

Information for Physicians and Care Providers



Kaiser Permanente Point of Service (POS) Plans*

POS Enrollees

Please present this to your provider's office when receiving care from a non-Kaiser Permanente provider.

Providers

If you are contracted with Kaiser Permanente Insurance Company (KPIC) or the PHCS Network for KPIC: it is important to remember that under Colorado law, it is the participating provider's responsibility to obtain any necessary Pre-certification. If you are not part of the PHCS Network for KPIC or directly contracted with KPIC and pre-certification is not obtained, the enrollee may have to pay a penalty or the services may not be covered at all.

Point of Service (POS) Plans

Kaiser Permanente has several POS plans where enrollees may receive care from any licensed provider without a referral. In addition, providers may refer POS enrollees to specialists within or outside of Kaiser Permanente. Pre-certification is required for certain procedures or services; please review the information below for important details about prescriptions, claims, pre-certification, and more.

You, the provider, may call our Outside Provider Service Line at **303-743-5330 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time, for Kaiser Permanente specialty referrals and services. You may call this number to order tests requiring a referral and/or speak to someone for your referral needs.

We encourage you to keep this material in your patient's file along with a copy of his/her Kaiser Permanente ID card, front and back, for your records.

*Kaiser Foundation Health Plan of Colorado, Inc. (KFHP), underwrites the HMO In-Network Provider Tier of the 3-Tiered and 2-Tiered POS Plans. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and the Non-Participating Provider (out-of-network) Tier of a 3-Tiered POS Plan; and the Non-Participating Provider (out-of-network) Tier of a 2-Tiered POS Plan

Prescriptions

Enrollees with 3-Tiered POS plans: In general, enrollees get charged a lower cost at Kaiser Permanente medical office pharmacies. In addition, through the Participating Provider Tier of their plan, enrollees can fill prescriptions in the MedImpact pharmacy network, which includes Rite Aid, Kroger, Walgreens, Safeway, and many other retail pharmacies. Members may also use a pharmacy not associated with Kaiser Permanente or the MedImpact network, in which the enrollee pays full price and submits a claim to MedImpact for reimbursement subject to applicable cost share. To find MedImpact participating pharmacies, call **1-800-788-2949 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

Enrollees with 2-Tiered POS plans: In general, enrollees get charged a lower cost at Kaiser Permanente medical office pharmacies. Enrollees with 2-Tiered plans also have the option to use a non-Kaiser Permanente pharmacy of their choice, in which the enrollee pays full price and submits a claim to MedImpact for reimbursement subject to applicable cost share.

Mail Order Pharmacy

Kaiser Permanente mail order services are available to enrollees in 3-Tiered and 2-Tiered POS plans. For questions, please call **1-866-523-6059 (TTY 711)**, 8 a.m. to 6 p.m., Mountain standard time. Enrollees may refill mail order prescriptions online **kp.org/rxrefill** or by calling **1-866-938-0077**.

Walgreens mail order is available to enrollees in 3-Tiered plans. You, the provider, may call in a prescription to **1-855-899-6012 (TTY 711)**, Monday through Friday, 6 a.m. to 8 p.m., Mountain time, and Saturday and Sunday, 6 a.m. to 3 p.m. If you prefer, fax the prescription to **1-800-332-9581**.

Please note: Mail order is not available from non-participating pharmacies.

Formulary

Please refer to the Preferred Drug List – Preferred Provider Organization (PPO) and Point of Service (POS) at info.kaiserpermanente.org/html/kpic-colorado to find out which drugs are on our formulary and if there are any formulary limitations. Certain outpatient prescription drugs are subject to utilization management requirements: prior authorization, step therapy, age, and quantity limits. For any medications with formulary limitations, submit a KPIC Prior Authorization form to MedImpact. You can reach the Pharmacy Help Desk at MedImpact at **1-800-788-2949 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

Laboratory

To help reduce costs, enrollees can obtain laboratory services at a Kaiser Permanente medical office.

