

# KP CLAIM FAQ

## SCAL Behavioral Health Providers



### Claim Submission

2

Submitting a clean claim to Kaiser Permanente is key to getting paid accurately and promptly. Learn how to submit claims and when you can expect to be paid.



### Claim Status and Determinations

4

Understanding how to check claim status and how to interpret and understand the claim payment determination process is essential to reconciling your accounts. Learn how to interpret documents and check claim status.



### Claim Disputes

6

In the event you disagree with our payment, there is a formal process to dispute the claim. Learn how and where to submit your dispute.



### Common Issues

8

Review common claims issues experienced by other Behavioral Mental Health providers. Learn the common causes before filing a dispute or contacting Kaiser Permanente.



### Appendix

10

Additional information to assist in the claim submission process.



# Claim Submission

## Question

## What to Do

**How do I bill my claims to Kaiser Permanente?**

We encourage you to submit your claims electronically, utilizing EDI for CMS 1500 claim submissions.

[See Appendix for EDI flyer.](#)

**What form can be used to bill for services rendered to Kaiser Permanente members?**

If a paper claim must be submitted, use only the original red lined CMS 1500 form for professional claims. Photocopies are not acceptable.

**How do I know which Kaiser Permanente entity to bill?**

It is important to bill the Kaiser Permanente entity associated with the member receiving services. For example, if the member is self-funded, bill the Kaiser Permanente self-funded entity for payment.

Kaiser Permanente membership cards include claim submission details on the back of the card for reference.

Claims submitted to the wrong Kaiser Permanente entity are not processed and must be resubmitted to the correct address/payor ID.

[See Appendix for an example Kaiser Permanente membership card in the Provider Reference Guide.](#)

**How do I fill out the CMS 1500 form?**

Providers are required to follow Medicare guidelines for completing the CMS 1500 claim form.

Please reference your contract and Provider Handbook for appropriate CPT codes.

For more information, on the form and definitions please refer to the [CMS 1500 Sample Form and Field Definitions](#).

**What do I put in box 23 of the CMS 1500 form since I do not have a written authorization for Tridium booked members?**

Leave box 23 blank. For providers with an active contract with Kaiser Permanente, a Kaiser Permanente authorization number is not required for referrals booked directly through the Tridium platform.



# Claim Submission

## Question

## What to Do

**How do I submit a corrected/replacement CMS 1500 claim?**

When submitting a corrected CMS 1500 form:

- Enter code 7 in Box 22 in the *Resubmission Code* section, **and**
- Enter the original Kaiser Permanente claim number being replaced in the *Original Ref. No.* section

**Note:** If you submit a correction or changes to a claim without indicating **both** the appropriate resubmission code **and** original claim number, the claim will deny as duplicate to the original claim.

**How long does it take to receive payment?**

Please allow up to 45 business days from the date Kaiser Permanente receives the claim.

**How long do I have to submit my claims if Kaiser Permanente is the **primary payor**?**

All claims for services provided to Kaiser Permanente members must be submitted within the timely filing period of ninety (90) calendar days (or as specified in your contract or Letter of Agreement) after the date of service. The timely filing period includes the submission of original as well as any subsequent corrected or replacement claims.

**How long do I have to submit claims for services rendered to a member with Kaiser Permanente listed as their **secondary payor**?**

If Kaiser Permanente is the secondary payor, claims **MUST** be submitted along with the primary payor Explanation of Payment (EOP), within 90 calendar days of the primary payor payment date.



# Claim Status and Determinations

## Question

## What to Do

### What if my claim is denied for timely filing?

Claims submitted for reconsideration of timely filing denial must be formally disputed with supporting documentation that indicates the claim was initially submitted within the appropriate time frames. Kaiser Permanente accepts system generated reports that indicate the original date of claim submission and acceptance. Please note that handwritten or typed documentation is not acceptable proof of timely filing.

### My claim denied as not the primary payor, but I am only contracted with Kaiser Permanente. Why is this?

There may be times when a member has another primary coverage in addition to Kaiser Permanente. In which case, you must bill the primary payor before billing Kaiser Permanente, even if the primary payor denies the claim. Be sure to include the Explanation of Payment (EOP) from the primary payor when submitting the claim to Kaiser Permanente. If a claim is submitted to Kaiser Permanente when another payor is the primary payor without the EOP from the primary payor, Kaiser Permanente will deny the claim.

Please reference the KPEP Handbook for details on provider requirements for checking/verifying member eligibility and benefits.

### How can I check the status of my claim?

Claim status can be obtained 24/7 by utilizing our provider KP Online Affiliate Link self-service tool.

- To register for access to KP Online Affiliate Link, visit: <http://providers.kaiserpermanente.org>
- Registering for the Online Affiliate portal allows you to check member benefits, eligibility, and submit provider disputes
- For questions, email: [KP-SCAL-OnlineAffiliate@kp.org](mailto:KP-SCAL-OnlineAffiliate@kp.org)

You can also check your claim status as a guest user without registering for KP Online Affiliate Link.

