KAISER PERMANENTE®
Insurance Company

National Provider Contracting
& Data Management
300 Lakeside Drive Suite 1300
Oakland, California 94612

April 6, 2020

Re: Insureds Cost Share Suspension for COVID-19 Screening, Testing & Treatment

Dear PHCS Contracted Provider,

On behalf of Kaiser Permanente Insurance Company (KPIC) we are providing you with the most up to date information that we have to clarify our adherence to Coronavirus (COVID-19) state and federally issued directives. Please circulate this information broadly to stakeholders in your organization/practice, including contracted billing services, if applicable.

Federal and state regulators have issued (COVID-19) directives and new regulations to all commercial health insurance companies, which includes Kaiser Permanente Insurance Company (KPIC). The purpose of these directives and regulations are to ensure the cost-share for COVID-19 would not create a barrier for consumers to receive medically necessary screening, and testing. For the purpose of this communication, insured's cost share means a copayment, deductible, coinsurance or any other charge payable by an insured for covered services pursuant to the insureds' agreement with KPIC. In response to these directives, effective March 5th, 2020, KPIC has reduced its insureds' cost share to zero ($0) dollars when the primary purpose of the encounter is for testing and/or screening for COVID-19.

KPIC will also waive the insured's out of pocket cost for all medically necessary treatment of COVID-19 related inpatient and outpatient services. This elimination of the insured's out of pocket costs will apply to all fully insured benefit plans, in all lines of business in all markets, unless prohibited or modified by local law or regulation. This waiver would apply for all dates of service (admissions) from April 1 through May 31, 2020, unless superseded by government action or extended by KPIC.

How will KPIC implement this temporary change and expect providers to implement this temporary change?

Providers must waive the insured's cost share at the place of service when the primary purpose of the encounter is for medically necessary testing and/or screening for COVID-19, and the encounter results in the coding of any service or diagnosis described in the table below as a trigger for the cost share waiver.

In these situations, if providers have collected insureds cost share upon intake, and the primary service or diagnosis of the encounter is coded with any service or diagnosis described in the table below, the provider must reimburse the insureds the full amount of the cost share collected. KPIC will account for the waiver of insureds cost share at the point of claim adjudication or otherwise compensate the providers such that providers receive the contracted rate calculated with an insureds cost share of zero ($0) dollars.

What codes, including primary diagnosis codes, will be recognized by KPIC as triggers for cost share waiver?

KPIC recognizes the codes designated by the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC). The CDC issued interim coding guidance to use ICD-10 for pneumonia, bronchitis, and other respiratory illnesses. Currently, there is no Food and Drug Administration (FDA) approved COVID-19 vaccine. Once a vaccine is approved by the FDA, KPIC will add the approved code(s) to the COVID-19 code set listed.
HCPCS/CPT and ICD-10 Coded Service Identifier(s) used to identify the Coronavirus may be updated as developments arise to reflect new, deleted or replacement codes released by Centers for Medicare & Medicaid Services (CMS) or other applicable authority. As such, updates to the list of applicable codes will continue to evolve. Codes are subject to updates based on issuance and implementation of additional ICD-10/AMA codes and/or directives received by regulatory agencies.

COVID-19 Screening: Any Dx below on any position of the claim with any Place of Service (except POS 21)	
Table 1 - Screening for COVID-19	
Any Position on the Claim	
B34.2	Coronavirus 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

COVID-19 Laboratory Screening: Any code listed below with no diagnosis code requirement	
Laboratory Coding	
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 technique **(Effective 3/13/2020)**
U0001	Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel SARS-CoV-2 **(Effective 4/1/2020) *use for dates of service on or after 2/4/2020**
U0002	Novel Coronavirus Test Panel SARS-CoV-2/2019-nCoV **(Effective 4/1/2020) *use for dates of service on or after 2/4/2020**

G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Corona disease [COVID-19]), any specimen source. **(Effective 3/1/2020)**
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Corona disease [COVID-19]), from an individual in a SNF or a laboratory on behalf of a HHA, any specimen source. **(Effective 3/1/2020)**

COVID-19 Treatment: Any position of the claim, and POS	
Diagnoses for confirmed COVID-19 infection	
REQUIRED - Any Position on the Claim	
U07.1	Covid-19 Acute Respiratory Distress **(Effective 4/1/2020)**

Modifiers (Optional) *Medicare required	
CR	Catastrophe/Disaster

Facility Condition Code (Optional) *Medicare required	
DR	Disaster related

How will providers know when KPIC has discontinued the temporary waiver of cost share for COVID-19 testing and/or screening?

You will be notified by letter, in the same manner as this communication.

Lastly, you are encouraged to provide insureds a written clinical summary of their COVID-19 screening and/or testing results.

Thank you for your prompt attention to this matter.

Sincerely,

E-Signed : 04/08/2020 03:43 PM PDT
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Kaiser Permanente Insurance Company (KPIC), is a subsidiary of Kaiser Foundation Health Plan Inc.

Telehealth Talking Points

COVID-19 and Network Providers

1. What is considered a telehealth visit by Kaiser Permanente?

Kaiser Permanente provides a wide range of nationwide telehealth services to improve management of both urgent and chronic health conditions and ensure people in critical care and emergency situations have timely access to high quality care. This includes phone, secure email, video visits, online physical therapy, eVisits and remote home monitoring for diabetes and hypertension which are offered across primary care, specialty care, and behavioral/mental health services. Telehealth services may vary based on provider.

