

Biller's Meeting

March 19, 2009

Q: On the Provider page of the KHS website (Home>Provider), there is a statement in the center that states the below. What does this mean by *all*?

Attention ALL Providers - Case Conference services (99366, 99367, 99638) are available to all KHS network providers. These services must be pre-authorized by contacting Care management and are limited to 16 units per benefit year.

A: Any qualified KHS **network** provider may bill for these services, not only CMHC-affiliated providers.

Q: Restatement of question for further clarification...Does the person providing the service have to be a licensed practitioner, or can a Case Manager provide the service?

A: This service can be billed by a QMHP, a LMHP, an ARNP, a PA, or a physician. Note: Procedure 99367 must be provided by a physician.

Q: May we use the center's NPI for the billing of Psych Testing, 96102 in the instance when a technician provides the service (who does not have an NPI)?

A: This service requires a supervising psychologist and should be billed under this individual rendering provider NPI on the claim in order to be considered for payment.

Q: We have seen denials for procedure 96372, wasn't this issue fixed?

A: The system fix occurred on February 26, 2009 to allow this procedure to be billed. Re-adjudications of previously denied claims were completed on March 6, 2009. If you find claims denied inappropriately, please forward them by email to Jennifer Roberts, Daniel Dubois, or Becky Schuetz.

Q: We are still seeing lots of denials for DOS Not Authorized, especially Case Conference. We realize the claims are being reworked, but wasn't this problem corrected previously?

A: This problem has been resolved with the implementation of the Hotfix package on April 3, 2009. Claims processed incorrectly have been re-adjudicated daily. We should now only see this denial when it is appropriate based on approved authorizations.

Q: We are receiving lots of denials for 'No Insurance', but when we look-up the member on the system the eligibility is accurate. Why are we seeing such a large amount of these denials, aren't the updates getting added to the system timely?

A: With the implementation of the Hotfix package on April 3, 2009, providers will see fewer denials for 'no insurance' as more timely updates will be made to the eligibility files in eCura.

Q: Do you have a list of the current system issues that could be posted on the website for the Biller's reference?

A: We will compile a list and post it on the website as soon as possible.