



Provider Notice 1.8

December 19, 2007

- **Denied Duplicate Claims**

KHS has implemented system changes to avoid denying claims as duplicates when they are being submitted unbundled for multiple services on the same day. The use of modifier 59 is now in production and can be used for submitting unbundled services for the following CPT codes, including other code modifiers. Claims should be submitted as new claims (preferably electronic). If the claim does not meet timely filing, then submit the claim on paper with notation that it was previously denied as a duplicate.

90853	H0036	H0038
90847	S5110	T1017
H2011	T2038	H2017
H2015	T1019	S5150

- **Attendant Care**

While 1915(b) attendant care services requires pre-authorization KHS has suspended the 180 day review requirement. Pre-authorized services will be valid for the full 360 days. KHS will continue to monitor the use of attendant care and may be required to reinstate this review for budgetary purposes in the future.

- **Electronic Claims**

KHS has heard from providers that they may experience some difficulties in submitting claims on the electronic 837 file format where the rendering provide NPI# is not being recognized. In addition, some providers have indicted difficulties in processing the 835 electronic RA. KHS would like any provider experiencing either of these issues to contact Steve Richards at 785.575.9378 or email at stever@kansashealthsoluitons.org.

- **EOB Waiver on Rehab Services**

KHS recognizes that several commercial insurance plans do not reimburse for rehabilitation and crisis services rendered by non-licensed staff. In keeping with our obligation to manage third party liabilities, yet understanding the administrative burdens associated with submitting EOB on primary insurance, KHS will **not** require evidence of payment (EOB) from the following primary insurance companies for rehabilitation and crisis services (H codes), Targeted case management (T codes), attendant care and respite (S codes). We will continue to add additional plans as they are identified. To allow adequate time for system changes this EOB waiver will be effective for claims submitted after Jan 15, 2008.

*America Choice Health Plans LLC
Preferred Health Systems
New Directions Behavioral Health
United Behavioral Health*

*Humana
Harrington (A Fiserv Health Company)
Star HRG (Div of Mega Life and Health)*

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

- **New Dates for Home Based Family Therapy Training**

HBFT provides greater access to family data and a direct view of family functioning, and that can be overwhelming. We introduce a lens to help clinicians dissect this new data and focus treatment. The result is a family-driven approach with unique phases of therapy and crucial adaptations that must be met at each phase. By studying a common family issue, participants have the opportunity to interact with one another and work through each of the phases. You'll learn from peers as every professional is encouraged to share his/her own theoretical perspective. Finally, the partnership places a priority on the use of supervision and therapist self-care to support and enhance home-based work.

Private Contractors Thursday, January 10th, 2008 8:00AM-4:30PM

Location: KSU Alumni Center (50 seats)

1720 Alumni Center

Banquet Room B

Manhattan, KS 66506-6600

Core Training is a key event in the HBFT partnership identifying aspects of home-based family therapy that are distinct from traditional, in-office therapy. To bridge the gap between office-based work and home-based practice, we address several unique challenges associated with working with families in their homes. For more information visit <http://hbftpartnership.com>.

- **CBST Meeting Reimbursement**

Last month, we notified Providers that KHS will begin to reimburse for the CBST meeting as a separate billable service. Although KHS will cover the cost of the PRTF screen for a non- KHS member, the CBST reimbursement is for KHS members only.