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This document is effective 5/5/2021 and is subject to revisions based on the rapidly changing environment.

Kaiser Permanente Insurance Company (KPIC) Claims Administration

The content of this FAQ pertains to members of KPIC. For members covered by Kaiser Foundation Health Plan, please see the separate COVID-19 FAQ.

COVID-19: Claims Processing FAQ for Providers | V17, Updated as of 05/05/2021

1. **Will Kaiser Permanente Insurance Company continue to accept, and process claims submitted during the COVID-19 pandemic?**
   Yes. Kaiser Permanente Insurance Company will continue to accept, and process claims according to industry standard, state and federal guidelines.

2. **Do you expect COVID-19 to impact Kaiser Permanente Insurance Company Claims Administration business operations? Is there risk of claims payments being delayed?**
   No, we do not anticipate any delays. We have robust business continuity plans in place internally and at our claims third party administrators to ensure we meet claims timeliness requirements. Should anything change unexpectedly, we will keep providers and regulators informed about any anticipated delays.
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3. **Will timely filing requirements for claims be waived, if providers' claims submissions are delayed due to impacts from COVID-19?**
   Kaiser Permanente Insurance Company 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 Insurance Company waive the requirement for precertification for some or all claims in light of COVID-19?**
   At this time, Kaiser Permanente Insurance Company is only waiving precertification for claims related to testing and screening of 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 note*:** Some plans may require member cost share. For members in the following plans please contact the customer service phone number on the back of the member's ID card to confirm benefits and member cost share: All Self-Funded Plans, CVS EPO, and Kaiser Permanente School of Medicine.

   For all other KPIC plans, the zero-dollar cost sharing for screening and testing is effective for dates of service between March 5, 2020 through December 31, 2021.

   The zero-dollar also applies for contracted/in network treatment services for all dates of service (admissions) from April 1, 2020 through the end of the federal public health emergency and the

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 extended by Kaiser Permanente Insurance Company, respectively. Former HHS Secretary Azar declared the public health emergency pursuant to section 319 of the Public Health Service Act as of January 26, 2020 and has been extended every 90 days until the declaration expires or is ended. The current extension expires on July 21, 2021.

Non-contracted/out-of-network treatment services may require member cost share. Please contact the customer service phone number on the back of the Member's ID Card to confirm benefits and cost share.

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, 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.

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 precertification 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 precertification office visits to telehealth visits, where clinically appropriate and technology is available, without seeking additional precertification from Kaiser Permanente Insurance Company.

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

All members are covered for telehealth visits and while most members receive no-charge for telehealth visits, please contact the customer service phone number on the back of the member's ID card to confirm benefits and cost share.

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.

This cost share waiver does not automatically apply to self-funded customers. Please contact the third-party administrator (TPA) to find out whether cost share applies to a member in a self-funded benefit plan. The Self-Funded TPA contact information can be found on the member's ID card.

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10. **Will providers have an alternative solution for the submission of requested documents for claims payments or will Kaiser Permanente Insurance Company 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 Insurance Company within the timely filing period.

11. **Will providers be able to submit disputes online during this time?**
    No, Kaiser Permanente Insurance Company does not have provider dispute online capabilities. Please continue to submit your disputes via mail to the address on the back of the member's ID card.

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 Insurance Company 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.

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 PHSA 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 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 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 Claims Payment Policy may continue to be revised at KPIC's discretion.

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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.