org/html/cpp_ga/onlineaffiliateaccess.html?

12. What is the status of the temporary suspension of “Medicare Sequestration” under the CARES Act and the Consolidated Appropriations Act?

The CARES Act: Sec. 3709. Adjustment of Sequestration 2020 states that during the period beginning on May 1, 2020 and ending on December 31, 2020, the Medicare programs under title XVII of the Social Security Act (42 U.S.C. 1395 et seq.) shall be exempt from any reduction under any sequestration order issued before, on, or after the date of enactment of this Act. The Consolidated Appropriations Act 2021 extended the



end date of the temporary suspension of sequestration to March 31, 2021. An Act to Prevent Across-the-Board Direct Spending Cuts, and for Other Purposes, signed into law on April 14, 2021, extends the suspension period to December 31, 2021.

13. May providers which bill on an institutional UB-04 claim form bill for telehealth services?

Notwithstanding CMS guidelines, Kaiser Permanente may allow certain institutional providers (e.g., those providers who typically bill on a UB-04 institutional claim form) to perform telehealth visits under certain circumstances. Please contact the applicable Kaiser Permanente clinical group for information specific to your organization.

14. Is KP modifying Medicare rates in accordance with the CARES Act?

In compliance of section 3710 of the CARES Act, Kaiser Permanente will increase the payment made to a hospital for COVID-19 admissions by a 20% increase to the DRG weight starting on January 27, 2020 for Medicare and March 27, 2020 for Commercial through the end of the COVID-19 emergency, as declared by the HHS secretary under the PHS Act Section 319.

The 20% add on applies to providers that have Medicare contract rates using pricing calculated by the MS DRG (weight).

For claims using a COVID related ICD-10 diagnosis code, and using the Medicare weighting, Kaiser will reimburse with the 20% weight increase for discharges on or after 4/1/2020

15. Will Kaiser Permanente modify their Claims Payment Policy in accordance with COVID-19 guidelines?

Yes, effective beginning with dates of receipt April 15, 2020, Kaiser has modified its Clinical Review Claims Payment Policy to align with CMS guidance regarding the payment of COVID-19-related claims. Certain services that would have otherwise been disallowed in the ordinary course of the review of COVID-19 related claims, will now be allowed. The Clinical Review Payment Policy may continue to be revised at Kaiser Permanente's discretion.

16. What is Kaiser Permanente's position on cost share and reimbursement for serology (antibody) testing?

Kaiser Permanente will comply with all regulations and requirements for serology testing and effective dates. Covid-19 specific antibody testing procedure codes 86328 and 86769 are not subject to member cost share. Kaiser Permanente is following local Medicare Administrative Contractors (MACs) reimbursement amounts in their respective jurisdictions until Medicare establishes national payment rates.