Blood Tests

You, the provider, can order blood tests to be done at a Kaiser Permanente medical office by completing the Community Provider Laboratory Order Form. The form can be found at providers.kaiserpermanente.org/cod by clicking on their Service Area (i.e. Denver/Boulder, Northern Colorado, etc) and then clicking on Laboratory. Fax the completed form to Laboratory Client Services at **1-877-489-5586**. The laboratory requisition must include the provider's address, phone and fax numbers and NPI number. A provider signature and diagnosis (ICD-10) code(s) on the requisition form is required or testing will not be completed.

Specimen Collection and Testing

Your patient may go to any Kaiser Permanente medical office laboratory. Enrollees in the, Northern, and Southern Colorado service areas may go to a contracted laboratory for blood or urine specimen collection. Any genetic testing requires an approved pre-certification before the member can be drawn. Other clinically collected specimens such as rapid strep, wound culture, throat culture, and pap smear require an appointment at a Kaiser Permanente medical office. Please have your patient schedule such collections, anytime, day or night, by calling **303-338-3456 (TTY 711)** for the Denver/Boulder service area or **1-800-218-1059 (TTY 711)** for, Northern and Southern Colorado service areas.

When all testing is complete, results will be auto-faxed to your office. For, Northern, and Southern Colorado, contracted providers utilize contracted laboratories and send specimens to contracted laboratories.

Kaiser Permanente will not accept specimens collected at your office.

You, the provider, may also call Laboratory Client Services at **303-404-4050**, Monday through Friday, 8 a.m. to 6 p.m., Mountain time, to obtain results and additional forms. The Laboratory Client Services fax number is **1-877-489-5586**.

Radiology

To help reduce costs, enrollees can have X-ray and medical imaging services performed at a Kaiser Permanente medical office.

To order any radiology exam, please use the Regional Radiology Order Form. The form can be found at providers. kaiserpermanente.org/cod by clicking on their Service Area (i.e. Denver/Boulder, Northern Colorado, etc) and then clicking on Radiology. Fax all forms to Regional Radiology Client Services at **303-861-3111**. For routine/plain film exams, members can hand-carry a copy of the request form to any Kaiser Permanente radiology facility.

Orders for certain studies, including MRIs, CTs, ultrasound, mammography, fluoroscopy, nuclear medicine procedures, and PET scans, require appointments at a Kaiser Permanente medical office or, enrollees in, Northern, or Southern Colorado, may schedule with a contracted medical facility. Your patient may call to schedule at Kaiser Permanente 24 hours after the request form is submitted; the appointment line is **303-338-3456**, Monday through Friday, 8 a.m. to 7 p.m., Mountain.

The following partial list of services are offered at Kaiser Permanente medical offices and network facilities:

- **Denver/Boulder:** General radiology is offered at all Kaiser Permanente medical offices. Mammography and ultrasound procedures are performed at the Arapahoe, Baseline, East, Franklin, Lakewood, Lone Tree, and Rock Creek medical offices. Mammography is also offered at Brighton, Smoky Hill, Westminster, and Wheat Ridge. For other services, such as fluoroscopy, BMD, CT, MRI, and nuclear medicine, please call **303-338-3456**, Monday through Friday, 8 a.m. to 7 p.m., Mountain, for location details.

- **Southern Colorado:** General radiology is offered at all Kaiser Permanente medical offices. Enrollees may utilize Denver/ Boulder medical offices or a network facility. Preauthorization is required for advanced imaging services (MRI, CT, PET, etc.) at network facilities.
- **Northern Colorado:** General radiology is offered at all Kaiser Permanente medical offices. Mammography procedures are performed at Loveland Medical Offices. Members may also utilize Denver/ Boulder medical offices or a network facility. Preauthorization is required for advanced imaging services (MRI, CT, PET, etc.) at network facilities.

You, the providers can obtain a Kaiser Permanente radiology report and/or CD with images by calling the Regional Radiology File Room at **303-764-4391**, Monday through Friday, 8:30 a.m. to 5 p.m., Mountain time.

