

network news

For practitioners and providers of Kaiser Permanente
Produced by Kaiser Foundation Health Plan of the Mid-Atlantic States,
Inc. in partnership with the Mid-Atlantic Permanente Medical Group, P.C.

June 2023



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Ending the COVID-19 Public Health Emergency

On May 11, 2023, the Federal Government ended the public health emergency (PHE), marking a significant milestone as we enter the endemic phase of COVID-19.

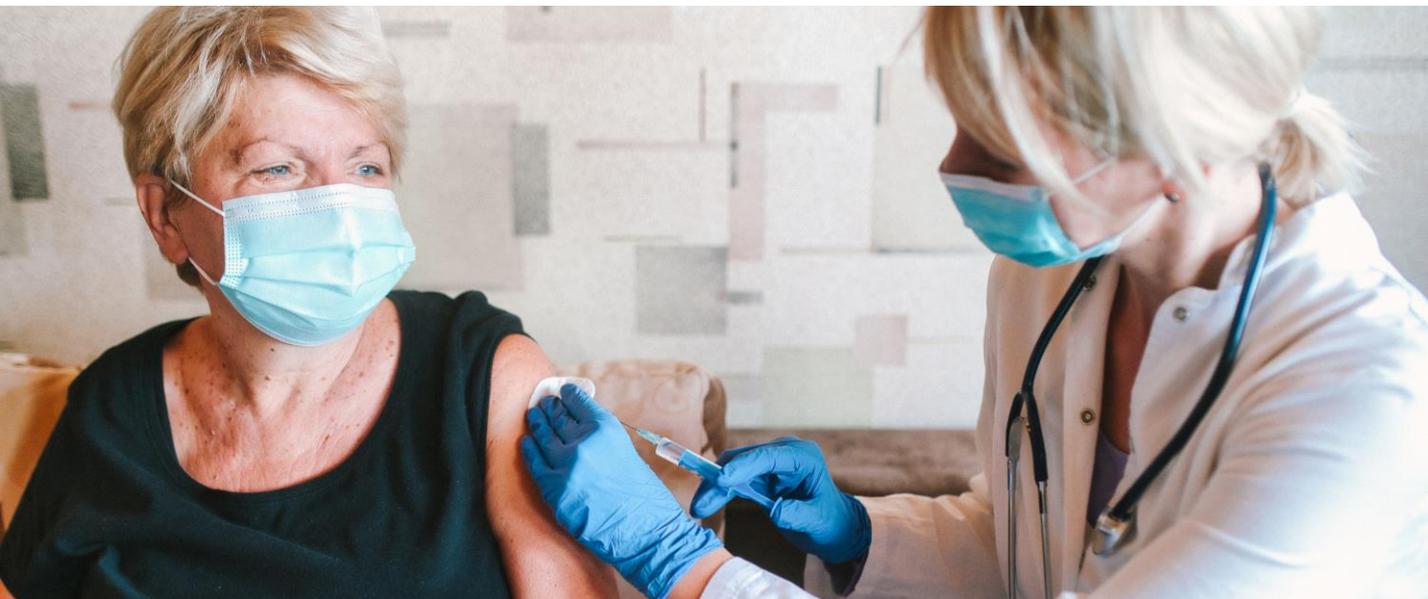
This transition affects how COVID-19 vaccines, testing, and treatment are provided and covered. In most instances, these services will return to being covered like any other condition alongside applicable plan out-of-pocket costs. The pertinent changes are outlined below:

- **COVID-19 Vaccines:**

Commercial Plans	<p>In-network: COVID-19 vaccines will continue to be covered under preventive benefits at applicable plan cost sharing, typically \$0.</p> <p>Out-of-network: COVID-19 vaccinations will no longer be covered.</p>
Medicare Plans	<p>In-network: COVID-19 vaccines will continue to be covered by Medicare part B at no cost.</p> <p>Out-of-network: COVID-19 vaccinations will no longer be covered.</p>
Medicaid Plans	COVID-19 vaccines will continue to be covered at no cost through September 2024.

- **COVID-19 Home Antigen Tests**

Commercial Plans	COVID-19 home antigen tests coverage expires and will no longer be covered.
Medicare Plans	COVID-19 home antigen tests coverage expires and will no longer be covered, per federal guidance.
Medicaid Plans	COVID-19 home antigen tests will continue to be covered at no cost through September 2024.



