Dear Kaiser Permanente Participating Provider,

COVID-19 has had an unprecedented impact on the United States and remains prevalent in communities in the Mid-Atlantic region. We appreciate your continued partnership on our response to addressing the spread of the virus; and for providing prompt and compassionate care to our members and patients.

We continue to work to address questions you have, and in this letter, are providing responses and direction for those we have received from our participating providers. We will continue to keep you informed as the situation evolves. The most up-to-date information is regularly posted to Kaiser Permanente of the Mid-Atlantic States’ Community Provider Portal (CPP) at providers.kp.org/mas.

**Member and Patient Costs**

Members will not have to pay for costs related to COVID-19 screening, diagnosis, testing or treatment. This includes the care that your facility or practice provides to our members.

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; and effective March 19, 2020, Kaiser Permanente will not charge member cost-sharing for treatment 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.

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 or treatment-related services from our members. COVID-19 coding information is provided later in this notice.

**Important Notes:**

- All self-funded members will have $0 cost sharing for screening, testing and diagnosis; however, some self-funded members may encounter a cost share for treatment of COVID-19 at the election of their employer group.
- There is a temporary exception for Virginia Medicaid members. For more information, see “Virginia Medicaid Member and Out-of-Pocket Costs,” below.
- There may be some reprocessing of claims related to COVID-19 care that may take 30 days or longer. Your patience is appreciated as appropriate benefit adjudication is finalized.

**COVID-19 Cost-Sharing Waiver Discontinuation**

The COVID-19 cost sharing waiver will discontinue on December 31, 2020 at 11:59 p.m. Eastern Time. We will notify providers promptly if it is extended.
Providers will be notified by letter, in the same manner as for this communication, when the COVID-19 cost sharing waiver discontinues. The update will also be posted to CPP. You are encouraged to visit the CPP for ongoing updates and information about this initiative.

Appointments for Kaiser Permanente Members Experiencing COVID-19 Symptoms
For those of you seeking to direct members to their KP providers for COVID-19 symptoms, testing or care, please advise them that we encourage members or their dependents who have recently traveled to an area of risk or think they have been exposed to the virus and are experiencing symptoms of COVID-19, like respiratory illness, to call the appointment and advice line at 703-359-7878 or 1-800-777-7904 (711 TTY) so we can assist with directing their care. To reduce possible exposure to others, we prefer that these members not make an appointment online or go directly to one of our facilities without calling ahead first.

Providing Telehealth Visits
We appreciate your efforts to limit the spread of COVID-19 in the community and encourage the use of telehealth visits. Telehealth flexibilities permitted to providers who were not contracted to provide telehealth services or bill for telehealth services in the normal course of care prior to the COVID-19 public health emergency (e.g., ABA providers and home health agencies) will continue to be afforded the flexibility to bill for care provided via telehealth until August 31, 2020 at 11:59 p.m. EDT; this will be reconsidered as this public health emergency continues. 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 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.

Providers should update systems and procedures to enable the use of modifiers GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system), or telehealth place of service (POS code 02) when billing for services delivered via telehealth. If billing on a UB04, please append the modifier to the HCPCS code.

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. Modifier 95 is equally accepted for telehealth services on a professional services claim form (CMS 1500).

For Eligible Telehealth Visits Provided to Maryland or Virginia Medicaid Members
Professional services provided via Telehealth should be identified with a GT (via interactive audio and video telecommunications system) or GQ (via synchronous telecommunications system) modifier, as appropriate, and are billed using the usual place of service code that would be appropriate as if it were a non-telehealth claim on a professional services claim form (CMS 1500).
Guidance from Medicare and Medicaid Programs about Telehealth Services During the COVID-19 State of Emergency

Medicare and both MD and VA Medicaid programs have issued specific guidance regarding telehealth services including coding/billing, waivers for originating site, telehealth and behavioral health as well as telehealth care provided from a hospital setting. For more information, please refer directly to this guidance for regional Medicaid programs.

Medicare:
- Telehealth Frequently Asked Questions (Issued March 17, 2020)

MD Medicaid:
- COVID-19 Provider Updates

VA Medicaid:
- COVID-19 Provider information
- COVID-19 Provider Flexibilities Related to COVID-19 (Issued: March 19, 2020)

Coding for Telehealth Services Using an Institutional Claim Form (UB04 Claim Form)

For providers that are unable to submit a professional CMS 1500 claim form, and use institutional billing form, may submit claims for professional services with modifier 95 appended to eligible HCPCS/CPT on the institutional billing (UB claim forms) to submit claims for services that were:
- Performed remotely using real-time audio-visual telehealth technology or telephonic/audio-only when video technology is not available to the patient;
- Performed by a licensed, certified or otherwise qualified professional practicing within their scope of practice; and
- Where same standard of practice and documentation for the service or visit were maintained.

For more information, visit CPP to view our COVID-19 Telehealth Guide for providers.

<table>
<thead>
<tr>
<th>Claim Form</th>
<th>CMS 1500</th>
<th>UB04 (Per Extenuating Circumstances Noted Above)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Line of Business</strong></td>
<td><strong>Place of Service Code</strong></td>
<td><strong>Modifier Options</strong></td>
</tr>
<tr>
<td>Commercial</td>
<td>02</td>
<td>GT, GQ, 95</td>
</tr>
<tr>
<td>Medicare</td>
<td>02</td>
<td></td>
</tr>
<tr>
<td>VA Medicaid</td>
<td>Usual Place of Service Code</td>
<td>GT, GQ, 95</td>
</tr>
<tr>
<td>MD Medicaid</td>
<td>Usual Place of Service Code</td>
<td>GT, GQ, 95</td>
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</tbody>
</table>
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.

