Exciting updates to kp.org…coming soon!

Last fall, Kaiser Permanente launched a revitalized My Health Manager Entry page on kp.org. The page, where members can proactively manage their personal and family’s health care, includes informative highlights, eye-catching animation, and inspirational photography. The interactive and engaging landing page is an example of future development on the site.

In the next couple months, we will release a new platform with several new updates to kp.org. Representing the cutting-edge in health information technology, the new platform enables Kaiser Permanente to maintain its leadership position in online health services.

The changes will present a new look and feel to the site, while streamlining content and improving the user experience. One update you will see is an enhanced Pharmacy Center that will make it easier and faster for members to access information and complete simple tasks, such as refilling a prescription. Stay tuned for more information on these changes in the coming months!

If you have not already done so, register on kp.org so you can actively participate in your own care 24/7!

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CMS Requires Face-to-Face Physician Encounter to Certify Patients for Homecare

Effective January 1, 2011, the Centers for Medicare and Medicaid Services (CMS) requires that all patients receiving homecare services must be seen by a physician 90 days prior to or 30 days after their admission to home healthcare services.

This policy applies to patients referred by physicians from any inpatient setting. In addition to allowing Nurse Practitioner’s to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient in an acute or post-acute setting, but does not follow patient in the community (such as a hospitalist) to certify the need for home health care based on their contact with the patient, and establish and sign the plan of care. The acute/post-acute physician would then “hand off” the patient’s care to his or her community-based physician.

Physicians must now document face-to-face encounters with patients and continue to certify that the patient has a defined need for homecare services. The face-to-face encounter document is part of the certification of need for homecare.

If this face-to-face encounter requirement is not met homecare agencies will be forced to discharge the patient.

The Affordable Care Act requires the face-to-face encounter and corresponding documentation as a certification requirement. Providers have the flexibility to implement the content requirements for both the POC and certification in a manner that best makes sense for them.¹

Telemedicine

Telemedicine is the exchange of medical information from one site to another in the form of electronic transfer. It is used all over the world for web based e-health patient service sites, videoconferencing, transmission of still images, remote monitoring of vital signs, continuing medical education and nursing call centers to name a few.

All health care providers and facilities providing telehealth follow specific standards and procedures to provide effective and safe medical care that is drawn from current information, available resources, and patient needs. These standards are a result of training, skills, and techniques.

Telemedicine is not considered a specialty. The reimbursement fee schedule usually has no distinction between services provided on site and those provided through telemedicine. No separate coding is required for billing for remote services.

Several different services benefit from using this medical technology.

**Specialist referral services**
The patient can see a specialist over a live, remote consult or the transfer of diagnostic images or video with the patient’s data to a specialist for later viewing. Radiology is one of the many specialties that make great use of this service.

**Patient consultation**
Providers can use telecommunications to provide the patient with a diagnosis and treatment plan through audio and still or live images.

**Remote patient monitoring**
Homebound patients can use devices to remotely collect and send data to a monitoring station to supplement the use of visiting nurses.

**Medical education**
Telemedicine can provide special medical education seminars in remote locations or continuing education programs.

**Consumer medical and health information**
Consumers can obtain specialized health information through the internet for on-line discussion groups to provide peer-to-peer support.
Kaiser Permanente has dedicated Field Operations Specialists who are available to assist our providers with their claims, referral, training, and educational needs. The Liaisons are placed to maintain the relationship between Kaiser Permanente and the Network Physicians who service our members. Liaisons are also a good source for information sharing. Kaiser Permanente Provider Relations department looks forward to a continued partnership with all associated providers.

Note: For routine claims inquiry or status please do not utilize the Field Operations Specialist. Please contact the Member Services department at 1-877-777-7902

Here is a list of the Field Operations Specialist and their assigned territories for your convenience:

**Linda Boyce**
Field Operations Specialist
Contact information:
   - Email: Linda.F.Boyce@kp.org
   - Phone: 301-816-6329
   - Fax: 301-388-1699

**Patricia Reid**
Field Operations Specialist
Region: Baltimore City & County, Carroll Co., Harford Co., and Howard Co.
Contact information:
   - Email: Patricia.R.Reid@kp.org
   - Phone: 301-816-6306
   - Fax: 301-388-1699

**Janeen Woods**
Field Operations Specialist
Contact information:
   - Email: Janeen.P.Woods@kp.org
   - Phone: 301-816-6517
   - Fax: 301-388-1699
Coding acute versus chronic deep vein thrombosis

Venous thrombosis and embolism, or VTE, can occur in veins of the upper and lower extremities as well as the thorax and neck. An “acute” VTE is a new thrombosis that requires the initiation of anticoagulant therapy. The term “chronic” in reference to these conditions is meant to describe an old or previously diagnosed thrombus that requires continuation of established anticoagulation therapy. ICD-9-CM codes were revised and created to allow for better reporting and tracking of the conditions, also known as DVTs or deep vein thrombosis, as well as a code for a VTE occurring in superficial veins. Codes 453.453.41 and 453.42 were revised to add the word “acute” to the venous embolism and thrombosis of deep vessels in the proximal and distal as well as unspecified deep vessels of the lower extremity.

