



Provider Notice 2.4

October 31, 2008

» **CMS 1500 Claim- Box 11**

KHS is easing its filing requirements for completion of Box 11. If the member has other insurance which is primary to KHS coverage, Box 11 must be completed along with Box 11a-d. If the member does not have insurance primary to KHS, Box 11 may be left blank. (*This change is effective immediately.*)

KHS expects the following boxes be completed in this manner.

Box 9 – Other Insured’s Name: If patient has secondary or supplemental insurance, complete fields 9 and 9A-D (Enter primary insurance information in Box 11).

Box 10 – Is Patient’s Condition Related To: Check appropriate box when billing for accident related services only. If any box is checked “yes”:

- Enter all available information in Box 11.
- Check “other” box if related to “child abuse” or a “self inflicted” injury and note “child abuse” or “self-inflicted” in filed 10D.

Box 11 – Insured’s Policy Group or FECA Number: This field should be completed if the patient has insurance primary to Medicaid.

- **If YES,** complete **Box 11 and 11A-D.**
- **If NO,** leave blank or enter the word “None.”

Steve Richards, Chief Executive Officer

» **KHS Timely Filing Requirements:**

KHS must receive claims within 12 months from the date services were rendered. Once your claim has been filed within the first 12 months, then you have an additional 6 months to edit that claim if required. Please follow the “Corrected Claim” process as outlined in the Provider Manual and Billing Manual. If the initial claim denied, then you will need to submit a new claim along with proof of timely filing.

If you are correcting a claim with the same Provider NPI number, same Member and Date of Service, include the original claim number in field 22. This is the same whether filing on paper or through Provider Connect and either editing a claim or building a new claim.

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

When filing a claim that is over 12 months from the date of service via an 837 file, you will need to include a line in your 837 which states “REF*F8 *[insert claim number]”. Please note, when submitting to KHS, each detail is broken down into an individual claim, so we recommend that when correcting for timely filing, you only submit single *detail* claims with all corrections on a single file.

Steve Richards, Chief Financial Officer

» **New Documentation Guidelines:**

Enclosed with this Provider Notice are 28 new documentation guidelines. We recognize that this is a lot of new information to receive at once. However, since many of these address issues that have been raised by the provider network, we decided it would be most effective to release the new guidelines as a group. These guidelines will go into effect December 1, 2008. KHS will be doing WebEX presentations over the next few months on these guidelines. If you have questions regarding the guidelines before these trainings occur please feel free to contact Carol Neeley at 785-575-9373 or Carla Griffin at 785-575-0728.

Carol Neeley, MSW, LSCSW, Clinical Director

» **Verification of Clinical Supervisors License in Good Standing:**

At the present time, the license of a Clinical Supervisor who supervises the services provided by a Licensed Marriage and Family Therapist, Licensed Professional Counselor, Licensed Masters Social Worker or a Licensed Masters Level Psychologist is not verified by KHS. Effective December 1, 2008, any license (s) held by a Clinical Supervisor will be verified through the licensing Board that issues the license to ensure that it is in good standing.

For questions, please contact:
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