If you are unable to resolve your questions through KP Online Affiliate Link, call the Member Services Contact Center (MSCC) at (800) 390-3510.

**See Appendix for the KP Online Affiliate Link Fact Sheet and Online Affiliate Link Quick Reference Guide.**



# Claim Status and Determinations

## Question

## What to Do

### What is an Explanation of Payment (EOP) or Electronic Remittance Advice (ERA/835)?

Explanation of Payment (EOP) or Electronic Remittance Advice (ERA/835) contains a detailed explanation of payment, including:

- Patient information – benefit, MRN
- Claim information – billed services, claim reference number
- Payment information – pricing detail, member cost share, etc.

When multiple claims are adjudicated during the same time frame, the EOP or ERA consolidates all claim payments onto one document and issue a single check or Electronic Fund Transfer (EFT) for the total combined amount.

EOPs are available in KP Online Affiliate Link from two locations:

**Option 1:** From the home page, user can hover over the *Claims* drop down and select *Remittance Advice*.

**Option 2:** When viewing claims under the *Claims Search* option, an EOP can be download by selecting the URL under *Check #*.

### What are these remark codes on my Explanation of Payment (EOP)?

Kaiser Permanente uses industry standard reason codes on the EOP:

- Claim Adjustment Reason Codes (CARC)
- Remittance Advice Reason Codes (RARC)

Click the link to learn more about these codes:

<http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/>

### How do I read my EOP?

To learn more about the EOP, watch this brief video:

<https://kp.gumcloud.com/view/EOP-and-EOB-Updates--Ext-#/>



# Claim Disputes

## Question

## What to Do

---

### When should I dispute a claim?

If you disagree with the outcome of the processing of the claim, file a Provider Dispute. This may include:

- **Incorrect Claim Payments** – Denied/Underpaid
- **Request for Overpayments** – Overpayment requested by Kaiser Permanente

---

### What are required key elements for dispute submission?

Provider disputes must contain the following information:

- Kaiser Permanente Claim Number
- Tax ID Number (TIN)
- Medical Record Number (MRN)
- Date of Service (DOS)
- Dispute Reason (detailed description of your dispute and expected payment or reimbursement)
- Documentation to support your dispute.

---

### How long do I have to dispute a claim?

Disputes must be received within 365 calendar days from the date the claim was finalized (pay or denied).

---

### When will I know the outcome of my dispute?

Written disputes are acknowledged within 15 business days and electronic disputes are acknowledged within 3 business days of receipt.

Kaiser Permanente makes a determination within 45 business days of receipt of your complete provider dispute.

Provider is notified of the resolution in writing (resolution letter or EOP with payment details).



# Claim Disputes

## Question

## What to Do

**Can I submit a provider dispute electronically?**

Kaiser Permanente encourages submission of provider disputes electronically through our KP Online Affiliate Link.

**See Appendix for a KP Online Affiliate Link Quick Reference Guide** for information on submitting your provider dispute electronically.

**Where do I send my written dispute?**

**For Southern California, mail to:**

Kaiser Foundation Health Plan, Inc.  
Claims Administration Department  
P.O. Box 7006 Downey, CA 90242-7006

For all other Kaiser Permanente members, including Self-Funded plans, please refer to the EOP instructions on where and how to send the provider dispute.



# Common Issues

## Issue

## Possible Cause/Next Steps

**My claim was denied as not authorized; however, I do not have/need a written authorization.**

For Kaiser Permanente contracted providers, there is no written authorization requirement for members scheduled for services through the Tridium application.

Check that you are billing with the correct Tax ID Number (TIN) that aligns with your Tridium registration and contract. If you need to update your provider TIN, please contact your contract manager to ensure your contract is updated **before** billing any claims with new information.

If you billed with the correct TIN, and the member was referred or scheduled through Tridium, please file a provider dispute (see Claim Dispute Section) to indicate that the member was scheduled through Tridium and requires no written authorization.

**I submitted a claim for Telehealth, but a copay was deducted from my payment.**

Check both box 24B and 24D on your claim submission to ensure that you billed both the Telehealth Place of Service (24B) and the Modifier (24D). Often, claims are billed with the Modifier but not the Place of Service.

Please check that your Place of Service was billed with 2 digits (for example, 02 vs. 2).

**My claims were denied as *duplicate* or denied for *exceeding base units/ procedure code inconsistent with units billed*.**

Claims can only be submitted one time for a date of service/procedure code. In addition, many mental health services can only be billed/are payable once per day. Therefore, if you bill multiple claims for the same member with the same date of service/procedure code combination, they may deny as a duplicate claim.