Hospitalization

You may admit your patient to any hospital you choose. Patient expenses will be lowest if you choose a hospital that is contracted with Kaiser Permanente. Patient expenses will be lower if you choose a hospital that is part of the PHCS Network for KPIC. Pre-certification is required for ALL hospital admissions, including pre-admission testing.

Pre-certification

Pre-certification should be initiated prior to scheduling any of the services listed below. The KPIC Medical Review Program is the organization or program that (1) evaluates proposed treatments and/or services to determine medical necessity, and (2) assures that the care received is appropriate and medically necessary to the covered person's health care needs. If the Medical Review Program determines that the care is not medically necessary, pre-certification will be denied.

To request pre-certification, contact Permanente Advantage three (3) days prior to any scheduled hospital admission at **1-888-525-1553 (TTY 711)**, 24 hours a day, seven days a week.

Please note: Precertification is not required for emergency admissions; however, the attending physician should notify the Medical Review Program of the admission no later than 24 hours following an emergency admission or as soon as reasonably possible.

Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures, including but not limited to:

- All inpatient admissions and services including: inpatient rehabilitation therapy admissions including comprehensive rehabilitation facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program; inpatient mental health and chemical dependency admissions and services including residential services; and long-term acute care and subacute admissions
- Skilled nursing facility
- Non-emergent air or ground ambulance transport
- Amino acid-based elemental formulas
- Clinical trial
- Medical foods
- Applied behavioral analysis (ABA)
- Cardiac rehabilitation
- Dental and endoscopic anesthesia
- Durable medical equipment
- Genetic testing
- Habilitative services (physical therapy, occupational therapy, and speech therapy)
- Home health and home infusion services
- Hospice care
- Imaging services: magnetic resonance imaging (MRI); magnetic resonance angiography (MRA); computerized tomography (CT); computerized tomography angiography (CTA); positron emission tomography (PET); electron beam computerized tomography (EBCT); and single photon emission computerized tomography (SPECT)
- Outpatient injectable drugs
- Outpatient procedures
- Outpatient surgery
- Pain management services
- Prosthetic and orthotic devices
- Radiation therapy services
- Reconstructive surgery
- Outpatient rehabilitation therapy (physical therapy, occupational therapy, speech therapy, and pulmonary therapy)
- TMJ/orthognathic surgery
- Transplants
- Transgender surgery and services.

Claims

Out-of-pocket expenses for enrollees include copays and/or coinsurance for primary and specialty care office visits. Please help us better serve you and our enrollees, and ensure that claims are paid more quickly, by providing complete information.

Filing a Claim on Behalf of Your Patient

Please include the following:

- A completed HCFA 1500 or UB-92
- Amount already paid by the enrollee, with proof of payment (copay or coinsurance)
- Remaining amount owed to you
- Mailing address for reimbursement

You may download claim forms at kp.org/kpic-colorado, or contact Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m., Mountain time.

Mail all completed documents to:

National Claims Administration - Colorado
P.O. Box 373150 Denver, CO 80237-9998

You may also send completed claims to Electronic Payer ID 394320.

Your Patient is Filing a Claim

Please help ensure that they have all the information they need before leaving your office.

Service Information: Please give them an itemized bill that contains the following information (similar to the HCFA 1500 or UB-92):

- Your official provider name
- Tax ID number (TIN)
- Your address and phone number
- Date of service(s)
- Codes for all services performed/treatments (diagnosis and procedure codes)

Payment Information

Provide the enrollee with proof of payment, such as a receipt, for any amount the patient paid on date of service.

If you bill the patient after date of service, please provide the total amount owed (i.e., the total cost less any payment already received).

Customer Service

Please call our Customer Service team with questions, to verify eligibility, or check on a claim. Representatives are available Monday through Friday, 8 a.m. to 6 p.m., Mountain time, at **1-855-364-3184** (TTY **711**).