



# Provider Notice 1.16

August 1, 2008

» **Coordination of Benefits: Provider Notice 1.15 (July 1, 2008) is hereby revised**

The issue giving rise to that notice, involving members/families that have potential third party insurance coverage but are having difficulty getting claims paid due to provider network or provider qualification issues, will continue to be explored. The department of Social and Rehabilitation Services (SRS) and the Kansas Health Policy Authority (KHPA) will assess how best to address those issues in the context of overall third party liability guidelines.

In the meantime, providers should proactively inquire about this issue with members who also have private insurance coverage, and if a provider or member/family is faced with this situation, they should contact KHS to resolve it on a case-by-case basis, in consultation with SRS and KHPA. It is important that we effectively inform and assist members and families faced with these situations, so that effective access and continuity of care can be supported.

The specific guidelines that KHS will use in Coordination of Benefits (COB) determinations are in development and will be published within the month. The guidelines should allow providers to accurately anticipate those COB circumstances which will lead to:

- A COB Exception Review, or
- Payment of a COB claim, or
- Denial of payment for a COB claim

*Michael Goldberg, CEO*

» **Clarification for the Need for KMAP Numbers**

To clear up any confusion about the need for KMAP Numbers, the following are the KHS and Kansas Medical Assistance Program (KMAP) requirements and guidelines.

- KMAP requires that every practitioner must have an individual KMAP number for each private practice, group practice and/or agency where he/she is employed.
- All practitioners must submit their KMAP Welcome Letter (to verify the KMAP number, NPI number and Taxonomy number) with the KHS Credentialing Application (effective July 1, 2008.)
- KMAP requires that every agency must have a group KMAP number if they have more than one practitioner in their practice.
- Although not a requirement of KMAP, an agency may choose to have a KMAP number for each physical location where client services are provided.

---

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

- Although not a requirement of KMAP, each agency may choose to require its practitioners to obtain a KMAP number for every location where client services are provided.

If you have any questions about these clarifications, please contact Michele Johnson, Director of Provider Network Management at 866.547.0222 or KMAP Enrollment at 800.933.6593.

*Michele Johnson, Director of Provider Network*

» **Claim Filing Limit**

While KHS has suspended its claims filing limit with our Providers, Medicaid continues to impose limitation on claim submission to 365 days from the date of service. Until such time as KHS imposes a more restricted filing limit, we will follow the Medicaid rule of 365 days. As such, effective September 1, 2008, new claims or corrected claims past 365 days from the date of service will be denied.

*Steve Richards, Chief Financial Officer*

» **SED and PRTF Waiver Services**

KHS has increased its efforts in monitoring documentation for Waiver eligibility. Effective September 1, 2008 Providers will be notified if they are out of compliance and given an opportunity to submit the required documents to support eligibility. The documents this is referring to are the CBCL scores, CAFAS scores, plan of care reviews, budgets, annual requirements and utilizing a Waiver service monthly. Providers failing to comply may be subject to suspended claim payments or full recoupment of all paid claims if clinical eligibility standards are not fully met. Any questions regarding Waiver requirements need to be directed to Lori Maley-Myers at 785-291-9155.

Please note that this ongoing review is separate from the retrospective audits conducted by the KHS Corporate Compliance department and SRS. KHS and SRS will continue to partner on these quarterly audits.

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

» **Correct Coding of Services**

The Finance and Corporate Compliance Departments recently conducted a review of claims covering procedural codes: 90801 (Admission Evaluation), 90804-90812 (Individual Psychotherapy), 90847 (Family Psychotherapy) and outpatient medical service codes. This review indicated that providers were billing multiple units of services; that should be appropriately billed as per evaluation, per session, or time defined.

An example of this inappropriate billing would be where a provider bills two units of 90804 (20-30

minute session) rather than billing the correct code of 90806 (45-50 minute session) with one unit. The description of each individual psychotherapy code purposely uses the word “approximately” to indicate the average length of session when selecting the appropriate procedure code. The appropriate code should be used for the length of the session, not billing multiple units of a lesser timed code. Another example would be where a provider bills medical office evaluation and management codes (99201-99215) having similar trends in billing multiple units of these services.

The continued review of family psychotherapy codes reveals providers billing multiple units of per session code 90847 (Family Psychotherapy). Family psychotherapy with the patient in the office is a “per session” code and should be billed in one unit increments.

Providers should review their billing practices to ensure correct coding of services. KHS will continue to review billing practices as part of our service utilization and claims management oversight. Providers are reminded that during the course of compliance team reviews, incorrect coding of services may result in recoupment of payments.

*Fred Schneider, Quality and Compliance Auditor*  
*Anne Werring, Corporate Compliance Officer*

» **Crisis Services Training**

Providers billing Crisis Service codes will need to complete the new required Crisis Intervention training prior to providing these services effective September 1, 2008. Wichita State University has installed the training on line at [www.kidstraining.org](http://www.kidstraining.org). In addition to this online training requirement, completion of a Nationally Recognized Crisis Intervention Training must also be completed (examples include CPI, and Mandt). Please direct questions to Lorna Clarke, Training Manager at 785-575-9388.

*Lorna Clarke, RN, BBA*  
*Training Manager*

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