



# Provider Notice 1.11

April 15, 2008

## » *Practice Guidelines*

Effective immediately KHS is adopting two clinical practice guidelines from New Directions Behavioral Health. New Directions Behavioral Health is a managed health care organization that is NCQA accredited and is located in Overland Park, KS. The two are Adult Major Depression and ADHD for children and adolescents. These guidelines are in an attachment to this notice and can also be found at the following link on the New Directions website:

[https://www.ndbh.com/ViewPdf.aspx?file=Depression\\_Provider\\_CPG\\_revised\\_June06\\_FINAL.pdf](https://www.ndbh.com/ViewPdf.aspx?file=Depression_Provider_CPG_revised_June06_FINAL.pdf) and  
[https://www.ndbh.com/ViewPdf.aspx?file=ADHD\\_\\_rev\\_August\\_2004\\_FINAL1006.pdf](https://www.ndbh.com/ViewPdf.aspx?file=ADHD__rev_August_2004_FINAL1006.pdf)

KHS's Clinical Utilization Committee will be working on developing KHS specific clinical practice guidelines. In the interim the above mentioned guidelines are to be utilized to help direct Member care. Once KHS has developed clinical practice guidelines those guidelines will come out in a provider notice and be posted on the KHS website. If there are any questions regarding the usage of these or any other clinical matter please contact KHS's clinical department.

*Carol Neeley, MSW, LSCSW*  
*Clinical Director*

## » *Clarification of Providers' Utilization Review Responsibilities*

Kansas Health Solutions providers shall adopt and adhere to a comprehensive Utilization Review program to ensure utilization of services is monitored, to determine whether inappropriate or unnecessary services are being provided to any consumer, and to determine whether appropriate or necessary services have not been provided to any consumer. Kansas Health Solutions providers shall adhere to the following requirements as they implement their internal control system:

- Kansas Health Solutions Providers shall conduct Utilization Review on a statistically significant number of its Medicaid members' medical records
- Of the medical records selected in the statistically significant sample,
  - \* 95% must be completed within 30 days of a Medicaid member initiating services
  - \* Reviews for established Medicaid members must be completed just prior to each period of 90 days of treatment and every 90 days thereafter.
- Utilization Review requirements do not apply to Medicaid members who are only receiving medication services.
- If the KHS provider's practice consists of less than two licensed mental health practitioners, the Utilization Review requirement is waived in lieu of KHS routine auditing procedures.

---

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

- It should be noted that all KHS Providers should establish internal control systems designed to focus on areas of risk within their practice as a part of a comprehensive and effective Corporate Compliance Program.

Documents to Review: At a minimum, the UR process should include a review of:

- \* treatment plan
- \* diagnosis
- \* statement of prognosis
- \* documentation of all treatment provided
- \* appropriate identification of and care to members with special health care needs (See definition of Special Health Care Needs in Section 11 of the Provider Manual.)

The following criteria must be considered at the time of review:

- \* The Member is in sufficient need of treatment at this time to justify the expenditure of the Member's and provider's time, energy and resources.
- \* The treatment by this provider seems to be the best choice for helping the Member with his/her problems after considering all reasonable options available to the Member in the community and surrounding area.
- \* The proposed or revised treatment plan is the most efficient and appropriate use of the provider to meet the particular needs of the Member.
- \* The documentation written by this provider demonstrates the provider has followed KHS requirements regarding the quality and appropriateness of care furnished to members with special health care needs. (See definition of Special Health Care Needs in Section 11 of the Provider Manual.)

Documentation of review must be retained and indicate:

- \* Date of the Review
- \* Indication that treatment provided is either 1.) considered and approved, 2.) alternate treatment is suggested, or 3.) disapproval made of continued treatment
- \* Licensed Mental Health Provider(s) participating in the review, including their signature and credentials. (Electronic signature is acceptable.) An LMHP cannot review the medical record of a Medicaid member to whom they are providing services. Medical personnel are not required to participate in the review.

Kansas Health Solutions Providers should maintain a description of their Utilization Review program, including the methodology for selecting the sample of records reviewed, a log of records reviewed and dates of the review. This information should be readily available and furnished upon request.

*Anne Werring, Corporate Compliance Officer*

» ***COB-Rehabilitation Services:***

KHS announced previously that certain primary insurance plans do not provide coverage for Rehabilitation Services. KHS waived the requirement to submit explanation of benefits (EOB) for those specified plans. KHS solicited from all KHS member primary insurance companies' verification of coverage's or non-coverage for rehabilitation services. Based upon the response, KHS has adopted the following policy.

Effective May 5, 2008, KHS will not require copies of primary insurance EOB's be submitted with a claim for rehabilitation services listed below. We recognize that many primary insurance companies will not provide denials or payments, but we need to know the amount paid by the primary insurance and have it reported on the CMS 1500 form/ 837 file. As to claims pending adjudication, KHS will process those claims without EOB if the claim provides the the amount of primary reimbursements.

Non-Covered Services:

<b>T1017</b>	<i>Targeted Case Management</i>
<b>H0036 (HB)</b>	<i>Community Psychiatric Supportive Treatment- Adult</i>
<b>H0036 (HA)</b>	<i>Community Psychiatric Supportive Treatment- Child</i>
<b>H2017</b>	<i>Psychosocial Rehabilitation – Individual</i>
<b>H2017 (TJ)</b>	<i>Psychosocial Rehabilitation-Child Group</i>
<b>H2017 (HQ)</b>	<i>Psychosocial Rehabilitation-Adult Group</i>
<b>H0038</b>	<i>Peer Support – Individual</i>
<b>H0038 (HQ)</b>	<i>Peer Support- Group</i>
<b>H2011</b>	<i>Crisis Intervention- Emergent</i>
<b>H2015</b>	<i>Crisis Intervention- ongoing</i>
<b>H2011 (HK)</b>	<i>Crisis Intervention-Emergent Bachelors</i>
<b>H2015 (HK)</b>	<i>Crisis Interventions- Ongoing Bachelors</i>
<b>H2011 (HO)</b>	<i>Crisis Interventions-Emergent LMHP</i>
<b>T1019 (HE)</b>	<i>Attendant Care</i>
<b>99361</b>	<i>Case Conferences</i>
<b>H0031</b>	<i>Early Intervention- Mental Health Assessment</i>
<b>H0032</b>	<i>Early Intervention Mental Health</i>
<b>S5110</b>	<i>Parent Support and Training</i>
<b>T2038</b>	<i>Independent Living</i>
<b>S5150</b>	<i>Short term Respite Care</i>
<b>H2021</b>	<i>Wrap Around Facilitation</i>

*Steve Richards, Chief Financial Officer*