



Provider Notice 1.10

February 29, 2008

PRTF Screens

Effective April 1, 2008 two new pieces of information will be required when calling back screen results for all PRTF screens (Initial, Emergency Exception and Extensions).

- The date of the CBST meeting
- The CMHC that conducted the CBST meeting

Reasons for this new requirement are:

- KHS is required to track that the CBST meetings were completed within 7 calendar days
- KHS needs to know which CMHC completed the CBST meeting

Effective January 1, 2008, KHS will pay for **all** CBST meetings when the PRTF screen was authorized and completed. Previously this applied only to KHS Members. KHS has determined it is in the best interest of our providers that KHS pays for all CBST meetings, not just for KHS members.

Requirements that must be met to receive payment for this meeting are:

- A PRTF screen must have been authorized and a tracking number issued
- The lead treatment team member, PRTF liaison, child and family member (if applicable) and case manager must be present
- The PRTF screener must participate in person or by conference
- The CBST meeting must be completed within seven (7) days of the screen request
- The date of the CBST meeting and the CMHC that conducted the CBST meeting must be reported during screen results
 - » KHS will reimburse the primary treatment Provider, defined as the facility that employs the meeting facilitator, for conducting the CBST meetings at \$400.00 per meeting.
 - » Claims are to be submitted to KHS using CPT code W0010; reported under the facility's NPI number.
 - » Concurrently with the separate reimbursement for CBST meeting performed by the primary treatment provider, the time for performing a PRTF screen shall not include any time previously included for the CBST meeting.
 - » PRTF screens should only include staff travel time and screening time on the screen form.

Changes will go into effect 30 days following the date of publication of Provider Notice.

Update on PRTF Alternatives Grant

We are pleased to announce that SRS has been awarded a Community-Based Alternatives to Psychiatric Residential Treatment Facilities (PRTF) demonstration grant from the Centers for Medicare & Medicaid Services. The PRTF Alternative Grant becomes effective April 1, 2008. This Grant is designed to serve children ages 4-18 who experience chronic mental health problems (the exception process for the age of the child is the same as it is for SED Waiver). SRS and KHS are providing an educational Webinar March 14th at noon to review the process for accessing these grant services. This training will also include billing information for the services. Watch for the invitations coming soon.

A brief overview of the grant is as follows:

The PRTF Alternatives Grant offers 8 special services, 6 of which are the same as the SED Waiver services. The two additional services are Employment Preparation and Support and Community Transitions Supports. Employment Preparation is intensive support to help obtain and maintain successful employment in the community. Community Transition Supports are non-recurring set-up expenses for individuals who are transitioning into their own living environment. The two new services are designed to facilitate and support youth as they transition to independent living.

SRS and KHS will review the billing codes in greater detail during the upcoming webinar; however here is an overview.

Applicable CPT Code Descriptions:

<i>Code</i>	<i>Description</i>	<i>Units</i>	<i>Unit Value</i>
T2038-U1	Community Transition Supports		3000.00 (lifetime maximum)
T1019-HK	Attendant Care	15 Mins	6.00
S5110	Parent Support, Education, and Training Individual	15 Mins	10.00
S5110-TJ	Parent Support, Education, and Training Group	15 Mins	3.00
H2025	Employment Preparation/Support	15 Mins	10.00
S9485	Professional Resource Family Care	Day	138.00
H2021	Wrap Around Facilitation	15 Mins	20.00
S5150	Short Term Respite Care	15 Mins	6.00
T2038	Independent Living/Skills Building	Hour	40.00

PRTF Alternatives Grant Webinar Provider Training will be held on March 14th from 12-1. Member trainings will be at Family Service and Guidance March 18th from 7-8:00pm, Area Mental Health in Garden City March 19th from 7-8:00pm. and ComCare March 20th from 7-8:00 pm The training materials will be available on KHS's website shortly after the training.

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Diagnosis Codes

KHS has added three new primary diagnosis coded to the approved list of mental health covered diagnosis. These codes are as follows:

- 995.52 Neglect of child- clinical attention on victim
- 995.53 Sexual abuse of child- clinical attention on victim
- 995.54 Physical abuse of child- clinical attention on victim

To assist all providers, a complete list a covered and non-covered DSM diagnosis codes is posted on the KHS website with this Provider Notice. You will note that some codes are covered for MediKan member only.

Claims

Providers throughout the KHS network have experienced levels of denied claims which KHS recognizes as unacceptable. We have identified problems within the eCura system which have contributed to denying claims inappropriately. KHS is working diligently with the software vendor to fix these processing issues.

In the interim, KHS has implemented a temporary solution to avoid the continued inappropriate denial of claims. In addition, KHS will be re-adjudicating claims denied in specific categories. Providers will not need to re-submit these claims. This two step program should increase the claim payments to Providers and decrease the number of inappropriately denied claims over the next several weeks. While KHS remains committed to resolve all claims issues and will continue to work directly with Providers in resolving claim issues, please understand that this process will take some time to correct.

Thank you for your understanding and commitment to serving our members.

eCura System Denial Errors- KHS will rework claims denied for these reasons:

- Date of Service not Authorized (62)
- Benefits Exhausted (35)
- Clinical (50)
- Insurance Terminated (27)
- Service not authorized (40)
- Service not in Provider Profile(38)

Once the eCura system has been corrected, we will notify all Providers that denials will require provider resubmission.