Ending the COVID-19 Public Health Emergency – *Continued from page 2*• **COVID-19 PCR Tests**

Commercial Plans	<p>In-network: COVID-19 diagnostic PCR testing will be covered under the outpatient diagnostic lab benefit at applicable plan cost-sharing. Testing for other purposes, such as for work, school, or travel is not covered.</p> <p>Out-of-network: COVID-19 PCR testing will only be covered for urgent care and emergency services, when legally required, or when OON coverage is included in a Kaiser Permanente member’s plan.</p>
Medicare Plans	<p>In-network: COVID-19 diagnostic PCR testing will be covered under the outpatient diagnostic lab benefit at applicable plan cost-sharing. Testing for other purposes, such as for work, school, or travel is not covered.</p> <p>Out-of-network: COVID-19 PCR testing will only be covered for urgent care and emergency services when legally required or when OON coverage is included in a Kaiser Permanente member’s plan.</p>
Medicaid Plans	<p>COVID-19 PCR tests will continue to be covered at no cost through September 2024, in compliance with federal guidance.</p>

• **COVID-19 Treatment (Therapeutics)**

Commercial Plans	<p>In-network: COVID-19 treatment will be covered under the drug benefit with applicable plan cost-sharing.</p> <p>Out-of-network: COVID-19 treatment will only be covered for urgent care and emergency services, when legally required, or when OON coverage is included in a Kaiser Permanente member’s plan.</p>
Medicare Plans	<p>In-network: COVID-19 treatment will be covered under the Medicare Part B drug benefit with applicable plan cost-sharing.</p> <p>Out-of-network: Coverage for COVID-19 treatment from an out-of-network provider expires and will no longer be covered, per federal guidance.</p>
Medicaid Plans	<p>COVID-19 treatment will continue to be covered at no cost through September 2024, in compliance with federal guidance.</p>

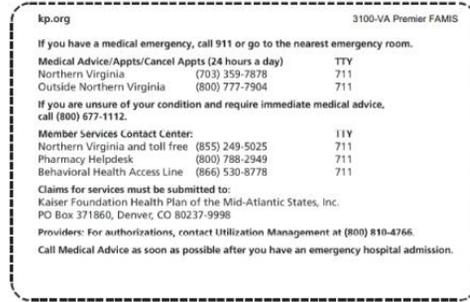
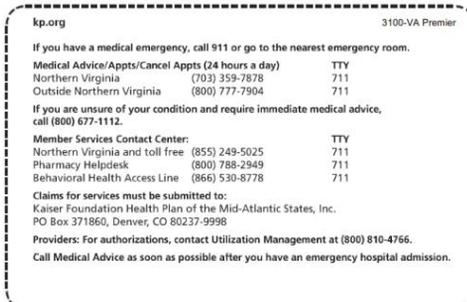
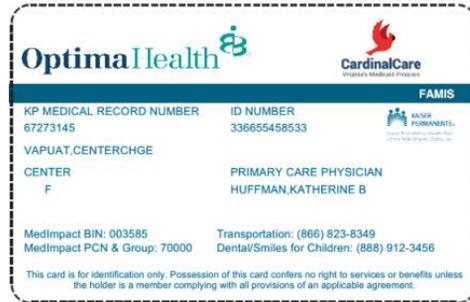
Thank you for partnering with Kaiser Permanente to provide quality health care services to our members throughout every stage of the COVID-19 pandemic.

Virginia Premier Rebranding to Optima Health

We want to inform you of a branding change affecting Kaiser Permanente Virginia Medicaid members. Effective July 1, 2023, Virginia Premier will become a part of Optima Health Plan. As a combined health plan, they will continue to provide our members with the same excellent service and benefits.

Virginia Premier and Kaiser Permanente VA Medicaid members will be under Optima Health and Kaiser Permanente Medicaid plan. There will be no benefit or copay changes as a result of this change, and no action is necessary on your part. You can continue to serve Virginia Premier and Kaiser Permanente members under the new name of “Optima Health, Kaiser Permanente.”

Kaiser Permanente and Virginia Premier are also in the process of notifying our impacted membership of this merger. New membership ID cards will be distributed in the coming weeks. For your convenience, a preview of the new Optima Health Product Member ID card is included below:



2023 Utilization Management Affirmative Statement

Kaiser Permanente practitioners and health care professionals make decisions about which care and services are provided based on the member’s clinical needs, the appropriateness of care and service, and the scope of the member’s health plan coverage. Kaiser Permanente does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. Kaiser Permanente does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or benefits or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023

The following Kaiser Permanente Mid-Atlantic Region’s new and emerging technologies, Medical Coverage Policies (MCPs), and Transplant Patient Selection Criteria were approved between **February 2023 and April 2023**.

We develop MCPs in collaboration with specialty service chiefs and clinical subject matter experts. MCPs specify clinical criteria supported by current peer reviewed literature and are used to guide decisions related to request for health care services such as devices, drugs, and procedures. The policies are reviewed and updated annually, reviewed for approval by the Regional Utilization Management Committee (RUMC), and are periodically reviewed by regulatory and accrediting agencies. Except where noted, our MCPs are primarily applicable only to commercial members.

New and Emerging Technologies

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): February 17, 2023
 Approved by the Regional Utilization Management Committee (RUMC): February 22, 2023

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkc/national/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
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Sufficient evidence: Quality and quantity of evidence is good, should be used in most cases where indications are met.

Insufficient evidence: Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.

