

network news

For practitioners and providers of Kaiser Permanente
Produced by Kaiser Foundation Health Plan of the Mid-Atlantic States,
Inc. in partnership with the Mid-Atlantic Permanente Medical Group, P.C.

March 2021



Contents

COVID-19: World Health Crisis Update	1
Medical Coverage Policy Update Dec 2020 – Feb 2021	14
2021 UM Affirmative Statement	18
Pharmacy Management Information and Updates	19
Drug Recall Information	20
Medicare Advantage Update	21
New Online Affiliate Registration Process	22
Coming Soon to OLA	22
Provider Inquiries Move to OLA Platform	23

COVID-19: World Health Crisis Update

COVID-19 has had an unprecedented impact on the United States and remains prevalent in communities in the Mid-Atlantic region. We appreciate your continued partnership on our response to addressing the spread of the virus; and for providing prompt and compassionate care to our members and patients.

We continue to work to address questions you have, and in this publication, are providing responses and direction for those we have received from our participating providers. We will continue to keep you informed as the situation evolves. The most up-to-date information is regularly posted to Kaiser Permanente of the Mid-Atlantic States' Community Provider Portal (CPP) at www.providers.kp.org/mas.

Member and Patient Costs

Members will not have to pay for costs related to COVID-19 screening, diagnosis, testing or treatment. This includes the care that your facility or practice provides to our members.

We believe that cost should not be a barrier to screening or testing for our members who have received a doctor's order to be tested or treated. Effective March 6, 2020, Kaiser Permanente will not charge member cost-sharing (co-pays, deductibles and/or coinsurance) for all medically necessary screening, diagnosis and testing; and effective March 19, 2020, Kaiser Permanente will not charge member cost-sharing for treatment for COVID-19. This policy applies to the cost of the visit, associated lab tests and radiology services at a hospital, emergency department, urgent care and provider offices where the purpose of the visit is to be screened, diagnosed, tested or treated for COVID-19.

COVID-19: World Health Crisis Update - Continued from page 1

There is no need to seek additional authorization to provide COVID-19-associated screening, diagnosis or testing to our members.

Please do not collect cost sharing for COVID-19 screening, diagnosis or testing or treatment-related services from our members. COVID-19 coding information is provided later in this article.

Important Notes:

- *All self-funded members will have \$0 cost sharing for screening, testing and diagnosis; however, some self-funded members may encounter a cost share for treatment of COVID-19 at the election of their employer group.*
- *There is a temporary exception for Virginia Medicaid members. For more information, see “Virginia Medicaid Member and Out-of-Pocket Costs.”*
- *There may be some reprocessing of claims related to COVID-19 care that may take 30 days or longer. Your patience is appreciated as appropriate benefit adjudication is finalized.*

COVID-19 Cost-Sharing Waivers

COVID-19 Treatment: Kaiser Permanente will waive all out-of-pocket cost sharing for all medical and hospital services for COVID-19 treatment and/or for episodes of care where COVID-19 is the primary diagnosis. This policy will be in effect through March 31, 2021, or the last day of the month following the end of the national public health emergency, whichever is later. Other provisions may apply where required by Federal or state law or regulation. As state laws in the Mid-Atlantic region effect this timeline, we will make updates to our policy. (A limited number of commercial self-funded groups may apply cost sharing for COVID-19 treatment.)

COVID-19 Diagnostic Testing: Kaiser Permanente will continue to waive all out-of-pocket cost sharing for all COVID-19 diagnostic testing for members. This policy will be in effect through March 31, 2021 or the last day of the month following the end of the national public health emergency, whichever is later. Other provisions may apply where required by Federal or state law or regulation.

Providers will be notified by letter, in the same manner as for this communication, when the COVID-19 cost sharing waiver discontinues. The update will also be posted to CPP. You are encouraged to visit the CPP for ongoing updates and information about this initiative.





COVID-19: World Health Crisis Update - *Continued from page 2*

Appointments for Kaiser Permanente Members Experiencing COVID-19 Symptoms

For those of you seeking to direct members to their KP providers for COVID-19 symptoms, testing or care, please advise them that we encourage members or their dependents who have recently traveled to an area of risk or think they have been exposed to the virus and are experiencing symptoms of COVID-19, like respiratory illness, to call the appointment and advice line at 703-359-7878 or 1-800-777-7904 (711 TTY) so we can assist with directing their care. To reduce possible exposure to others, we prefer that these members **not** make an appointment online or go directly to one of our facilities without calling ahead first.