2. Can members see non-KP providers via telehealth visits?

Yes, members with Point-of-Service (POS) and Preferred Provider Organization (PPO) plans have the option of seeing participating network providers, and out-of-network providers via telehealth. Telehealth availability may vary based on provider. Members may contact their preferred provider directly or Customer Service using the phone number on the back of their ID card to verify telehealth coverage.

3. Has KP made any changes to the telehealth benefit?

Telehealth is a covered benefit for members with POS and PPO plans. Also, certain video chat platforms can now be used to deliver telehealth (see question below).

4. What technology platforms can be used for telehealth visits?

Per the temporary Federal guidelines during the COVID-19 pandemic, providers can temporarily use non-public facing video chat platforms, such as Skype®, FaceTime®, and Zoom to complete telehealth visits as long as these platforms are allowed in their states and they are able to meet the standard of care via a telehealth encounter. Health care providers should not, however, use public-facing video applications, such as Facebook Live, Twitch or TikTok.

5. What's the cost share for COVID-19 diagnosis and testing using telehealth?

For members in our POS and PPO plans, cost sharing (deductibles, copayments and coinsurance) will be reduced to zero dollars ($0.00) for medically necessary screening and testing for COVID-19. This includes telehealth visits, associated lab testing, and radiology services in a plan hospital, emergency or urgent care settings, or medical office. Members who

have plans allowing them to see non-KP providers can receive these services from participating and non-participating providers at zero cost share.

6. What's the cost share for COVID-19 treatment via telehealth?

If a member in our POS and PPO plans is diagnosed with COVID-19, all inpatient and outpatient treatment with Kaiser Permanente and participating providers between April 1 - May 31, 2020 will be covered at a zero dollar ($0.00) cost share unless superseded by state or federal regulations. The zero dollar cost share will also apply to members who receive treatment from non-participating providers in urgent/emergent situations or who have an authorized referral from Kaiser Permanente.

If members choose to see non-participating providers, the treatment would be covered as any other illness at the out-of-network benefit level and in accordance with the terms and conditions set forth in the coverage document for the member's health plan.*

Members may contact Customer Service using the phone number on the back of their ID card for more information.

*Colorado state regulations require COVID-19 to be covered as an emergency service for all providers.

7. What's the cost share for non-COVID-19 related telehealth visits?

Cost shares vary based on the member's benefit/plan design and which provider they see. Members may contact Customer Service using the phone number on the back of their ID card for more information.

8. What code would be used if a physician performs a telehealth visit?

Reimbursement for telehealth visits will follow industry standard coding guidelines. For eligible telehealth visits, please use the appropriate place of service (POS) "02" when submitting your professional (CMS) claim.

9. Does Kaiser Permanente anticipate delays in paying claims due to high COVID-19 activity?

No, claim processing functions are 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. Should we experience any changes, we will keep providers informed about any anticipated delays.

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This document is effective 4/30/2020 and is subject to revisions based on the rapidly changing environment.

KPIC CLAIMS ADMINISTRATION

COVID-19: Claims Processing FAQ for Providers | V12, Updated as of 4/30/2020

1. **Will Kaiser Permanente Insurance Company continue to accept, and process claims submitted during the COVID-19 pandemic?**
   Yes. Kaiser Permanente Insurance Company will continue to accept, and process claims according to industry standard, state and federal guidelines.

2. **Do you expect COVID-19 to impact Kaiser Permanente Insurance Company Claims Administration business operations? Is there risk of claims payments being delayed?**
   We do not anticipate any delays at this time. We have robust business continuity plans in place internally and at our claims third party administrators to ensure we meet claims timeliness requirements. Should anything change unexpectedly, we will keep providers 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 Insurance Company 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 Insurance Company waive the requirement for precertification for some or all claims in light of COVID-19?**
   At this time, Kaiser Permanente Insurance Company is only waiving precertification for claims related to testing and screening of COVID-19. We will continue to apply all other precertification 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 note*:** Some plans may require member cost share. For members in the following plans please contact the customer service phone number on the back of the Member's Id Card to confirm benefits and member cost share: All Self-Funded Plans, CVS EPO, and Kaiser Permanente School of Medicine.

   For all other KPIC plans, 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.

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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 Insurance Company.

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 precertification 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 precertification office visits to telehealth visits, where clinically appropriate and technology is available, without seeking additional precertification from Kaiser Permanente Insurance Company.

   Please ensure that you request a visual verification of members' Kaiser Permanente Insurance Company Identification Card during telehealth visits, just as you would in-person in your medical office setting.

   All members are covered for telehealth visits. Reimbursement for telehealth visits will follow industry standard coding guidelines. For eligible telehealth visits, please use the appropriate POS "02" when submitting your professional (CMS) claim.

   For all Self-Funded Plans, CVS EPO, and Kaiser Permanente School of Medicine, reimbursement for telehealth visit will follow CMS guidance, as well as statements from state agencies. Providers should bill for telehealth services using the applicable range of Evaluation & Management codes associated with COVID-19-related care. Providers should follow the CMS guidelines for use of Place of Service. Reimbursement is based on the Place of Service as listed in Box 24b of the CMS 1500 form. Professional services billed using Place of Service 02 (telehealth) are processed using the Facility Allowed Amount defined by CMS.

10. **Will providers have an alternative solution for the submission of requested documents for claims payments or will Kaiser Permanente Insurance Company 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 Insurance Company within the timely filing period.

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11. Will providers be able to submit disputes online during this time?

No, Kaiser Permanente Insurance Company does not have provider dispute online capabilities. Please continue to submit your disputes via mail to the address on the back of the Member's Id Card.