05/2021 SCPMG	Non-mydratiac fundus photography (NMFP) vs Direct Ophthalmoscopy in the Emergency Department (ED) Inconclusive evidence of a significant need for use within the AUCs, but the technology appears to be useful and reliable and would likely add a benefit to those members needing this type of evaluation in an urgent/semi-urgent manner, both within the AUCs, but also within the AFM, Ophthalmology and Optometry departments.		X
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New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – Continued from page 5

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkpc/national/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
07/2021 SCPMG	<p>Magnetic Resonance-Based Imaging for Detection and Staging of Fibrosis in Non-alcoholic Fatty Liver Disease (NAFLD)</p> <p>The evidence is very low to low quality, and further research is needed. Can be used in selected cases but not for general use for this diagnosis or indication at this time.</p>		X
07/2023 SCPMG	Voice Surgery for Transgender Females		X
06/2021	<p>Female External Urinary Management Devices (PureWick™, PrimaFit®, UriCap Female)</p> <p>Inconclusive evidence that this device is useful outside of the hospital/SNF.</p>		X
07/2022 07/2021 06/2021 National SCPMG	<p>Prostate Specific Membrane Antigen (PSMA) Imaging (PET or PET-CT) for Recurrent Prostate Cancer</p> <p>PSMA is currently in use within KP-MAS. It is not experimental nor investigational, but the clinical evidence does not yet support whether or not Pluvicto therapy improves health outcomes compared to alternative strategies.</p>	X	
07/2021	Decipher Prostate Biopsy Test for Active Surveillance of Prostate Cancer and Informational Update on Decipher RP Test After Radical Prostatectomy		X

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – Continued from page 6

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkcnational/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
06/11/2021 SCPMG	Breast Computed Tomography for Breast Cancer Screening or Diagnosis		X
06/28/2021 National SCPMG	OMNI Surgical System for Open-angle Glaucoma		X
07/09/2021 SCPMG	Visian® ICL (Implantable Collamer® Lens) for Correction of Myopia		X
06/28/2021 National	Ab Interno Trabecular Bypass Surgery with the Hydrus Microstent in Patients with Primary Open-Angle Glaucoma (POAG)		
	<ul style="list-style-type: none"> • Hydrus in Cataract Surgery There is sufficient evidence that Hydrus improves net health outcomes for select patients with POAG in conjunction with cataract surgery. 	X	
	<ul style="list-style-type: none"> • Standalone Cataract Surgery There is insufficient evidence that the use of Hydrus as a standalone procedure improves health outcomes, as there is insufficient quality and quantity of evidence regarding the safety of this procedure. 		X



New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – Continued from page 7

Approved by the KP-MAS Technology Review Implementation Committee (TRIC): April 11, 2023

Approved by the Regional Utilization Management Committee (RUMC): April 25, 2023

INTC Presentation Date	National Interregional New Technology Committee (INTC) Conclusion http://cl.kp.org/pkc/national/cpg/intc/specialty.html	KP-MAS Recommendation - Adopt the use of technology Sufficient evidence	KP-MAS Recommendation – Do not recommend Inconclusive or Insufficient evidence
<p>Sufficient evidence: Quality and quantity of evidence is good, should be used in most cases where indications are met.</p>			
<p>Insufficient evidence: Quality and/or quantity is low or moderate, further research or trials are needed. Can be used in selected cases but not for general use for this diagnosis or indication.</p>			
09/07/2021 SCPMG	Hepatic Artery Infusion (HAI) for Colorectal Liver Metastases		X
09/07/2021 SCPMG	Fractional Flow Reserve Computed Tomography (FFRCT) Software (HeartFlow, Inc.) for Coronary Artery Disease (CAD)		X
07/09/2021 SCPMG	Sherlock 3CG Tip Confirmation System for Peripherally Inserted Central Catheters		X
11/22/2021 SCPMG	Retraining Therapy for Tinnitus <ul style="list-style-type: none"> • There is sufficient evidence to adopt this technology but only as part of a multi-modality treatment plan for Tinnitus along with HNS, Audiology and Behavioral Health therapies. • There is insufficient evidence that this technology is superior to other options as a stand-alone treatment for tinnitus. • Do not recommend adoption as a stand-alone therapy. 		X
11/22/2021 SCPMG	Diagnostic Accuracy of Mobile Applications for Remote Hearing Testing		X
10/04/2021 National	Blue Light Cystoscopy with Cysview® for Bladder Cancer Detection <ul style="list-style-type: none"> • There is sufficient evidence for the use of this technology in select patients with non-muscle invasive bladder cancer. This technology is currently in use within KP-MAS core hospitals. 	X	

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – *Continued from page 8*

New and Updated Medical Coverage Policies

A. Transplant Patient Referral Guidelines

RUMC Approval Date: 02/22/2023

1. Liver Transplant
2. Intestinal, Intestinal/Liver Transplant
3. Kidney
4. Pancreas Transplant Alone and Pancreas After Kidney Transplant (PTA/PAK)
5. Simultaneous Pancreas Kidney (SPK) Transplant
6. Bone Marrow Transplant
7. Lung and Heart/Lung Transplant
8. Heart Transplant
9. Use of Mechanical Circulatory Support Devices as a Bridge to Cardiac Transplant