If you need to make a change to a claim you have previously submitted, please do not send in another claim, or it will be viewed as a duplicate submission. Instead, follow the appropriate process for billing a corrected/replacement claim detailed in the [Claim Submission](#) section.

Please note corrected/replacement claims must be submitted within the timely filing period.





# Common Issues

## Issue

## Possible Cause/Next Steps

**I looked in the KP Online Affiliate Link portal and do not see my claim.**

If the claim submitted was complete and accepted by Kaiser Permanente, check the status through KP Online Affiliate Link. If you have checked and are unable to locate your claim, consider exploring the following:

### **Did you send the claim to the correct place?**

- Check the electronic payor ID and ensure it is accurate for the Kaiser Permanente entity you are trying to bill. **See the EDI page for a list of Payor IDs.**
- If claim was submitted by mail, check the address to ensure it is correct.

### **Was your claim accepted by Kaiser Permanente?**

- Submission of the claim to your clearinghouse does not guarantee the claim will be accepted by Kaiser Permanente. Incomplete claims can be rejected by either your clearinghouse or Kaiser Permanente before entering our system.
- If the claim was rejected, you will receive a rejection notification from your clearinghouse. Check with your clearinghouse to ensure the claim was not rejected before it got to Kaiser Permanente.
- It is vital that you review the rejection reason and correct the claim for it to be accepted and processed for payment.

### **Need assistance or having trouble locating claims on the KP Online Affiliate Link?**

- Email: [KP-SCAL-OnlineAffiliate@kp.org](mailto:KP-SCAL-OnlineAffiliate@kp.org)

**My claim denied for Workman's Compensation Liability.**

Anytime a claim is submitted indicating Yes in box 10A of the CMS 1500 claim form, the claim denies for workman's compensation liability. If you disagree with this denial, please follow the provider dispute process outlined above.

**Member liability in the EOP differs from what I was informed pre-service.**

Please refer to the EOP for the most current payment information and/or member responsibility.





# Appendix

## Provider CMS Form



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12

ICA

PGA

1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (TRICARE) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BENEFIT <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)				19. INSURED'S I.D. NUMBER (For Program in item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code)				8. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)  CITY STATE ZIP CODE TELEPHONE (Include Area Code)							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER  a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> #yes, complete items 9, 8a, and 8d.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of this information necessary to process this claim. I also request payment of government benefits either to myself or to my dependent who accepts assignment below.  SIGNED _____ DATE _____				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED _____ DATE _____		READ BACK OF FORM BEFORE COMPLETING THIS FORM							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____				15. OTHER DATE QUAL _____ MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____ 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (SLE)) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		20. ICD-9-CM CODE _____ ORIGINAL REF. NO. _____ 23. PREVIOUS CLAIM INFORMATION NUMBER _____							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCEDURE(S), SERVICE(S), OR SUPPLIES (Explain Unusual Circumstances) DPT/HCPCS I MODIFIER E. DIAGNOSIS PORTER F. \$ CHARGES G. ICD-9-CM CODE H. ICD-9-CM CODE I. ICD-9-CM CODE J. RENDERING PROVIDER ID #													
1						NPI							
2						NPI							
3						NPI							
4						NPI							
5						NPI							
6						NPI							
25. FEDERAL TAX I.D. NUMBER		99N EIN <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rev'd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED _____ DATE _____				32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. _____				33. BILLING PROVIDER INFO & PH # ( ) a. NPI b. _____					

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)



# Appendix

## Provider CMS Form FAQ

**Box #1a** – Enter the patient’s Kaiser Medical Record Number (MRN)

**Box #4** – Enter Insured’s name

**Box #6** – Check ‘Self’ if the name in box 2 and box 4 match.  
Check ‘Child’ if the name in box 2 is a dependent of the name in box 4.

**Box #19** – (Optional) – Enter additional information for corrected claims. (Example, “Corrected units for code H0020”).

**Box #21** – Enter ICD-10 diagnosis codes. Use these links as a resource if any questions:

- <https://www.cms.gov/Medicare/Coding/ICD10/index.html>
- <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2018-ICD-10-CM-Coding-Guidelines.pdf>

**Box #22** – For a replacement/corrected claim, enter the number ‘7’ in the ‘Resubmission Code’ area AND enter the original Kaiser Permanente claim number in the ‘Original Ref. No.’ area.

**Box #23** – Enter the Kaiser authorization number.

**Box #24B** – Enter place of service code. The most commonly used codes are:

- 11- Office
- 02- Telehealth
- 20- Urgent Care
- 21- Inpatient
- 22- Outpatient
- 23- Emergency

**Box #24D** – Enter five-digit CPT/HCPCS code for services provided. Enter appropriate two-digit modifier codes as necessary. Use this link for a full listing of modifier codes and descriptions:

- <https://med.noridianmedicare.com/web/jeb/topics/modifiers>

For example, a commonly used modifier is code 25 for multiple services on same day:

- *25- Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*



# Appendix

## Provider CMS Form FAQ (cont'd)

**Box #24E** – Enter the appropriate Diagnosis Pointer code for each service line in this field. The number of diagnosis code pointers is limited to four per line. Do not use commas between the numbers.