Providing Telehealth Visits

We appreciate your efforts to limit the spread of COVID-19 in the community and encourage the use of telehealth visits. Telehealth flexibilities permitted to providers who were not contracted to provide telehealth services or bill for telehealth services in the normal course of care prior to the COVID-19 public health emergency (e.g., ABA providers and home health agencies) will continue to be afforded the flexibility to bill for care provided via telehealth through the end of the month in which the public health emergency ends, as it pertains to each jurisdiction. 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.

COVID-19: World Health Crisis Update - Continued from page 3

Providers should update systems and procedures to enable the use of modifiers GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or telehealth place of service (POS code 02) when billing for services delivered via telehealth. If billing on a UB04, please append the modifier to the HCPCS code.

For Eligible Telehealth Visits Provided to Commercial or Medicare Members

Please use POS (place of service) 02 when submitting your professional services claims for these encounters. Modifier 95 is equally accepted for telehealth services on a professional services claim form (CMS 1500).

For Eligible Telehealth Visits Provided to Maryland or Virginia Medicaid Members

Professional services provided via Telehealth should be identified with a GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system) modifier, as appropriate, and are billed using the usual place of service code that would be appropriate as if it were a non-telehealth claim on a professional services claim form (CMS 1500).

Guidance from Medicare and Medicaid Programs about Telehealth Services During the COVID-19 State of Emergency

Medicare and both MD and VA Medicaid programs have issued specific guidance regarding telehealth services including coding/billing, waivers for originating site, telehealth and behavioral health as well as telehealth care provided from a hospital setting. For more information, please refer directly to this guidance for regional Medicaid programs.

Medicare:

- Telehealth Frequently Asked Questions (Issued March 17, 2020)

MD Medicaid:

- COVID-19 Provider Updates

VA Medicaid:

- COVID-19 Provider information
- COVID-19 Provider Flexibilities Related to COVID-19 (Issued: March 19, 2020)

Coding for Telehealth Services Using an Institutional Claim Form (UB04 Claim Form)

For providers that are *unable to submit a professional CMS 1500 claim form*, and use institutional billing form, may submit claims for professional services with modifier 95 appended to eligible HCPCS/CPT on the institutional billing (UB claim forms) to submit claims for services that were:

- Performed remotely using real-time audio-visual telehealth technology or telephonic/audio-only when video technology is not available to the patient;
- Performed by a licensed, certified or otherwise qualified professional practicing within their scope of practice; and
- Where same standard of practice and documentation for the service or visit were maintained.



COVID-19: World Health Crisis - Continued from page 4

Claim Form	CMS 1500		UB04 (Per Extenuating Circumstances Noted Above)
Line of Business	Place of Service Code	Modifier Options	HCPCS (Modifier)
Commercial	02	GT, GQ, 95	HCPCS (GT, GQ or 95)
Medicare	02		HCPCS (95)
VA Medicaid	Usual Place of Service Code	GT, GQ, 95	HCPCS (GT, GQ or 95)
MD Medicaid	Usual Place of Service Code	GT, GQ, 95	HCPCS (GT, GQ or 95)

For more information, visit CPP to view our COVID-19 Telehealth Guide for providers.

Care Notes

Providers are encouraged to provide members with a written clinical summary of COVID-19 screening, diagnosis, testing and treatment results that members can then share with their Kaiser Permanente care team.

COVID-19 Testing

The latest CDC and health authority guidance directs clinicians to use their judgment to determine if a patient has signs and symptoms of COVID-19 and should be tested. For the most up-to-date coronavirus care guidelines from the CDC visit www.cdc.gov/coronavirus.

COVID-19: World Health Crisis Update - Continued from page 5

COVID-19 Lab Test Coding

All COVID-19 lab tests should be coded using the following procedure codes. These tests are no-charge to all members.