B. Medical Coverage Policy

1. Pharmacogenetic Testing for Behavioral Health Disorders (NEW 2023)

Effective date: 02/22/2023

2. Dental Services Outside of Medical Benefit

Effective date: 02/22/2023

- References were updated

3. Continuous Glucose Monitors (Devices)

Effective date: 02/22/2023

- Utilization alert updated
- References were updated
- Section III. Adult and Pediatric Indications for Use
 - A. Clinical Criteria for Adults
 - # 1-e. For 18 years old or older:
 - Deleted: *“Device is ordered or recommended by an endocrinologist through a chart review.”*
 - # 2. Added: *”specific documentation”* as a requirement to statement *“For 18 years old or older with diagnosis of Diabetes Mellitus on chronic insulin treatment.”*
 - # 4. Added: *“or Type 2 insulin requiring diabetes”* to statement *“For patients with Type 1 diabetes diagnoses pre-conception, pre-pregnancy and during pregnancy to reduce the incidence of fetal mortality and anomalies.”*

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – *Continued from page 9*

3. Continuous Glucose Monitors (Devices) – Continued

Effective date: 02/22/2023

- Section III. Adult and Pediatric Indications for Use

- B. Clinical Criteria for Pediatrics

- Age changed from “*between 2 years and 18 years of age*” to “*between 2 years and 17 years of age.*”
 - Statement modified:
 - d. “*Documented consistent encounters with an endocrinologist every 6 months, over the last 6 - 12 months and in between phone contact with diabetes educator for a patient with an established diagnosis of type 1 diabetes; and or*”
 - e. “*A new diagnosis of type 1 diabetes; and*”

- C. Added as Exclusions

1. Use of a CGM device that does not provide the option of a DME Receiver (e.g., Freestyle Libre 3) is not considered to be medically necessary at this time. Smart Devices are not considered to be DME; and
2. Replacement of previously provided CGM devices with a same or similar CGM device, for reasons other than medical necessity of replacement, device failure, device damage, or device obsolescence, is not covered. Replacement for misuse is not covered. Replacement for loss will be evaluated on a case-by-case basis. Clinical documentation must clearly demonstrate the need for the replacement device.

4. Fetal Echocardiogram

Effective date: 02/22/2023

- Utilization alert updated
- References were updated

5. Cranial Remodeling Bands and Helmets

Effective date: 02/22/2023

- References were updated

6. Home UVB Phototherapy

Effective date: 02/22/2023

- References were updated

7. Homecare

Effective date: 02/22/2023

- Utilization alert updated
- References were updated

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – *Continued from page 10*

8. **MRI Wide Bore vs. Open MRI**

Effective date: 02/22/2023

- Renewed without changes

9. **Cervical Traction – New**

Effective date: 03/23/2023

10. **Blepharoplasty**

Effective date: 03/22/2023

- References were updated

11. **Pectus Excavatum, Pectus Carinatum and Poland’s Syndrome: Surgical Correction**

Effective date: 03/22/2023

- Utilization alert updated
- References were updated

12. **Panniculectomy**

Effective date: 03/22/2023

- Utilization alert updated
- References were updated

13. **Transcranial Magnetic Stimulation - TMS**

Effective date: 03/22/2023

- Utilization alert updated
- References were updated



New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – *Continued from page 11*

14. Sipiucel

Effective date: 03/22/2023

- Utilization alert updated
- References were updated

15. NICU Level of Care

Effective date: 03/22/2023

- Utilization alert updated
- References were updated

16. Prosthetics, Upper Extremity

Effective date: 03/22/2023

- Utilization alert updated
- References were updated

17. Temporomandibular Joint Disorder Treatment – NEW

Effective date: 04/25/2023

18. Orthognathic Surgery – NEW

Effective date: 04/25/2023

19. Med Necessity for Pre Auth, Multiple Visit

Effective date: 04/25/2023

- Renewed with no content change

20. Med Necessity for Pre Auth, Single Visit

Effective date: 04/25/2023

- Renewed with no content change

21. Prosthodontic Reconstruction after Reconstructive Jaw Surgery

Effective date: 04/25/2023

- Utilization alert updated
- References were updated

22. Breast Implant Removal and Treatment of Complications

Effective date: 04/25/2023

- Utilization alert updated
- References were updated

New/Emerging Technologies, Transplant Referral Guidelines, and Medical Coverage Policy Update: 2023 – *Continued from page 12*

23. Sialendoscopy

Effective date: 04/25/2023

- Utilization alert updated
- References were updated

23. Functional Electrical Stimulation (NMES/FEW)

Effective date: 04/25/2023

- Utilization alert updated
- References were updated

23. Fertility Preservation for Iatrogenic Infertility

Effective date: 04/25/2023

- Section IV – Fertility coverage statement edited:
“Fertility preservation is only covered if a patient has or is expected to have iatrogenic infertility.”
- References were updated

23. Infertility Procedures and Services

Effective date: 04/25/2023

- Section VI. Initial Specialist Consultation Referral – Female
Added: “Referrals for additional consultation visits will be reviewed on a case-by-case basis and will not be covered if there is documentation that the member’s evaluation and required testing are complete.”
- Section VIII. Female Treatments
 - A. Advanced Reproductive (Infertility) Treatments
 - Significant changes made.
 - B. General Instructions
 - #3. Edit: *“After ~~confirming pregnancy~~ providing documentation of a positive pregnancy test, the REI specialist cares for the patient and then releases the member to the home center MAPMG Ob/Gyn Department for prenatal care, usually at 6 – 8 weeks.”*
- Section X. Male Infertility Treatments
- Section XI. Definition (Added Section)
- References were updated

Access to MCPs is only two clicks away in Health Connect.

