KPGA Network News: E-Edition

Online Affiliate

With Online Affiliate, patient information is at the fingertips of the provider 24 hours a day, 7 days a week. One of the great benefits of the self-service tool is that providers no longer have to wait on hold by phone in order to obtain the information they need.

Reminder, you can use Online Affiliate to:

- Submit referrals and authorizations
- Enter orders for labs or radiology (must use KP facilities)
- Access the Provider Manual
- Access the Market Fee Schedule
- Verify Member Benefits & Eligibility
- Verify Member Demographics
- View and Print Remittance Advice

As of May 1, 2020, Online Affiliate (which requires obtaining security permission from KP), or its Guest Access option, will offer self-service tools to obtain claim status information such as:

- Did KP receive my claim?
- What is the status of my claim – Is my claim in process or has adjudication been finalized?
- What is the status of my claim – paid or denied?
- What is the amount paid on my claim?
- When was the check / payment sent? What is the check number?

There are many advantages to registering for KP Online Affiliate in lieu of using the Guest Access option. KP Online Affiliate allows providers to answer many additional common questions online including:

- What are the claim details & codes that were used for processing?
- Can I view and print a copy of my remittance advice (EOP)?
- What coverage does my patient have? (benefits and eligibility questions)
- What is the contact information for my patient?

To register for Online Affiliate access, please navigate to www.providers.kp.org/ga and look for Register for Online Affiliate Access on the landing page. Please be advised that the registration timeframe for gaining access to Online Affiliate is 1-2 business days.

Are you in 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 claims status information. Please navigate to the KP website below and look for links to **View Claim Status as a Guest User.**

For questions please visit www.providers.kaiserpermanente.org/ga or contact the Online Initiatives team at KP-GA-OnlineAffiliate@kp.org.

KPGA Laboratories or Quest Labs

In accordance with your current contract with Kaiser Permanente, contracted physicians are required to provide or arrange for the provision of covered services to Members in accordance with the Agreement and the Provider Manual. You are required to send Members to a KP laboratory or Quest Laboratory for services, as described in Section 5.58.11 - Laboratory Procedures, of the Billing and Payment Section of the Provider Manual. If you send specimens to a non-contracted laboratory you will be responsible for the payment of those services also your contract with Kaiser Permanente can be terminated. The Member is not responsible for payment of laboratory services directed to a non-participating vendor by a Kaiser Permanente contracted physician.

Fee Schedule Updates

It is the policy of Kaiser Permanente of Georgia's Provider Contracting and Network Management Department (PC&NM) to review and update the fee schedules annually. The 2020 updates based on the Medicare RBRVS fee schedules were effective in March, while any updates to the Kaiser Permanente Market Fee Schedule (KPMFS) or Enhanced Groupers will be effective in June. However, since this is a Public Health Emergency, we are in the process of modifying these fee schedules in compliance with the latest updates from CMS regarding COVID-19 and telemedicine, for the duration of the Public Health Emergency.

Medications requiring Prior Authorization

Kaiser Permanente periodically updates the QRM List of Medications following P&T meetings which occur on the even months (i.e. – February, April, etc.) of the year. Please be sure to review the list carefully.
The QRM List of Medications (Targeted Review List) is on our Provider Website at www.providers.kp.org/ga. As a reminder, failure to obtain authorization prior to providing the medications listed will result in a denial of coverage. Please note affected members will be notified of this change.

Effective March 1, 2020
Trikafta (Elexacaftor, Tezacaftor, Ivacaftor)
Piqray (Alpelsib)
Nubeqa (Darolutamide)

Effective May 13, 2020
AuviQ (epinephrine injection)
Afrezza (insulin human)
Xpovio (Selinexor)
Inbrija (Levodopa) oral inhalation
Northera (droxidopa)
Evenity (romosozumab-aqqg)

Effective August 12, 2020
Otezla (Apremilast)
Vascepa (ethyl eicosapentaenoic acid)
Elmiron (Pentosan Polysulfate sodium)