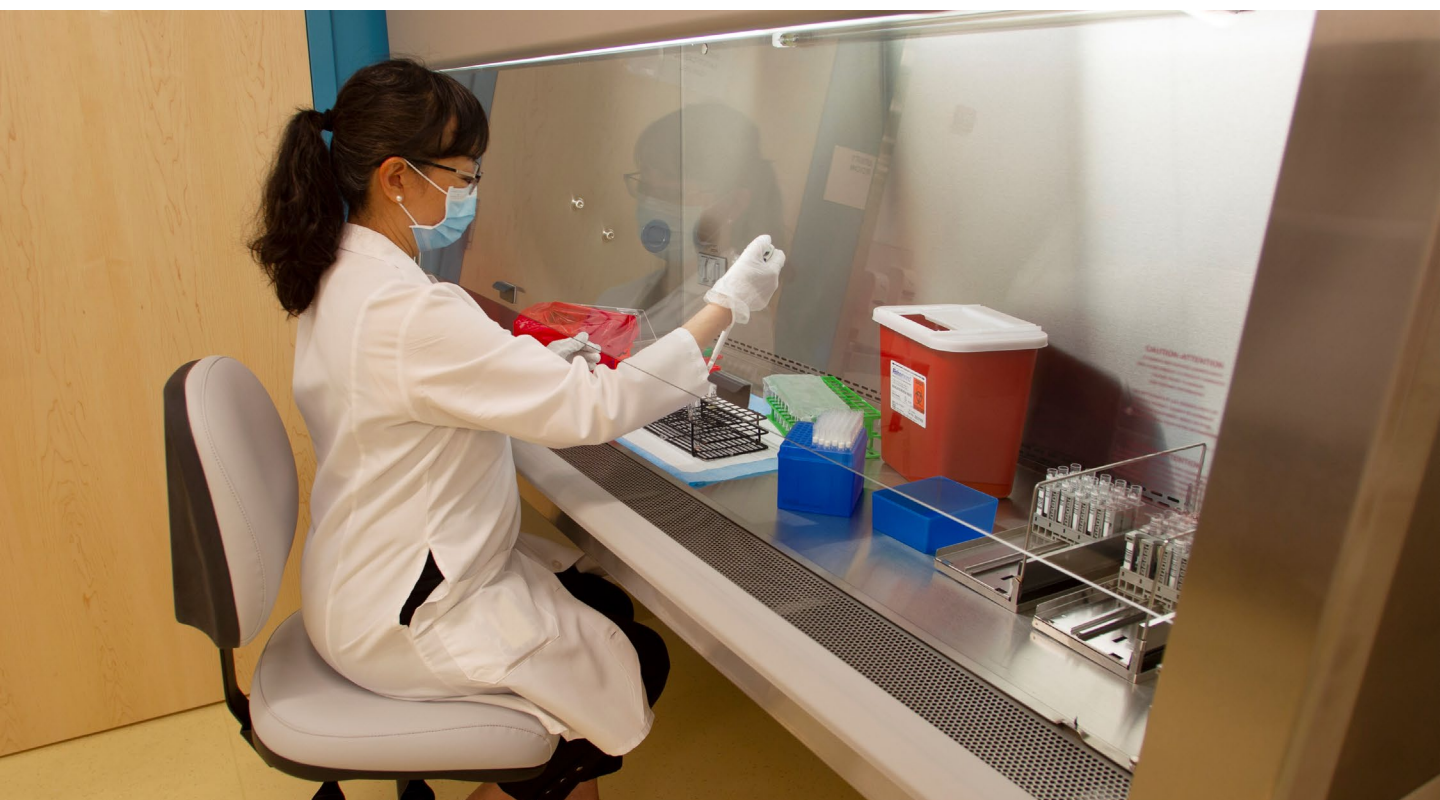
Procedure Codes	Description
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected 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 (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
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)

COVID-19: World Health Crisis Update - Continued from page 6

Procedure Codes	Description
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])
87426	Severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) (Effective 6/25/2020)
87428	Infectious agent antigen detection by immunoassay technique, (e.g., 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 (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B (Effective 11/10/2020)
87635	Infectious agent detection by (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [COVID-19] (Do not use this procedure for Medicare members)
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)
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) (Effective 10/6/20)
D0604	Antigen testing for a public health related pathogen, including coronavirus (Effective 1/1/2021)
D0605	Antibody testing for a public health related pathogen, including coronavirus (Effective 1/1/2021)
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 an HHA, any specimen source. (Effective 3/1/2020)

COVID-19: World Health Crisis Update - Continued from page 7

Procedure Codes	Descriptions
U0001	Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Test Panel (Use only for tests performed by CDC)
U0002	Private labs (e.g., Quest) 2019-nCoV Coronavirus, SARS-CoV-2/2019- nCoV (COVID-19) (Use for Medicare members or Commercial members)
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
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
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. (List separately in addition to either HCPCS code U0003 or U0004) (Effective 1/1/2021)



COVID-19: World Health Crisis Update - Continued from page 8**Other Associated Diagnostic Testing**

87400	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each
87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

Procedure Codes	Description
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)

Monoclonal Antibody Therapy Administration

Procedure Codes	Description
M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring
M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring

Monoclonal Antibody Therapy Drug Supply

Procedure Codes	Description
Q0243	Injection, casirivimab and imdevimab, 2400 mg (Provided at no cost and should not billed on a claim)
Q0239	Injection, bamlanivimab-xxxx, 700 mg (Provided at no cost and should not billed on a claim)

COVID-19: World Health Crisis Update - *Continued from page 9*

Virginia Medicaid Member and Out-of-Pocket Costs

Effective March 16, 2020, the Virginia Department of Medical Assistance Services has directed all Medicaid Fee-for-Service Providers and Medicaid Managed Care Organizations, of which Kaiser Permanente is a participating provider, to eliminate cost sharing for all visits and services as of March 16, 2020.