Medical Coverage Policies can be accessed through the **KP Clinical Library** by using the web link below:

https://clm.kp.org/wps/portal/cl/MAS/search_iframe?query=medical+coverage+policy&x=0&y=0.

Click on the Clinical Library section on the right side of the KPHC Home page and then type in “medical coverage policy” in the search box. All medical coverage policies will be displayed.

Please contact the Utilization Management Operations Center (UMOC) at 1-800-810-4766 to receive a copy of the UM guidelines or criteria related to a referral.

All Practitioners have the opportunity to discuss any non-behavioral health and or/behavioral health Utilization Management (UM) medical necessity denial (adverse) decisions with a Kaiser Permanente Physician reviewer (UM Physicians).

If you have clinical questions on use of our criteria, please feel free to contact:

Christine Assia, M.D.

Physician Director of Medical Policies, Benefits and Technology Assessment
Emergency Physician, Advanced Urgent Care/ECM/UMOC

Christine.C.Assia@kp.org

If you have administrative questions concerning accessing or using our criteria, please contact:

Marisa R Dionisio, RN

Marisa.R.Dionisio@kp.org



KPMAS Ground Ambulance/Transportation Update

We are pleased to announce our enhanced Ground Ambulance coverage model for KPMAS. These changes to vendor coverage and increased dedicated rig capacity will expand our ability to assure members are receiving the ***right care, at the right time and in the right place!***

Dedicated Rigs to Support Our AUC Priority Patient Transitions

- Dedicated rigs are staffed 365 days from 4:00 pm – 11:00 pm
- ProCare Ambulance of Maryland has been providing a dedicated rig to support DCSM AUC (Cap Hill/Largo) since the 4th quarter of 2022
- ProCare is also now providing a dedicated rig to support Baltimore AUC's (effective Feb 2023)
- **NEW** Butler Medical Transport will provide a dedicated rig to support Gaithersburg AUC (began April 4th, 2023)

New Vendor Assignments – Starting in April 2023 (Full listings on page 16)

- Onboarding a **NEW** vendor in Baltimore - LifeStar Response
- Onboarding a **NEW** vendor in NOVA – AEC Medical Transport and Rapid Response (AEC)
- Expanding ProCare vendor coverage to DC and additional counties in DCSM
- Reducing Butler vendor coverage
- Eliminating a low-performing vendor – All American Ambulance and Transport (AAA)

More detailed information will be shared with key stakeholders regarding vendor contact lists, escalation pathways, and instructions for leveraging secondary and back up vendors when needed.



KPMAS Ground Ambulance/Transportation Update – Continued from page 15

Baltimore	NAME OF COUNTY	PRIMARY	SECONDARY	BACK-UP
	Anne Arundel	Procure	Lifestar	Butler
	Baltimore City	Lifestar	Procure	Butler
	Baltimore County	Lifestar	Procure	Butler
	Caroline			Butler, Lifestar, Procure
	Carroll	Butler	Procure	Lifestar
	Harford	Lifestar	Procure	Butler
	Howard	Lifestar	Procure	Butler
	Kent			Butler, Lifestar, Procure
	Queen Annes			Butler, Lifestar
	Talbot			Butler, Lifestar, Procure
	Wicomico			Butler, Lifestar, Procure
	Worcester			Butler, Lifestar, Procure
DCSM	NAME OF COUNTY	PRIMARY	SECONDARY	BACK-UP
	Calvert	Procure	Lifestar	Butler
	Charles	Procure	Lifestar	Butler
	Frederick	Butler	Procure	
	Montgomery	Butler	Lifestar	Procure
	Prince George's	Procure	Lifestar	Butler
	St. Marys	Procure	Lifestar	Butler
	Washington	Butler	Procure	Lifestar
Washington DC	Procure	Butler	Lifestar	
NOVA	NAME OF COUNTY	PRIMARY	SECONDARY	
	Alexandria City	Lifecare	AEC	
	Arlington	Lifecare	AEC	
	Fairfax	Lifecare	AEC	
	Fauquier	Lifecare	AEC	
	Fredericksburg City	Lifecare	AEC	
	Loudoun	Lifecare	AEC	
	Manassas City	AEC	Lifecare	
	Prince William	AEC	Lifecare	
	Spotsylvania	Lifecare	AEC	
Stafford	Lifecare	AEC		

Online Affiliate - Radiology and Lab Order Entry

Kaiser Permanente's Online Affiliate offers a wealth of time-saving tools. Through this convenient online portal, providers can view eligibility and benefits, submit claims and appeals, as well as much more.