- Example below, line #1 is coded as 'B' which points to the second DX code of L97.910. Line #2 is coded as 'A' which points to the first DX code of E11.50:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. E11.50 B. L97.910 C. D.   
 E. F. G. H.   
 I. J. K. L.

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER
From	To							
MM	DD	YY	MM	DD	YY			
09	07	20				11	99213	B
09	07	20				11	82000	A

**Box #24J** – Enter the rendering provider NPI – This is the NPI of the individual provider/physician/therapist etc. who performed the services.

**Box# 32a** – Enter the NPI of the service facility location. However, if this NPI is the same as the billing provider NPI listed in box #33a then leave blank.

**Box# 33a** – Enter the NPI of the billing provider. Do not enter this same NPI in box# 32a.

### REJECTED CLAIM CHECKLIST:

If the claim rejects then double check the following fields and confirm they are correctly populated. The most common mistakes that cause claim rejections are:

- The MRN in box #1a is incorrect. Check that the MRN is correct for the patient name and DOB. Resubmit with corrected MRN.
- Corrected claims **MUST** include the original Kaiser claim number with the resubmission code '7' in box #22.
- Box #6 has incorrect selection. This box should correlate to box #4 and box #2. If the parent is insured and child is patient then 'Child' should be selected. If the child is both the patient name and insured name then 'Self' should be selected.



# Appendix

## Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet

### What is Online Affiliate?

Online Affiliate is Kaiser Permanente's Epic-Based portal, that allows providers access to several time saving self-service features. As an **external provider** you are eligible to access Online Affiliate, which will allow you to:

- View member eligibility and benefits
- View referrals/authorizations (for contracted providers)
- View and print EOP's (Explanation of Payments)
- View patient medical records (for contracted licensed clinical staff)

In addition, Online Affiliate offers **Claim Status Online**, which is a functionality enabled within Online Affiliate for providers to view the following claim information:

- Claim Status, KP Claim number
- Check number/received date
- Claim details (service date, deductible, co-pay, billed amount, allowed amount)

Online Affiliate now offers **new features** that allow you to dispute a claim determination or upload claim supporting documentation!

This new functionality will allow you to submit the following actions on a claim:

- **File a Dispute/Appeal** – **Select this option if you are requesting reconsideration of payment, or non-payment of a claim.**
- **Respond to a Request for Information (RFI)** by the upload of Kaiser requested documents – **Select this option if you have received a letter from KP, or EOP denial requesting additional information to process your claim.**
- **Submit Supporting Documentation** – **Select this option if you have submitted a claim that you know will require supportive documents such as itemized statements and medical records.**

Benefits to you as the provider:

- Allows you to submit claim appeals/disputes on-line
- Upload documents in response to a Request for Information, and medical records – avoiding having to deal with postal delays
- Proactively upload claim related documents for quicker review of claims
- Reduce paper output and cost of stamps for provider responses to Requests for Information (RFI)
- Reduce amount of time it takes for Kaiser Permanente to receive appeals/disputes, Request for Information, and claim related documentation



# Appendix

## Kaiser Permanente Online Affiliate and Claims Status Online Fact Sheet (cont'd)

### How do I sign up?

If you would like more information on accessing Online Affiliate, please navigate to [providers.kp.org](https://providers.kp.org) and select your region from the drop down.

On the **home page** or under the **claims tab** follow the instructions to set up access to Online Affiliate. You may also reach out to your regional Online Affiliate representative:

For more information or support:

Region	Contact
Southern California	<a href="mailto:KP-SCAL-OnlineAffiliate@kp.org">KP-SCAL-OnlineAffiliate@kp.org</a>
Northern California	<a href="mailto:KP-NCAL-OnlineAffiliate@kp.org">KP-NCAL-OnlineAffiliate@kp.org</a>
Colorado	<a href="mailto:KP-CO-OnlineAffiliate@kp.org">KP-CO-OnlineAffiliate@kp.org</a>
Mid-Atlantic	<a href="mailto:KP-MAS-OnlineAffiliate@kp.org">KP-MAS-OnlineAffiliate@kp.org</a>
Northwest	<a href="mailto:NW-Provider-Relations@kp.org">NW-Provider-Relations@kp.org</a>
Hawaii	<a href="mailto:KP-HI-OnlineAffiliate@kp.org">KP-HI-OnlineAffiliate@kp.org</a>
Georgia	<a href="mailto:KP-GA-OnlineAffiliate@kp.org">KP-GA-OnlineAffiliate@kp.org</a>