



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.**

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

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**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 waiving authorization for claims related to testing and screening of COVID-19. Additionally, Kaiser Permanente is waiving authorization for claims related to treatment of COVID-19 for Kaiser Permanente Medicare Advantage members during the public health emergency. 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 or treatment services from our members.

The zero-dollar cost sharing for screening, diagnosis and testing services is effective for dates of service between March 5, 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 in early 2021 has been extended.

Zero dollar cost sharing for treatment services will apply for all outpatient dates of service and inpatient admissions on/after 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.

Alternately, contact information for the TPA is available in the Northern California Self-Funded Provider Manual available on the Community Provider Portal at:

[http://providers.kaiserpermanente.org/html/cpp\\_nca/selffundmanual.html?](http://providers.kaiserpermanente.org/html/cpp_nca/selffundmanual.html?)

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

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, visit <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.

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

Effective for dates of service beginning January 1, 2022 the monoclonal antibody treatment provided to KP Medicare members 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 provided to KP Medicare members.

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

**8. What diagnosis should providers use for issues unrelated to COVID-19?**

Providers should continue to follow standard ICD-10 coding guidelines for any issue unrelated to COVID-19.

**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 see separate guidance to Home Health providers on the Community Provider Portal site on which this communication appears)

Please ensure you request a visual verification of members' Kaiser Permanente Identification Cards during telehealth visits, just as you would in an in-person 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 the communication: "Medicare Telehealth Frequently Asked Questions," dated March 17, 2020, available on the Community Provider Portal site on which this communication appears.

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 1500 form) claims for these visits.

**10. Will providers have an alternative 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 or requested documentation for claims, except where regulators have explicitly suspended or modified applicable rules. Should providers be unable to submit required or requested documentation, the claim will be denied. If a claim is denied for lack of required or requested information, providers will still have an opportunity to re-file and submit the requested information to Kaiser Permanente within the timely filing period.

Providers may send required or requested documents to Kaiser Permanente electronically via On-Line Affiliate (OLA). A user account is required to use this feature.



If you already registered for OLA access, you may log in at the following site to utilize the feature which allows you to submit documents:

**<https://epiclink-nc.kp.org/ncal/epiclink>**

If your practice or organization is not enrolled with OLA, please go to the following site for further instructions on how to register:

**[http://info.kaiserpermanente.org/html/cpp\\_nca/onlineaffiliate.html](http://info.kaiserpermanente.org/html/cpp_nca/onlineaffiliate.html)**

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

Providers may submit disputes to Kaiser Permanente electronically via Online Affiliate (OLA). A user account is required to use this feature.

If you already registered for OLA access, you may log in at the following site to utilize the feature which allows you to submit disputes:

**<https://epiclink-nc.kp.org/ncal/epiclink>**

If your practice or organization is not enrolled with OLA, please go to the following site for further instructions on how to register:

**[http://info.kaiserpermanente.org/html/cpp\\_nca/onlineaffiliate.html](http://info.kaiserpermanente.org/html/cpp_nca/onlineaffiliate.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 claims paid 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 below for information specific to your service line.

- For Addiction Medicine programs please contact your local KP Addiction Medicine Recovery Services (AMRS) Director for next steps on providing telehealth services.
- For Partial Hospitalization and IOP programs, please contact your local KP Integrated Urgent Services (IUS) Director for next steps on providing telehealth services.



Institutional providers which are approved to provide telehealth services should append modifier 95 to the HCPCS code reported on the UB-04 claim form.

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

In compliance with section 3710 of the CARES Act, Kaiser Permanente will increase the payment made to a hospital for COVID-19 treatment by applying a 20% increase to the MS DRG weight for admissions of Kaiser Permanente Medicare Advantage members on/after January 27, 2020, for admissions of Kaiser Permanente Commercial members (and Medi-Cal members, as may be applicable) on/after March 27, 2020, and continuing through the end of the COVID-19 emergency as declared by the HHS secretary under the PHSA Section 319.

The 20% add on applies to provider reimbursements for which the applicable contract rate is calculated based on an MS DRG, regardless of the member's population type.

Claims for COVID-19 treatment with admissions on/after April 1, 2020, must use a COVID related ICD-10 diagnosis code available and effective as of April 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.

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