Online Affiliate now allows external providers to request radiology and lab orders. While providers may still provide members with scripts for radiological/laboratory services, **they can also add or order those services directly through the portal.** Providers can select up to 16 laboratory options and over 50 radiology procedures via the order entry screens (pictured below):

The image displays two screenshots of the 'Order Entry' interface. The top screenshot shows the 'Radiology Orders' section with a list of CT scan options:

- CT ABD AND PELVIS WO/W CONTRAST
- CT ABD NO CONTRAST
- CT ABD WO/W CONTRAST AND FURTHER SECTIONS
- CT Abdomen - With IV Contrast
- CT Abdomen & Pelvis - No Contrast
- CT Abdomen & Pelvis - No Contrast (Renal Stone)

The bottom screenshot shows the 'Laboratory Orders' section with a list of blood test options:

- ALKALINE PHOSPHATASE
- APTT
- CALCIUM, IONIZED, BLOOD
- CBC NO DIFFERENTIAL

Look forward to receiving future updates and training materials. Any questions about Online Affiliate can be directed to the Online Affiliate team at KP-MAS-OnlineAffiliate@kp.org.



Behavioral Health Referrals

There has been a growing demand for mental health services. To help meet that demand, we have expanded the list of procedures that do not require pre-authorization. This is effective immediately, and we will update the list if any changes are made in the future.

Kaiser Permanente members may contact a Behavioral Health provider directly for an appointment. **Pre-authorization is not required for the initial consultation and some routine care services.** Please see below for the complete list of authorization-waived CPT codes and their corresponding descriptions:

CPT Code	Description
H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMIN/SERVICE
G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY
G2068	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE; WEEKLY
G2078	TAKE HOME SUPPLY OF METHADONE; UP TO 7 ADD DAY SUPPLY
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY
90853	GROUP PSYCHOTHERAPY
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES
99211	OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54
99307	SUBSEQUENT NURSING FACILITY CARE (10 MIN)
99308	SUBSEQUENT NURSING FACILITY CARE (15 MIN)
99309	SUBSEQUENT NURSING FACILITY CARE (25 MIN)
99310	SUBSEQUENT NURSING FACILITY CARE (35 MIN)

If it is determined that a Kaiser Permanente member requires additional care beyond the services in this list, per the *Kaiser Permanente Participating Provider Manual, Section 14.2: Referrals and Authorizations for Behavioral Health Services* (www.kp.org/providers/mas) please submit a completed **Uniform Treatment Plan** (<https://k-p.li/3r4oiw4>) and fax it to Behavioral Health Utilization Management at 1-855-414-1703 for authorization of continuing care.

Behavioral Health Referrals – Continued from page 18

Treatment plans will be reviewed by a member of Kaiser Permanente's Behavioral Health Utilization Management team. A Kaiser Permanente Behavioral Health provider may contact the treating provider if further clarification of the member's clinical status and progress of the member's condition is necessary. Should you have any questions regarding the member's treatment plan or if you would like to discuss special patient circumstances, please contact our Behavioral Health Utilization Management team at 301-552-1212.

Specialized services or programs such as rehabilitation, partial hospitalization programs, or procedures such as TMS or ECT will still require a completed **Uniform Treatment Plan** (<https://k-p.li/3r4oiw4>) sent to Behavioral Health Utilization Management for referral authorization prior to care. Referrals are not required for the initial consultation for services such as outpatient therapy or medication management.

When prescribing medication to our members, refer to the Kaiser Permanente drug formulary for a list of preferred drugs. Our formulary can be found on our Community Provider Portal at www.kp.org/providers/mas. Members may conveniently fill their prescriptions at any Kaiser Permanente pharmacy located within our medical centers.

We appreciate your support for our members in providing ongoing medication refills, urgent access and on-call needs as well as completion of forms such as FMLA. To support ongoing care coordination, please encourage your patients to complete a release of information form so we can share medical records with you.

Members with questions about their behavioral health care should be directed to contact our Member Services Department at 1-877-218-7749, (301) 879-6380, TTY, Monday through Friday from 7:30 am to 5:00 pm.

Our goal is to make this process as easy and seamless as possible for both you and our members. Please reach out to our Provider Experience team at 1-877-806-7470 with any questions or concerns



Member Rights and Responsibilities: Our Commitment to Each Other

For your information and reference, here are Kaiser Permanente’s “Member Rights and Responsibilities,” providing guidance on Kaiser Permanente’s members’ engagement with their health care providers and health plan staff:

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to do the following:

RECEIVE INFORMATION THAT EMPOWERS YOU TO BE INVOLVED IN HEALTH CARE DECISION MAKING

This includes your right to do the following:

- a. Actively participate in discussions and decisions regarding your health care options.
- b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and non-treatment options for your condition and the risks involved – no matter what the cost is or what your benefits are.
- c. Receive relevant information and education that helps promote your safety in the course of treatment.
- d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.