Prescription Drug Coverage and Mail Order Pharmacy

It's a good idea for members to refill their prescriptions online and have them delivered by mail. You may receive member requests for prescription drug refills that you've prescribed. In your clinical judgment, please process these requests as expeditiously as possible.

Members can avoid standing in line by receiving prescriptions through our mail order service. Members can sign up on kp.org/rxrefill and receive their medications in about 3-5 business days. For urgent prescriptions, members should visit their closest Kaiser Permanente medical center pharmacy.

We have relaxed our "refill too soon" edits to permit earlier access to refills. Additionally, on a case-by-case basis, using clinical judgment and in compliance with regional or state executive orders, a pharmacist may dispense a refill even sooner than the edit allows. Regular benefit co-pays will apply to prescription drugs.

We are also monitoring all regional, state and federal emergency executive orders and will comply with any requirements related to prescribing and dispensing.

Monitoring Drug Supply Chains

Currently, Kaiser Permanente is not experiencing any significant drug shortages related to this coronavirus. We are closely monitoring the drug supply chain to identify any potential shortages of drugs produced in countries affected by COVID-19.

Our physicians, pharmacists and supply chain specialists continually work together to ensure that our members have access to needed medication. Within our integrated health system, we take steps such as identifying alternate supply sources or therapeutic agents whenever a drug shortage issue is identified, working closely with our physicians.

If there is any issue with a medication a member is taking, they will be notified about what they need to do. As always, members are encouraged to ask their physician or pharmacist about any concerns they have.

COVID-19 ICD-10 Coding

Proper diagnosis is needed to represent the care provided and ensure we can identify and track the at-risk population. As a reminder, effective March 6, 2020, all visits associated with screening, testing and diagnosis will be no charge for all members. The no charge coverage includes visits, associated labs, radiology and vaccine (when available) if members suspect or were exposed to the coronavirus or are under investigation for exposure to COVID-19. Medically necessary treatment of COVID-19 is also being covered at no charge, effective March 19, 2020.

COVID-19: World Health Crisis Update - Continued from page 10

Please use the scenarios below to find the most specific and accurate diagnosis code. Using these codes will support no charge claims processing associated with COVID-19 screening, diagnosis, testing and treatment services.

Case Scenario	Use ICD-10 DX Code:
Concern about a possible exposure to COVID-19, but ruled out after evaluation	Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out
Actual or suspected exposure to someone who is infected with COVID-19; Person under investigation	Z20.822: Contact with and (suspected) exposure to COVID-19 (Effective 1/1/2021) Z20.828: Contact with and (suspected) exposure to other viral communicable diseases
Asymptomatic Patient screened for COVID-19	Z11.52: Encounter for screening for COVID-19 (Effective 1/1/2021) Z11.59: Encounter for screening for other viral diseases
Confirmed COVID-19	U07.1: 2019-nCoV acute respiratory disease
Case of acute bronchitis confirmed as due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J20.8: Acute bronchitis due to other specified organisms
Cases of Bronchitis not otherwise specified (NOS) due to the COVID-19	U07.1: 2019-nCoV acute respiratory disease and J40: Bronchitis, not specified as acute or chronic
Cases of lower respiratory infection, not otherwise specified (NOS) or an acute respiratory infection, NOS associated with confirmed COVID-19	U07.1: 2019-nCoV acute respiratory disease and J22: Unspecified acute lower respiratory infection
Cases of respiratory infection, NOS due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J98.8: Other specified respiratory disorders
Cases of ARDS (Acute Respiratory Distress Syndrome) due to COVID-19	U07.1: 2019-nCoV acute respiratory disease and J80: Acute respiratory distress syndrome



COVID-19: World Health Crisis Update - Continued from page 11

On February 20, 2020 the CDC announced a new ICD-10, U07.1: 2019-nCoV acute respiratory that will become effective on April 1, 2020 and may not be used for billed claims until that date.

For more information related to CDC's ICD-10-CM Official Coding Guidelines - Supplement Coding encounters related to COVID-19 Coronavirus Outbreak please go to <https://www.cdc.gov/coronavirus>.

