

## **Billers' Meeting Q&A**

**May 29, 2008**

Q: May 1, 2008, Provider Notice 1.12..."Member Registration and Pre-Authorizations"...stated, "For claims submitted on or after June 1, 2008"...should state, "Dates of service on or after June 1, 2008".

A: Clarification provided in the June 16, 2008, KHS Dispatch, page 3, "Clarification to Provider Notice 1.12, May 1, 2008": Claims with dates of service on or after June 1, 2008 will require authorization numbers for pre-authorized services."

Q: Attendant Care and Case Conference – Do we have options for tracking the rendering of these codes that we could utilize in approving additional services for a new provider when a member transfers to a new provider?

A: Due to claims lag in billing, we cannot accurately estimate what services have been rendered. It is the provider's responsibility to track usage of pre-authorized services.

Q: If a provider realizes after the fact that the previously approved hours are all used up, can they request retroactive additional hours as an exception?

A: Response provided in the June 16, 2008, KHS Dispatch, page 3, "Retroactive Authorizations for Pre-Authorized services": While exceptions may be considered for additional hours of pre-authorized services, providers need to manage each member's pre-authorized service hours, as retroactive hours will not be approved."