Member Rights and Responsibilities – *Continued from page 20*

- e. Refuse treatment, provided that you accept the responsibility for and consequences of your decision.
- f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an advance directive, a durable power of attorney for health, a living will, or another health care treatment directive. You can rescind or modify these documents at any time.
- g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
- h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

RECEIVE INFORMATION ABOUT KAISER PERMANENTE AND YOUR PLAN

This includes your right to the following:

- a. Receive the information you need to choose or change your primary care physician, including the names, professional levels and credentials of the doctors assisting or treating you.
- b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
- c. Receive information about financial arrangements with physicians that could affect the use of services you might need.
- d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
- e. Receive covered, urgently needed services when traveling outside the Kaiser Permanente service area.
- f. Receive information about what services are covered and what you will have to pay and examine an explanation of any bills for services that are not covered.
- g. File a complaint, a grievance, or an appeal about Kaiser Permanente, or the care you received, without fear of retribution or discrimination; expect problems to be fairly examined; and receive an acknowledgement and a resolution in a timely manner.

RECEIVE PROFESSIONAL CARE AND SERVICE

This includes your right to the following:

- a. See plan providers; get covered health care services; and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring and professional manner.

Member Rights and Responsibilities – *Continued from page 21*

- b. Have your medical care, medical records and protected health information handled confidentially and in a way that respects your privacy.
- c. Be treated with respect and dignity.
- d. Request that a staff member be present as a chaperone during medical appointments or tests.
- e. Receive and exercise your rights and responsibilities without any discrimination based on age; gender; sexual orientation; race; ethnicity; religion; disability; medical condition; national origin; educational background; reading skills; ability to speak or read English; or economic or health status, including any mental or physical disability you may have.
- f. Request interpreter services in your primary language at no charge.
- g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to do the following:

PROMOTE YOUR OWN GOOD HEALTH

- a. Be active in your health care and engage in healthy habits.
- b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.
- c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.
- d. Work with us to help you understand your health problems and develop mutually agreed-upon treatment goals.
- e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.
- f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.
- g. Schedule the health care appointments your physician or health care professional recommends.
- h. Keep scheduled appointments or cancel appointments with as much notice as possible.
- i. Inform us if you no longer live or work within the plan service area.



Member Rights and Responsibilities – *Continued from page 22*

KNOW AND UNDERSTAND YOUR PLAN AND BENEFITS

- a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits and covered services is available in your contract. Call us when you have questions or concerns.
- b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.
- c. Let us know if you have any questions, concerns, problems, or suggestions.
- d. Inform us if you have any other health insurance or prescription drug coverage.
- e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

PROMOTE RESPECT AND SAFETY FOR OTHERS

- a. Extend the same courtesy and respect to others that you expect when seeking health care services.
- b. Ensure a safe environment for other members, staff and physicians by not threatening or harming others.



Diversity

Members have the right to free language services for health care needs. We provide free language services including:

- **24-hour access to an interpreter.** When members call to make an appointment or talk to their personal physician, if needed, we will connect them to a telephonic interpreter.
- **Translation services.** Some member materials are available in the member's preferred language.
- **Bilingual physicians and staff.** In some medical centers and facilities, we have bilingual physicians and staff to assist members with their health care needs. They can call Member Services or search online in the medical staff directory at [kaiserpermanente.org](https://www.kaiserpermanente.org).
- **Braille or large print.** Blind or vision impaired members can request for documents in Braille or large print or in audio format.
- **Telecommunications Relay Service (TRS).** If members are deaf, hard of hearing, or speech impaired, we have the TRS access numbers that they can use to make an appointment or talk with an advice nurse or member services representative or with you.
- **Sign language interpreter services.** These services are available for appointments. In general, advance notice of two or three business days is required to arrange for a sign language interpreter; availability cannot be guaranteed without sufficient notice.
- **Video Remote Interpretation (VRI).** VRI provides on-demand access to American Sign Language & Spoken Language interpretation services at medical centers for members. It meets the need in the care experience of walk-in deaf patient and those in need of urgent care.
- **Educational materials.** Health education materials can be made available in languages other than English by request. To access Spanish language information and many educational resources go to kp.org/espanol or kp.org to access La Guía en Español (the Guide in Spanish). Members can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content available in La Guía en Español.
- **Prescription labels.** Upon request, the Kaiser Permanente of the Mid-Atlantic States pharmacist can provide prescription labels in Spanish for most medications filled at the Kaiser Permanente pharmacy.
- **After Visit Summary (AVS).** AVS can be printed on paper and available electronically via kp.org for KP members after their appointment. If the member's preferred written communication is documented in KP HealthConnect for a non-English language, the AVS automatically prints out in that selected language. This includes languages such as Spanish, Arabic, Korean, and several others.



Diversity – Continued from page 24

At Kaiser Permanente, we are committed to providing quality health care to our members regardless of their race, ethnic background or language preference. Efforts are being made to collect race, ethnicity and language data through our electronic medical record system, HealthConnect®. We believe that by understanding our members' cultural and language preferences, we can more easily customize our care delivery and Health Plan services to meet our members' specific needs.