COVID-19 Vaccinations

Kaiser Permanente will cover the administration of any FDA-approved COVID-19 vaccine at no cost-share to all commercial and Medicaid members (see "Medicare Reimbursement" section below). Providers may bill for the administration of the vaccine but not the cost of the vaccine as they are provided at no cost by the Federal government. No authorization is required for the administration of COVID-19 vaccinations.

Medicare Reimbursement COVID-19 Vaccinations and Monoclonal Antibody Therapy –

Original Medicare will reimbursement COVID-19 vaccine administration and monoclonal antibody therapy administration (MAB) costs. Therefore, claims for COVID-19 vaccination and MAB administration should be submitted to Original Medicare via the appropriate Medicare Administrative Contractors directly and not to Kaiser Permanente. This provision is for COVID-19 vaccination and MAB administration only. All other Medicare Advantage claims including COVID-19 screening, testing, diagnosis and treatment will continue to be submitted to Kaiser Permanente for reimbursement. For additional information, go to:

- <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>
- <https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion#Payment>

All COVID-19 vaccine administration costs should be billed using the following codes:

Procedure Codes	Description
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)
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)

COVID-19: World Health Crisis Update - Continued from page 12

We will provide any additional information regarding COVID-19 coding to you as quickly as possible.

Continue to Encourage Social Distancing

Social distancing can limit the exposure of the virus to vulnerable individuals. For questions about self-isolating and social distancing, please refer to CDC guidance at: <https://www.cdc.gov/coronavirus>.

We will continue to keep you informed about changes and answer your questions as the situation evolves. Please keep up to date on the evolving COVID-19 pandemic by visiting CPP, our provider portal, at providers.kp.org/mas. You may also visit kp.org for continued updates.

If you have additional questions, please contact your account manager or email us at provider.relations@kp.org.



Medical Coverage Policy Update December 2020 – February 2021

The following Kaiser Permanente Mid-Atlantic Medical Coverage Policies (MCPs) and Transplant Patient Selection Criteria were approved between December 2020 and February 2021.

We develop MCPs in collaboration with specialty service chiefs and clinical subject matter experts. MCPs specify clinical criteria supported by current peer reviewed literature and are used to guide decisions related to request for health care services such as devices, drugs and procedures. The policies are reviewed and updated annually, reviewed for approval by the Regional Utilization Management Committee (RUMC), and are periodically reviewed by regulatory and accrediting agencies. Except where noted, our MCPs are primarily applicable only to commercial members.

New or Updated Utilization Management (UM) Criteria

I. Nationally Recognized UM Criteria

A. Non-Behavioral Health UM Criteria

1. MCG Guidelines 25th edition
2. InterQual Level of Care for transplant-related services, adult and pediatric
3. Medicare Coverage Database for National (NCD) and Local Coverage Determination (LCD) for Durable Medical Equipment (DME) and Supplies
4. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Guidelines

B. Behavioral Health UM Criteria

1. MCG Guidelines 25th edition
2. American Society of Addiction Medicine (ASAM) Criteria for Substance-Use Disorder
 - Addiction Recovery and Treatment Services (ARTS)
3. Virginia Medicaid
 - Community Mental Health Rehabilitative Services (CMHRS) Manual for Virginia Premier's Behavioral Health Services



Medical Coverage Policy Update December 2020 – February 2021 – *Continued from page 14*

I. Internally Developed UM Criteria

A. Transplant Patient Referral Guidelines

1. Liver Transplant
2. Intestinal, Intestinal/Liver Transplant
3. Kidney Transplant
4. Pancreas Transplant Alone and Pancreas After Kidney Transplant (PTA/PAK)
5. Simultaneous Pancreas Kidney (SPK) Transplant
6. Bone Marrow Transplant
7. Lung & Heart/Lung Transplant
8. Heart Transplant
9. Use of Mechanical Circulatory Support Devices as a Bridge to Cardiac Transplant

B. Medical Coverage Policies

1. Vision Therapy – New Policy
Effective date: December 16, 2020
2. Matrix-Induced Autologous Chondrocyte Implantation (MACI) Procedure for Repair of Articular Cartilage of the Knee - New Policy
Effective date: December 16, 2020
3. Viscosupplementation – New Policy
Effective date: December 16, 2020
4. Reauthorization for Spinal Manipulation Therapy and Chiropractic Treatment
 - Section VI, A: reference to chiro benefit coverage and visit limits per member's group plan deleted from section VI and moved to Utilization Alert section.
 - References were updated
5. Acupuncture
Effective date: December 16, 2020
 - References were updated
6. Home UV-B Therapy
Effective date: December 16, 2020, February 17, 2021
 - Utilization Alert: Added:
 - Medicare Senior Advantage and Medicaid members who meet the clinical indication requirements have Home Ultraviolet B (UVB) supplemental benefit coverage effective January 1, 2021.
7. Vitiligo Treatment
Effective date: December 16, 2020
 - References were updated

