



Provider Notice 1.7

November 28, 2007

- **Community Based Service Team Review**

KHS recognizes coordination and creation of the Community Based Service Plan is time consuming, sometimes performed by Providers not completing the PRTF screening process and is not a separately billable service.

Effective January 1, 2008 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. To qualify for reimbursement, a PRTF screening tracking number must have been issued and the lead treatment team member, PRTF liaison, child and family member (if applicable) and case manager must be present and PRTF screener must participate in person or by conference. The CBST meeting with discharge plan documents must be completed within seven (7) days of the request by the PRTF.

Claims are to be submitted to KHS using CPT code *W0010*; reported under the facility's NPI number.

- **PRTF Concurrent Utilization Reviews (Screens)**

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 include staff travel time and screening time only.

- **Case Conference**

Effective January 1, 2008 Case Conference CPT 99361 has been eliminated by Center for Medicare and Medicaid Services. KHS will no longer recognize this code as a valid service code.

As a replacement for Case Conferences (99361), KHS will institute three(3) new service codes under Medical Team Conferences, CPT 99366, 99367 and 99368. These services will continue to require pre-authorization. If you have case conferences currently authorized, those authorization will be transferred to these new codes. Case conference authorization will be applicable to any of the three new codes.

CPT 99366 is a medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professionals.

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

CPT 99367 is a medical team conference with interdisciplinary team of health care professionals, with patient and/or family not present, 30 minutes or more, participation by a physician.

CPT 99368 is a medical team conference with interdisciplinary team of health care professionals, with patient and or family not present, 30 minutes or more, participation by nonphysician qualified health care.

Team conferences of less than 30 minutes are not reported separately.
Services will be reimbursed, per 15 minute unit, at the following rates.
CPT 99366 – \$10.00
CPT 99367- \$10.00
CPT 99368 - \$10.00

- **Attendant Care**

Billing for attendant care under the SED Waiver Services should be billed as CPT T1019-HK. KHS continues to see claims submitted for members on the SED waiver using the HE modifier, which is incorrect.

- **Member Access to Services**

KHS has been charged with ensuring that Members are able to receive services within the required time frames. The access standards are in the PAHP contract and all providers are to meet those standards 95% of the time as part of their provider agreement. As a recap, those time frames are 9 business days after the initial call for a first time appointment, 10 days after the initial appointment for follow-up, 48 hours for an outpatient urgent appointment from the time of the call, 3 hours for an outpatient emergent appointment from the time of the call and 72 hours post discharge for persons new to mental health services.

Currently for November 1st-18th:
For urgent and post discharge appointments (76% and 36%).

Access for July 1st-November 18th:
65% for emergent outpatient appointments
77% for urgent appointments
50% for post discharge

The performance standard for all levels of care that we are to meet per our contract is 95%. Therefore, one can see that we are at a critical point.

KHS places a high value on access to care. Furthermore, CMS is emphasizing access as a major focus. The creation of the PAHP was predicated on increasing access. KHS is tasked with showing access improvement by January 2008.

KHS has an Access Standard Task Force that was put on hold while data accuracy was enhanced. Having made improvements, the next Access Standard Task Force Meeting had been scheduled for December 20th 11:00 AM-1:00 PM, but has now been moved up to December 10th 9:00 AM to 11:00 AM.

In addition to having an upcoming Access Standard Task Force meeting, KHS must begin addressing more intensely and resolving the access problems that have now been identified. The following is what KHS is in the process of doing to resolve the identified access problems:

1. Calling providers who are not meeting the outpatient access standards and faxing lists of Members for review. A corrective action plan is needed from those providers.
2. As action plans prove to be effective over a 30 day period, they will be shared with other providers in order to help them achieve the access standard.
3. The Access Standard Task Force will be addressing each access problem area and looking for ways to resolve the problem.
4. Data that is being entered into the system by providers is not always complete and accurate. In addition to doing a corrective action plan to resolve this problem KHS will provide additional training.
5. All ways that are found to resolve an access issue for a provider will be published in the KHS newsletter in order to assist other providers. Names of providers will not be given without that provider's agreement.
6. Unresolved access issues will go to the KHS Compliance Committee for further consideration.