Currently, when visiting a medical center, members should be asked for their demographic information. It is entirely the member's choice whether to provide us with demographic information. The information is confidential and will be used only to improve the quality of care. The information will also enable us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

We are seeking support from our practitioners and providers to assist us with the member demographic data collection initiative. We would appreciate your support with the data collection by asking that you and your staff check the member's medical record to ensure the member demographic data is being captured. If the data is not captured, please take the time to collect this data from the member. The amount of time needed to collect this data is minimal and only needs to be collected once. Recommendation for best practices for collecting data is during the rooming procedure.

In conclusion, research has shown that medical treatment is more effective when the patient's race, ethnicity and primary language are considered.

To access organization wide population data on language and race, please access the reports via our Community Provider Portal at www.providers.kp.org/mas under *News and announcements*.

To obtain your practice level data on language and race, please email the Provider Experience Department at **Provider.Relations@kp.org**.

Provider Access to Health Education Materials

Kaiser Permanente physicians and network providers have access to all health education materials to provide to patients as part of the After-Visit Summary and secure email communications, or to supplement discussions from patient visit.

Content can be viewed through the centralized internal “Clinical Library” which is an electronic inventory of health education information that can be used for all visit types. Health education content and links to education videos are also embedded into KP HealthConnect for inclusion in the member After Visit Summary, sent via secure messaging, or mailed directly to the patient’s address. For health education programs, providers can:

- Refer or direct book members into some health education programs through the KP Consult system.
- Use KP HealthConnect, After Visit Summaries, or hard copy flyers to provide members with information on how to self-register for programs.

Additional information on health education programs, tools, and resources is available by:

- Visiting kp.org/healthyliving/mas
- Contacting the Health Education automated line at 301-816-6565 or toll-free at 800-444-6696



Provider Directory Validation Surveys

The Kaiser Permanente provider directory validation survey is designed to adhere to the Center for Medicare and Medicaid Services (CMS) regulations and the new Consolidated Appropriations Act of 2021, also known as the No Surprises Act. The objectives of both are to ensure that members have access to accurate provider information. The survey not only addresses directory accuracy but also accuracy of our other provider data systems.

In accordance with these regulations, provider data must be validated at least every 90 days. Therefore, Kaiser Permanente sends this provider directory validation survey each quarter, and providers are required to respond. Instructions are contained along with the survey, and **providers are reminded to return all pages with their response before the stated deadline.**

If you have any questions or concerns, please contact Provider Experience at 1-877-806-7470 or email us at provider.demographics@kp.org with the subject line: "Provider Directory Validation."

Thank you for communicating all data changes in a timely manner. We appreciate your cooperation!

Keeping Your Provider Data Updated

Be sure to submit any changes to your practice to Kaiser Permanente. Keeping Kaiser Permanente updated will ensure that our provider directory and data systems are accurate and help us to provide an excellent healthcare experience to our members. To access our provider directory online, go to kp.org. For your convenience, a sample form letter can be found on our Community Provider Portal at www.providers.kp.org/mas and on the following page. Utilize the sample to submit updates throughout the year.

Updates may be submitted to Provider Experience via:

Fax: 855-414-2623

Email: Provider.Demographics@kp.org

Mail: Kaiser Permanente
Provider Experience
2101 East Jefferson St., 2 East
Rockville, MD 20852

Sample Provider Data Update Form Letter

Company Letterhead Logo

<<Date>>

Requestor:

Requestor's Correspondence Address:

Requestor's Phone #:

Requestor's Email:

Tax ID#:

Effective date of change(s):

Reason for the request:

***PLEASE DELETE SECTIONS NOT NEEDED**

Address change (Specify if practice location or billing address is changing)

- Specify if adding or deleting address
- Include **old** and **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI**)
- Billing/Payment Address/Tax ID/NPI
- Management Correspondence Address (include Phone & Fax Number)

Practice location addition

- Include **new** demographic information when sending request (Street Address, City, State, Zip, Phone, Fax, **Tax ID** and **NPI of Location**)
- Billing/Payment Address/Tax ID/NPI

Adding a provider to or deleting a provider from an existing group

- Specify if adding or deleting provider
- Include the information listed below if adding or deleting a provider:
 - First Name, Middle Initial, and Last Name
 - Gender
 - Title (*MD, CRP, CRNP, PA etc.*)
 - Date of Birth
 - NPI #
 - CAQH #
 - UPIN or SSN
 - Medicare #
 - Medicaid Participation State(s)
 - Medicaid #
 - Practicing Specialty
 - **Practicing Location(s) (include phone & fax numbers)**
 - Indicate whether practicing location is hospital based or office based
 - Billing/Payment Address (*include W-9*)
 - Management Correspondence Address (*include phone & fax number*)
 - Hospital Privileges
 - Foreign Languages
 - Effective Date
 - Provider Panel Status: Open or Closed
- **A copy of provider licenses in all practicing states is required**

Changing the Tax Identification Number and/or the name of an existing group

- Include **old** and **new** tax ID number and/or group name
- Include effective date of the new tax ID number and/or group name
- Include NPI number
- Include a signed and dated copy of the new W-9
- Billing/Payment Address
- Management Correspondence Address (include phone & fax number)