Medical Coverage Policy Update December 2020 – February 2021 – *Continued from page 15*

8. Virtual Colonoscopy DC, VA and Feds
Effective date: January 20, 2021
 - References were updated
9. Virtual Colonoscopy MD
Effective date: January 20, 2021
 - References were updated
10. Corneal Collagen Crosslinking for Progressive Keratoconus
Effective date: January 20, 2021
 - References were updated
11. Genetic Testing
Effective date: January 20, 2021
 - References were updated
12. Cardiac Rehab
Effective date: January 20, 2021
 - References were updated
13. Mastectomy External Prosthesis
Effective date: January 20, 2021
 - Change in the covered mastectomy bras from 2 to 4 per year
 - References were updated
14. Fetal Echo
Effective date: February 17, 2021
 - Section III. Clinical indications: Maternal and Fetal for fetal echocardiogram
 - A. Maternal indications
 - Added: Teratogen exposure (e.g., anticonvulsives)
 - Deleted: Maternal seizure disorder who are not currently taking anti-seizure medication
 - B. Fetal indications
 - Added: Suspicion of twin-twin transfusion syndrome
 - Deleted: Multiple gestation
 - References were updated
15. Cranial Remodeling Bands and Helmets
Effective date: February 17, 2021
 - Section III. C: Usage Guideline
 - Added: “A second orthosis may also be medically necessary if the asymmetry has not significantly improved and criteria as listed are met after 2 to 4 months of treatment.”
 - References were updated

Medical Coverage Policy Update December 2020 – February 2021 – Continued from page 16

16. Home UVB Phototherapy
Effective date: February 17, 2021
 - Change in the covered mastectomy bras from 2 to 4 per year
 - References were updated
17. Autologous Stem Cell Cardiomyoplasty
Effective date: February 17, 2021
 - References were updated
18. Biofeedback
Effective date: February 17, 2021
 - References were updated
19. Dental Services – covered outside of medical benefit
Effective date: February 17, 2021
 - References were updated
20. Compression Garments and Devices
Effective date: February 17, 2021
 - Section IV. C: added as an exclusion
 - “Non-medical grade stockings and other garments (<20 mmHG of compression) are not covered”
 - Added: Table 1: US Pressure Classes
 - References were updated



Medical Coverage Policy Update December 2020 – February 2021 – *Continued from page 17*

Access to MCPs is only two clicks away in HealthConnect

Medical Coverage Policies can be accessed through the KP Clinical Library by using the web link, https://clm.kp.org/wps/portal/cl/MAS/search_iframe?query=medical+coverage+policy&x=0&y=0.

Click on the Clinical Library section on the right side of the KPHC Home page and then type in “medical coverage policy” in the search box. All medical coverage policies will be displayed.

Please contact the Utilization Management Operations Center (UMOC) at 1-800-810-4766 to receive a copy of the UM guideline or criteria related to a referral.

All Practitioners have the opportunity to discuss any non-behavioral health and/or behavioral health Utilization Management (UM) medical necessity denial (adverse) decisions with a Kaiser Permanente Physician reviewer (UM Physicians).

If you have clinical questions on use of our criteria, please feel free to contact:

Claudia Donovan M.D.

Physician Director of Medical Policies, Benefits and Technology Assessment

Medical Director for Central East National Transplant Services

Claudia.K.Donovan@kp.org

If you have administrative questions concerning accessing or using our criteria, please contact:

Marisa R Dionisio, RN

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2021 Utilization Management Affirmative Statement

Kaiser Permanente practitioners and health care professionals make decisions about which care and services are provided based on the member’s clinical needs, the appropriateness of care and service, and existence of health plan coverage. Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or benefits or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