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 as prescribed by the appropriate licensed provider.

COVID-19 Lab Test Coding
All COVID-19 lab tests should be coded using the following procedure codes. These tests are no-charge to all members.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>U0001</td>
<td>Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Test Panel <em>(Use only for tests performed by CDC)</em></td>
</tr>
<tr>
<td>U0002</td>
<td>Private labs (e.g. Quest) 2019-nCoV Coronavirus, SARS-CoV-2/2019- nCoV (COVID-19) <em>(Use for Medicare members or Commercial members)</em></td>
</tr>
<tr>
<td>87635</td>
<td>Infectious agent detection by (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [COVID-19] <em>(Do not use this procedure for Medicare members)</em></td>
</tr>
<tr>
<td>U0003</td>
<td>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, making use of high throughput technologies as described by CMS-2020-01-R</td>
</tr>
<tr>
<td>U0004</td>
<td>2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R</td>
</tr>
<tr>
<td>86328</td>
<td>Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</td>
</tr>
<tr>
<td>86769</td>
<td>Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])</td>
</tr>
</tbody>
</table>

Other Associated Diagnostic Testing

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>87400</td>
<td>Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; <em>Influenza, A or B, each</em></td>
</tr>
</tbody>
</table>
Infectious agent detection by nucleic acid (DNA or RNA); *Chlamydia pneumoniae*, amplified probe technique

87581
Infectious agent detection by nucleic acid (DNA or RNA); *Mycoplasma pneumoniae*, amplified probe technique

87633
Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets

**Virginia Medicaid Member and Out-of-Pocket Costs**

Effective March 16, 2020, the Virginia Department of Medical Assistance Services has directed all Medicaid Fee-for-Service Providers and Medicaid Managed Care Organizations, of which Kaiser Permanente is a participating provider, to eliminate cost sharing for all visits and services as of March 16, 2020.

**Prescription Drug Coverage and Mail Order Pharmacy**

It’s a good idea for members to refill their prescriptions online and have them delivered by mail. You may receive member requests for prescription drug refills that you’ve prescribed. In your clinical judgment, please process these requests as expeditiously as possible.

Members can avoid standing in line by receiving prescriptions through our mail order service. Members can sign up on [kp.org/rxrefill](http://kp.org/rxrefill) and receive their medications in about 3-5 business days. For urgent prescriptions, members should visit their closest Kaiser Permanente medical center pharmacy.

We have relaxed our “refill too soon” edits to permit earlier access to refills. Additionally, on a case by case basis, using clinical judgment and in compliance with regional or state executive orders, a pharmacist may dispense a refill even sooner than the edit allows. Regular benefit co-pays will apply to prescription drugs.

We are also monitoring all regional, state and federal emergency executive orders and will comply with any requirements related to prescribing and dispensing.

**Monitoring Drug Supply Chains**

Currently, Kaiser Permanente is not experiencing any significant drug shortages related to this coronavirus. We are closely monitoring the drug supply chain to identify any potential shortages of drugs produced in countries affected by COVID-19.

Our physicians, pharmacists and supply chain specialists continually work together to ensure that our members have access to needed medication. Within our integrated health system, we take steps such as identifying alternate supply sources or therapeutic agents whenever a drug shortage issue is identified, working closely with our physicians.

If there is any issue with a medication a member is taking, they will be notified about what they need to do. As always, members are encouraged to ask their physician or pharmacist about any concerns they have.
COVID-19 ICD-10 Coding
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 and diagnosis 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, effective March 19, 2020.

Please use the scenarios below to find the most specific and accurate diagnosis code. Using these codes will support no charge claims processing associated with COVID-19 screening, diagnosis, testing and treatment services.

<table>
<thead>
<tr>
<th>Care Scenario</th>
<th>Use ICD-10 DX Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about a possible exposure to COVID-19, but ruled out after evaluation</td>
<td>z03.818: Encounter for observation for suspected exposure to other biological agents ruled out</td>
</tr>
<tr>
<td>Actual or suspected exposure to someone who is infected with COVID-19; Person under investigation</td>
<td>z20.828: Contact with and (suspected) exposure to other viral communicable diseases</td>
</tr>
<tr>
<td>Asymptomatic Patient screened for COVID-19</td>
<td>Z11.59: Encounter for screening for other viral diseases</td>
</tr>
<tr>
<td>Confirmed COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease</td>
</tr>
<tr>
<td>Case of acute bronchitis confirmed as due to COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease and J20.8: Acute bronchitis due to other specified organisms</td>
</tr>
<tr>
<td>Cases of Bronchitis not otherwise specified (NOS) due to the COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease and J40: Bronchitis, not specified as acute or chronic</td>
</tr>
<tr>
<td>Cases of lower respiratory infection, not otherwise specified (NOS) or an acute respiratory infection, NOS associated with confirmed COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease and J22: Unspecified acute lower respiratory infection</td>
</tr>
<tr>
<td>Cases of respiratory infection, NOS due to COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease and J98.8: Other specified respiratory disorders</td>
</tr>
<tr>
<td>Cases of ARDS (Acute Respiratory Distress Syndrome) due to COVID-19</td>
<td>U07.1: 2019-nCoV acute respiratory disease and J80: Acute respiratory distress syndrome,</td>
</tr>
</tbody>
</table>

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

**Continue to 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. Please keep up-to-date on the evolving COVID-19 pandemic by visiting CPP, our provider portal, at providers.kp.org/mas. You may also visit kp.org for continued updates.

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

Iris Jay
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Consumer Experience & Health Plan Service