

# Provider Relations Newsletter

May, 2020

**This document is effective 5/1/2020 and is subject to revisions based on the rapidly changing environment.**

## **NATIONAL CLAIMS ADMINISTRATION**

---

**COVID-19: Claims Processing FAQ for Providers | V11, Updated as of 5/1/2020; 11:30 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 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 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.

**8. 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.

Kaiser Permanente will follow Medicare rules regarding telehealth visits, as outlined in the enclosed attachment: "Medicare Telehealth Frequently Asked Questions," dated March 17, 2020.

Reimbursement for telehealth visits will follow regulatory guidelines. For eligible telehealth visits, please use the appropriate Modifier "95" when submitting your professional (CMS) claims for these visits.

**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.

Provider should continue to mail all requested documents to National Claims Administration. If you have questions concerning this topic, please email [NW-Provider-Relations@kp.org](mailto:NW-Provider-Relations@kp.org)

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

***NW Providers***

Providers should continue to submit appeals and disputes online via Community Provider Connect (CPC) Portal.

**11. 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.

**12. 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.

**13. Is KP modifying Medicare rates in accordance with the CARES Act?**

Kaiser Permanente will comply with all regulations and requirements in accordance with the CARES Act, including required changes to Medicare rates. We are awaiting further guidance to be issued from CMS. We encourage providers to review the CARES Act for more details at this time.

**14. Will Kaiser Permanente modify their Claims Payment Policy in accordance with COVID-19 guidelines?**

Yes, Kaiser Permanente has modified its Claims Payment Policy to aligned with our COVID-19 policies for screening, testing and treatment and complies with CMS guidance regarding the billing and payment of COVID-19-Related Claims. Certain services that would have otherwise been disallowed in the ordinary course of the review of claims, will now be allowed. The policy may continue to be revised at Kaiser Permanente’s discretion.

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

Please use the scenarios below to find the most specific and accurate diagnosis code. Using these codes will support claims processing associated with COVID-19 screening, diagnosis, testing and treatment services.

**COVID-19 Code Set Implementation Date 5/1/2020**

**COVID-19 Screening: Any Dx below on any position of the claim with any Place of Service**

Table 1 - Screening for COVID-19	
Any Position on the Claim	
B34.2	Coronavirus Infection, Unspecified
B34.9	Viral infection, unspecified
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J12.81	Pneumonia due to SARS-associated coronavirus
J12.89	Other viral pneumonia
J20.8	Acute bronchitis due to other specified organisms
J22	Unspecified acute lower respiratory infection
J40	Bronchitis, not specified as acute or chronic
J80	Acute respiratory distress syndrome
J98.8	Other specified respiratory disorders
R05	Cough
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R50.9	Fever
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z11.59	Encounter for screening for other viral diseases
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z86.19	Personal history of other infectious and parasitic diseases

**Evaluation & Management  
Code Ranges**

Code Range		Evaluation & Management Type
Start	End	
99051	99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99201	99215	Office
99217	99220	Observation
99221	99233	Initial Hospital
99224	99226	Subsequent Hospital
99234	99236	Inpatient Hospital
99238	99239	Hospital Discharge
99241	99245	Office Consult
99251	99255	Inpatient Consult
99281	99288	Emergency Department
99291	99292	Critical Care
99304	99310	Initial Nursing Facility
99315	99316	Nursing Facility Discharge
99324	99337	Rest Home
99339	99340	Domiciliary or rest home
99341	99350	Home Visit
99354	99357	Prolonged E/M Services
99358	99359	Prolonged E/M Services
99421	99423	Online
99441	99443	Telephone
99468	99476	Neonatal & Pediatric Critical Care
99477	99480	Intensive Care
99495	99496	Transitional Care Management
99499	99499	Unlisted E/M Service

**Modifier**

**\*Use of modifier CS on visits related to screening for COVID-19 in lieu of any dx from table 1 will ensure claim will pay 100% without any patient due cost sharing**

CS	Cost sharing for COVID-19 testing and visits related to testing <b>*for dates of service on or after 3/18/2020</b>
----	---

**COVID-19 Laboratory Screening:  
Any code listed below with no diagnosis code requirement**

<b>Laboratory Coding</b>	
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe <u>technique</u> <b>(Effective 3/13/2020)</b>
U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel SARS-CoV-2 <b>(Effective 4/1/2020)</b> <b>*for dates of service on or after 2/4/2020</b>
U0002	Novel Coronavirus Test Panel SARS-CoV-2/2019-nCoV <b>(Effective 4/1/2020)</b> <b>*for dates of service on or after 2/4/2020</b>
U0003	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 <b>(Effective 4/14/2020)</b> <b>*for dates of service on or after 3/18/2020</b>
U0004	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 <b>(Effective 4/14/2020)</b> <b>*for dates of service on or after 3/18/2020</b>
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source. <b>(Effective 3/1/2020)</b>
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source. <b>(Effective 3/1/2020)</b>
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) <b>(Effective 4/10/2020)</b>
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) multiple-step method <b>(Effective 4/10/2020)</b>
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
71045	Radiologic examination, chest; single view
71046	Radiologic examination, chest; 2 views
71047	Radiologic examination, chest; 3 views
71048	Radiologic examination, chest; 4 or more views
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)

**COVID-19 Treatment:  
Any position on the claim, any POS**

**Diagnosis for confirmed COVID-19 infection**

**REQUIRED - Any Position on the Claim**

<b>U07.1</b>	Covid-19 Acute Respiratory Distress ( <b>Effective 4/1/2020</b> )
--------------	---

**Modifiers (Optional) \*Medicare required**

<b>CR</b>	Catastrophe/Disaster
-----------	----------------------

**Facility Condition Code (Optional) \*Medicare required**

<b>DR</b>	Disaster related
-----------	------------------

**Legend:**

<b>Red</b>	Remove from code set
<b>Green</b>	Addition to code set
<b>White</b>	No Change