Changes to Prior Authorization Criteria:
Dupixent (Dupilumab)
CGRP Inhibitors (Emgality, Aimovig, Ajovy)
Entyvio (Vedolizumab)
Stelara (Ustekinumab)
VMAT 2 Inhibitors (Austedo, tetrabenazine)
Ingrezza (Valbenazine)
Xyrem (sodium oxybate)
Remicade (infliximab)
Humira (adalimumab)
Inflectra (infliximab)
GLP-1 Ras
Asthma Biologics
DPP-4 inhibitors
SGLT-2 inhibitors

Targeted Review List (QRM) Updates

Effective August 1, 2020, the Target Review List will be updated. A summary of changes was faxed to you and are posted on www.providers.kp.org/ga. The August 1st update includes changes in the following procedure code categories:

- Administrative and Investigational
- Alcohol and Drug Abuse Treatment
- CPT Category III
- Dental
- DME
- Drugs
- Enteral and Parenteral Therapy
- Lab and Path
- Medical and Surgical Supplies
- Medicine
- National Medicaid Codes
- Orthotic Procedures and Services
- Outpatient PPS
- Procedure Code Category
- Procedures and Professional Services
- Prosthetic Procedures
- Radiology
- Surgery
- Temporary Codes
- Temporary National (Non-Medicare) Codes
- Transportation Services
- Vision Services

Referrals and Authorizations

For all service that require a referral or authorizations you must have a valid referral/authorization prior to providing services. If a referral/authorization is not received prior to rendering services, your claim will be denied, and the member will be held harmless. Kaiser Permanente will not provide retro referrals/authorizations. Please refer to the provider manual for additional information.

Special Needs Plan (SNP)

Kaiser Permanente offers a dual eligible plan called Senior Advantage Medicare Medicaid Plan (HMO D-SNP), for its dual eligible members. Dually eligible persons tend to have complex, high cost, high medical and psychosocial needs. Members must have both Medicare and Medicaid benefits with Medicare assigned to Kaiser Permanente.

The D-SNP program goal is to improve member health outcomes by ensuring: 1) Improved access to medical, mental health and social services; 2) Better coordination of care; 3) Adequate provider network; 4) Seamless transition of care through an identified point of contact; 5) Ensure appropriate utilization of services; 6) Cost-effective service delivery. All D-SNPs must have a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA). The SNP MOC provides the framework on how Kaiser Permanente will meet the dual eligible care needs and care management practices.

The SNP Model of Care (MOC) Elements include:

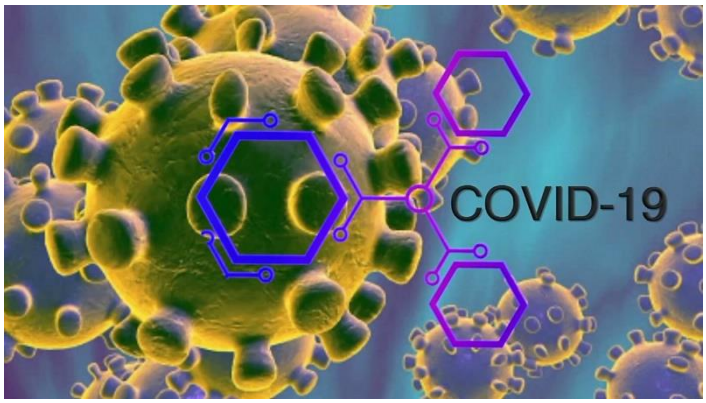
1) **Description of the SNP Population:** The SNP MOC describes its population demographics and unique characteristics of the most vulnerable members, including but not limited to:
   - Age, gender and ethnicity
   - Socioeconomic status, living conditions and environmental factors
   - Barriers, such as language barriers and other significant barriers
   - Major diseases, co-morbidities, chronic conditions
   - Social, cognitive and functional limitations

Care Management services are available to all enrolled D-SNP program members. The Kaiser Permanente Care Management D-SNP team, outreach to members to conduct a health risk assessment (HRA) within specified timeframes per regulatory requirements. Based on the HRA results, the care manager will use members' input to develop member centric care plans, coordinate health care services and community-based services, monitoring and follow-up.