The new set of codes includes:

- 453.81
- 453.82
- 453.83
- 453.84
- 453.85
- 453.86
- 453.87
- 453.89

A new set of codes, 453.81–89, were added to describe “acute” venous embolism and thrombosis of the upper extremity veins such as the antecubital, basilic, cephalic, brachial, radial, ulnar, axillary, subclavian, internal jugular, and other thoracic and unspecified veins.

New codes 453.50, 453.51 and 453.52 were added to identify “chronic” venous embolisms and thrombosis of deep vessels in the proximal and distal as well as unspecified deep vessels in the lower extremity.

An additional code for associated long-term (current) use of anticoagulants, V58.6, is used with these codes if applicable.

New codes were added to describe “chronic” venous embolism and thrombosis of the upper extremity veins such as the antecubital, basilic, cephalic, brachial, radial, ulnar, axillary, subclavian, internal jugular, and other thoracic and unspecified veins

These codes include:

- 453.71
- 453.72
- 453.73
- 453.74
- 453.75
- 453.76
- 453.77
- 453.79

Code V58.61 for associated long-term (current) use of anticoagulants is used as well if applicable. In addition, a new code, 453.6, was created to identify venous embolism and thrombosis of superficial vessels of the lower extremity, such as the lesser or greater saphenous veins.

Remember to document whether the deep vein thrombosis is acute and is initially being treated for its acute phase, or document as chronic when the patient’s initial acute phase of treatment occurred elsewhere (usually in a hospital setting) and the encounter is for follow-up care only.

Diabetes mellitus
Coding tip:
When coding diabetes mellitus, be sure to indicate the following:
> Controlled or uncontrolled.
> Type I or Type II.

Hypertension coding tip
Be sure to document the “type” of hypertension for correct code assignment (i.e. transient, essential, malignant, controlled, and uncontrolled)
High blood pressure in the absence of a diagnosis of hypertension should be coded to 796.2, Elevated blood pressure reading without diagnosis of hypertension.
ICD-10 is coming!

International Classification of Diseases (ICD) is a coding system used for inpatient and outpatient diagnoses and inpatient procedures. ICD-9 is the current version used in the United States when billing for health care services.

On January 16, 2009, the Department of Health and Human Services released the Final HIPAA Administrative Mandate to Adopt Version 10 (ICD-10.) The compliance date for implementation of the ICD-10 coding system is October 1, 2013.

Why is this happening?
ICD-9 is running out of codes. Hundreds of new diagnosis codes are submitted annually. ICD-10 will allow not only for more codes, but also for greater specificity and thus better epidemiological tracking.

What this means for providers?
• Providers will not be able to continue to report ICD-9-CM codes for services provided on or after October 1, 2013
• ICD-10-CM (diagnoses) will be used by all providers in every health care setting
• ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures
• ICD-10-PCS will not be used on physician claims, even those for inpatient visits
• No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes
• CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients

For more information
Visit the CMS ICD-10 website at www.cms.gov/ICD10 for the latest information and links to resources for providers to prepare for the ICD-10 implementation.

Important notice for after hours services

House Bill 435
Great news for Kaiser Permanente primary care physicians and members! The passing of the recent House Bill 435 gives us the opportunity to provide our members with evening care and our physicians with more incentive for later hours. Kaiser Permanente will reimburse primary care physicians at 100% of the applicable fee schedule written in the contract when they are billing for after hours services. The cpt code 99050 is to be used for these services.

House Bill 435 defines after hour services being provided in the office after the hour of 6 p.m. and before 8 a.m. or on weekends and national holidays.

If you have any questions please call the Provider Relations department at 1-877-806-7470 or fax us your inquiries to 301-388-1700.
Keeping the provider directory up to date!!

Please use the sample letter format below to update us with any changes you may have throughout the year. It is very important that we have the most accurate information when we pull our data for the directory.

Changes may be made by fax to: 301-388-1700 or by mail:

Kaiser Foundation Health Plan of The Mid-Atlantic States, Inc.
Provider Affairs; Flr 2 East
2101 East Jefferson St.
Rockville, MD 20852

If you would like to request a provider directory please contact Member Services at:
• For Maryland (301) 468-6000
• All other areas outside of Maryland 1-877-777-7902

<<DATE>>

Tax identification #:
Requestor phone #:
Effective date of change(s):
Requestor:

Reason for the request:

• Address change (practice location or billing)
  *identify whether adding or deleting demographic change
• Adding a provider or practitioner to an existing group contract
  *identify whether adding or deleting provider

If adding or deleting a provider please include:

• First and last name
• Sex
• Title or degree
• NPI number
• CAQH number
• UPIN or social security number
• Primary specialty with secondary specialty if applicable
• Practice locations w/ phone and fax numbers
• Foreign languages
• If urgent care/ will the provider have a panel of kaiser permanente patients.