Pharmaceutical Management Information and Updates

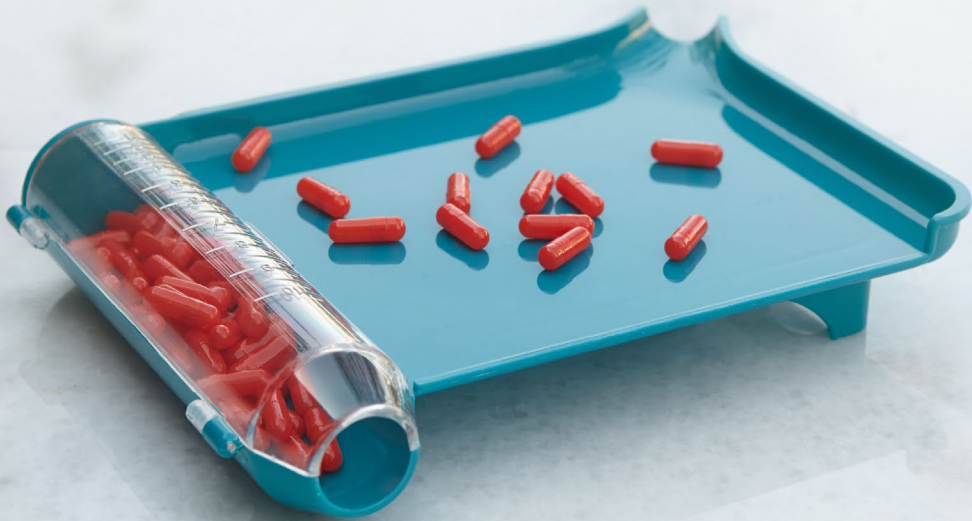
The KPMAS Regional Pharmacy & Therapeutics (P&T) Committee approves drug formularies for all lines of business, Commercial, Marketplace/Exchange, Medicare, Virginia Premier and MD HealthChoice (Medicaid).

The Regional P&T Committee, with expert guidance from various medical specialties, evaluates, appraises, and selects from available medications those considered to be the most appropriate for patient care and general use within the region. The purpose of the formulary is to promote rational, safe, and cost-effective drug use.

The formularies are updated monthly with additions and/or deletions approved by the Regional P&T Committee. The most recent information on drug formulary updates or changes can be accessed via the online Community Provider Portal for affiliated practitioners available at http://providers.kaiserpermanente.org/html/cpp_mas/formulary.html. To view the P&T Memos, you will be redirected to the Kaiser Permanente Mid-Atlantic States (KPMAS) Clinical Library, a secured network, and asked to sign in and/or register for access.

A printed copy of each drug formulary is available upon request from the Provider Experience department, which can be contacted via email at Provider.Relations@kp.org.





Drug Recall Information Available for Patients on KP.org

The Kaiser Permanente Drug Information Services (KP DIS) team is pleased to announce the availability of a new patient-facing website with content related to medication recalls affecting Kaiser Permanente members.

Members can access the website at: www.kp.org/drugrecalls.

Please note that this website is associated with the KP.org platform but not within KP.org, so it does not require a login and does not sit behind a firewall.

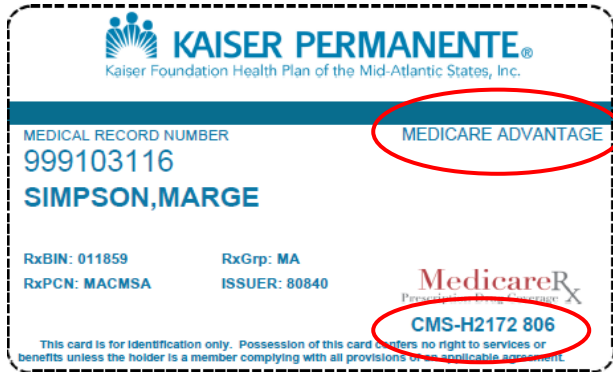
Members can learn about this website through their healthcare providers by including the information in the After-Visit Summary (AVS) or if they receive a “robocall” from the KP DIS service for a consumer-level recall.

To insert the following information in the AVS, use the following KP HealthConnect smart phrase:
.drugrecall: “Drug recalls can result in emails and phone calls from your patients with questions and requests for further information. The National Kaiser Permanente Drug Information Services team in Pharmacy has developed a patient-facing website to help provide recall information that affects our members - www.kp.org/drugrecalls.”

Important note: KP Drug Information will ONLY populate this site with patient materials related to consumer-level recalls that affect Kaiser Permanente patients. It is NOT meant to be a comprehensive drug recall site.

Medicare Advantage Update

Kaiser Permanente has completed its Medicare Advantage expansion and all Medicare Cost plans have been completely phased out as of January 1, 2021. All Kaiser Permanente Medicare members are now under Medicare Advantage plans. The Kaiser Permanente Medicare Advantage member identification card has *Medicare Advantage* identified in the upper right corner and the CMS contract number, *H2172*, in the lower right.



Providers can verify benefits online via our Kaiser Permanente Online Affiliate website at www.providers.kp.org/mas.

Medicare Advantage members will have Kaiser Permanente as their primary insurance carrier. This means that claims should be submitted to Kaiser Permanente as primary. Although claims will be submitted to Kaiser Permanente, the same billing requirements for CMS apply.