COVID-19

Member and Patient Costs

Members will not have to pay for costs related to COVID-19 screening, diagnosis, and testing. This includes the care that your facility or practice provides to our members. Once a patient is diagnosed with COVID-19, treatment, additional services, including hospital admission (if applicable) will be covered according to contract/normal plan coverage. You will need to verify for Self-Funded members is this is applicable.



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 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. For Self- Funded members you will need to verify if this is applicable.

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 from our members. COVID-19 coding information is provided later in this notice.

Benefit Systems updates to support the $0 cost share for screening and testing was completed 3/24/2020 and supported the National policy changes from 3/5/2020. Once a patient is diagnosed with COVID-19, treatment, additional services, including hospital admission (if applicable) will be covered according to contract/normal plan coverage.

COVID-19 Cost-Sharing Waiver Discontinuation

Providers will be notified by letter, in the same manner as for this communication, when the COVID-19 cost sharing waiver for testing discontinues. The update will also be posted to Kaiser Permanente Georgia Community Provider Portal (CPP) at **providers.kp.org/ga**. You are encouraged to visit portal for ongoing updates and information about this initiative.

COVID-19

As the conditions of COVID-19 are constantly changing please refer to our website for the most up to date information, or call Provider Contracting and Network Management at (404)364-4934.

COVID-19 ICD-10 Coding

Please use the scenarios to the right 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.

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.

Encourage Self-Isolation and Social Distancing

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

You may also visit **kp.org** for continued updates.

COVID-19 Code Set effective 3/5/2020

COVID-19 Screening: Any Dx below on any position of the claim with any Place of Service

Table 1 - Screening for COVID-19	
Any Position on the Claim	
B34.2	Coronavirus Infection, Unspecified
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J12.81	Pneumonia due to SARS-associated coronavirus
J12.89	Other viral pneumonia
J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
J40	Bronchitis, not specified as acute or chronic
J80	Acute respiratory distress syndrome
J98.8	Other specified respiratory disorders
R05	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R50.9	Fever
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z86.19	Personal history of other infectious and parasitic diseases

COVID-19 Laboratory Screening: Any code listed below with no diagnosis code requirement

Laboratory Coding	
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)**
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**
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)**
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)**
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) multiple-step method **(Effective 4/10/2020)**

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**.

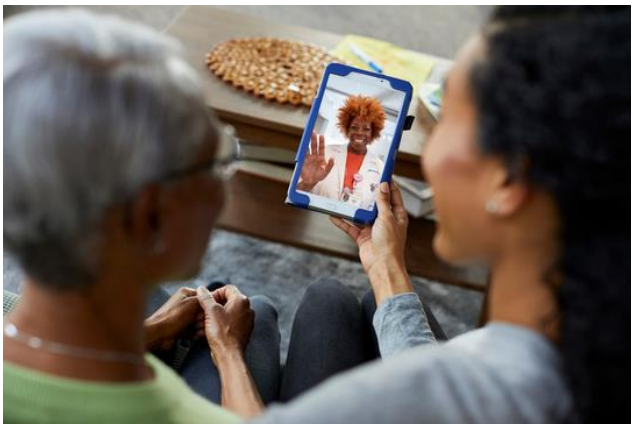
COVID-19 testing requires specimens from the nose, throat or lungs which must be collected by a health care provider. Patients may not request tests directly from approved clinical laboratories. COVID-19 tests are only available by a doctor's order.

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, diagnosis and treatment for the COVID-19 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.

On February 20, 2020 the CDC announced a new ICD-10, U07.1: 2019-nCoV acute respiratory that will become effective on October 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**.

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



Providing Telehealth Visits
We appreciate your efforts to limit the spread of COVID-19 in the community and encourage the use of telehealth visits. 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 and Medicare) are covered for telehealth visits without any cost sharing. This policy will also apply to members covered under HDHP plans.

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

- **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.

Moving? Let Us Know!

Providers are expected to maintain/update/validate all demographic info, in addition to complying with and responding to all outreach in a timely manner. Additionally, all CAQH information, including Schedules B and C should be kept up to date and accurate.

Please email Provider Contracting (ga.provider-relations@kp.org) at least ninety (90) days in advance to inform us of *any changes to demographics* including but not limited to:

- Provider status changes (additions or terminations or location/address changes)
- Practice/Provider name changes
- Telephone/fax