



PROVIDER CONTRACTING & RELATIONS AND NATIONAL CLAIMS ADMINISTRATION COVID-19 FAQ for Affiliated Providers

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.

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 at this time. We have robust business continuity plans in place to ensure we meet claims timeliness requirements, 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 where regulators have issued orders 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 in light of COVID-19?

At this time, Kaiser Permanente is only waiving authorization for claims related to testing and screening of COVID-19. We will continue to apply all other authorization requirements, except where regulators have issued orders suspending or modifying the 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. Please refer to the COVID-19 coding information provided to you in a recent provider letter.

The cost share waiver for screening and testing is effective March 5th, 2020 and the treatment waiver will apply for all dates of service (admissions) from April 1 through May 31, 2020, unless superseded by government action or extended by Kaiser Permanente.

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

In April 2020, a list of codes was provided to assist in coding before COVID-19 specific codes were available. Going forward, 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 April 1 2020 – September 30 2020, Coronavirus Infections please go to: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.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.

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. 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 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.

Kaiser Permanente is launching a new capability to send requested documents, online via the provider On-Line Affiliate (OLA) link portal. We will follow up with more information on specific dates and how to access this capability in an upcoming provider communication

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

Kaiser Permanente is launching a new capability to submit disputes or appeals, online via the provider On-Line Affiliate (OLA) link portal. We will follow up with more information on specific dates and how to access this capability in an upcoming provider communication

12. What is the status of the temporary suspension of “Medicare Sequestration” under the CARES Act from May 1, 2020 through December 31, 2020?

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.

13. Will providers be able to perform 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, Medicaid) are covered for telehealth visits.

Reimbursement for telehealth visits will follow regulatory guidelines. Kaiser Permanente will follow Medicare rules regarding telehealth visits, please reference the "Medicare Telehealth Frequently Asked Questions," dated March 17, 2020. Use POS 02 and/or modifiers 95, GT, GQ or GO as appropriate on your claim to indicate a telehealth service was provided. This will ensure there is no cost share to the member. Continue your current billing practice (procedure & diagnosis codes) to receive your current contracted rate. During this period, Kaiser Permanente supports the use of telephonic visits.

Medicaid Telehealth Guidance:

<https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2020/QI-2013.PDF>

Kaiser Permanente will remove the 2% reduction in accordance with this ruling during the period of time this suspension applies. This Provider FAQ document does not apply to Self-funded Plans.