Referrals for services for members moving from Medicare Cost to Medicare Advantage will not need to be reauthorized, with two specific exceptions, DME supplies and homecare referrals. All other referrals will remain in place throughout the transition from Medicare Cost to Medicare Advantage; there is no change to the referral and authorization requirements. Referrals and authorizations will still need to be obtained for specialty care services, hospitalizations, homecare, DME, orthotics/prosthetics and facility services. Providers may continue to request authorizations from Utilization Management Operations Center by phone at 1-800-810-4766 or by fax at 1-800-660-2019. Providers with referrals who need to be edited or reauthorized or changed will receive separate communication from UMOC.

To help support our Medicare Advantage Participating Providers, we have developed a Medicare Advantage training tool available on our Community Provider Portal at www.providers.kp.org/mas. If you have any questions about the Medicare Advantage plan, please contact Provider Experience at 1-877-806-7470 or email provider.relations@kp.org.



New Online Affiliate Registration Process

Online Affiliate is Kaiser Permanente's EPIC-based online tool that allows you to check claims status, verify member eligibility & benefits and view referrals and authorizations.

We listened to feedback from our external provider community and consolidated our registration process into a simple, two-step enrollment process. In addition to the new process, designated provider group administrators and supervisors will also have the capability to request access on behalf of their staff, a feature called "Bulk User Registration".

To view instructions of the new registration process, go to www.providers.kp.org/mas and click on Register.

With Online Affiliate you can:

- Verify member eligibility and benefits
- View referrals and authorizations
- View medical records
- View claim status
- View/print remittance advices
- File a payment dispute
- Respond to a request for information (RFI)
- Submit supporting claim documentation

If you do not have access to Online Affiliate, register online at www.providers.kp.org/mas.

If you have any questions, please contact your Online Affiliate regional representative at KP-MAS-OnlineAffiliate@kp.org.

Coming Soon to Online Affiliate

A new feature will be launching this Spring. Providers will soon be able to communicate directly with Kaiser Permanente regarding claims, payments and RFI in more detail.

New claims self-service tools are being added to the list of features available in Online Affiliate. With this enhancement, Kaiser Permanente external providers will be able to do the following:

- Get more information on denial codes or Request for Information (RFI) activity from the Claim Detail report.
- View provider dispute Customer Relations Management (CRMs) via a new Provider Dispute CRM Report on the portal.
- Submit a claim related inquiry on a denied, pending, or completed claim.
- Submit an inquiry on check payments.
- Submit an inquiry or self-report an overpayment.
- Receive automated response or response from Kaiser Permanente in your Online Affiliate in-basket.

If you have any questions, please do not hesitate to contact your Online Affiliate Regional Representative at KP-MAS-OnlineAffiliate@kp.org.



Provider Inquiries Move to OLA Platform

In our continued effort to provide you with more expedient service, beginning **April 1, 2021**, we are transitioning claim status, member eligibility and benefit information **exclusively** to our Online Affiliate platform.

Kaiser Permanente Online Affiliate allows external providers the opportunity to perform self-service for many claims-related tasks.

To date, many providers have relied on the Kaiser Permanente Member Services Contact Center to obtain claim and patient related information.

There are many advantages to registering for Online Affiliate. You can have at your fingertips many claim and patient details such as:

- Date claim received by Kaiser Permanente
- Claim processing status – in progress or complete
- Claim payment status – paid or denied
- Amount paid
- See claim details such as services rendered, referrals, diagnosis, coverage information, and procedure codes
- View and print a copy of your Explanation of Payment (EOP)
- Verify patient eligibility and benefits
- Respond online to KP Request for Information (RFI)
- Submit online claim disputes/appeals
- Receive claim status acknowledgment letters

One of the great benefits of the self-service tool is that you no longer need to wait on hold while calling the Kaiser Permanente Member Services Contact Center. With Online Affiliate, patient information is at your fingertips 24 hours a day, 7 days a week.

To register for access, navigate to www.providers.kaiserpermanente.org/mas. Please be advised that the registration timeframe for gaining access to Online Affiliate is 3-4 business days.

In the process of registering for Online Affiliate access but want to check the status of a claim?

You may utilize Kaiser Permanente's **Guest Access feature** to obtain limited claim status information. Please go to www.providers.kaiserpermanente.org/mas and look for links to **View Claim Status as a Guest User**.

If you have any questions regarding this communication, please reach out to your regional representative at KP-MAS-OnlineAffiliate@kp.org.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Provider Experience
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