This document is effective 6/24/2020 and is subject to revisions based on the rapidly changing environment.

NATIONAL CLAIMS ADMINISTRATION
The content of this FAQ pertains to members of Kaiser Foundation Health Plan ("Kaiser Permanente"). For members covered by Kaiser Permanente Insurance Company, please see the separate COVID-19 FAQ for KPIC Claims Administration.

COVID-19: Claims Processing FAQ for Providers | V14, Updated as of 6/24/2020; 4:30 am PST

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 currently. 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 considering 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 December 31, 2020, unless superseded by government action or extended by Kaiser Permanente.
The cost share waiver does not automatically apply to self-funded customers. Please contact the customer service number on the back of the Member’s ID Card to confirm benefits and member cost share for All Self-Funded Plans.

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 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. Can providers submit claims for authorized 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 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.


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.

10. 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 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 has recently launched a new capability that is now available to send requested documents, online via the provider Online Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente’s recently launched new capability that allows you to submit documents by signing on with the following the following link: https://epiclink.kp.org/MAS/epiclink

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
http://providers.kaiserpermanente.org/html/cpp_mas/kponlineaffiliate.html

11. Will providers be able to submit disputes or appeals online during this time?
Kaiser Permanente has recently launched a new capability that is now available to send requested documents, online via the provider Online Affiliate (OLA) link portal. A user account is required to use this feature.

If you already registered for Online Affiliate access, you may log in to utilize Kaiser Permanente’s recently launched new capability that allows you to submit disputes or appeals by signing on with the following the following link: https://epiclink.kp.org/MAS/epiclink

If your provider group is not enrolled to utilize Online Affiliate, please click on the following link for further instructions on how to register:
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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.

Kaiser Permanente will remove the 2% reduction in accordance with this ruling during the period of time this suspension applies.

13. May providers which bill on an institutional UB-04 claim form bill for telehealth services?
Notwithstanding CMS guidelines, Kaiser Permanente 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. Please contact the applicable Kaiser Permanente clinical group for information specific to your organization.
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). This has been implemented for all Regions other than NW, for NW this will be implemented effective June 15th.

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 4/1/2020. We expect to process these claims beginning in Mid-July.

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 Clinical Review 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 Clinical Review Payment Policy may continue to be revised at Kaiser’s discretion.

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.