

Provider Notice 4.8



March 1, 2011

www.kansashealthsolutions.org

>> Annual and daily allowed service units/sessions

In order to more effectively manage service utilization, beginning with dates of service on April 1, 2011, and thereafter, KHS will apply annual and daily allowed service units/sessions to certain services per Member. These annual and daily allowed service units/sessions will be based on the benefit year (July through June). In order to institute these service units/sessions on April 1, 2011, KHS will allow one-fourth of the annual units/sessions until June 30, 2011. Starting July 1, 2011, the Member will receive the full annual units/sessions for the new benefit year. The annual and daily allowed service units/sessions are indicated in the table that follows.

If a Member meets criteria for medical necessity, an exception request should be submitted to KHS if units are to exceed the daily or annual service units/sessions. The exception requests will be available on the KHS website (in the Provider section, under "Resources," then "Forms") at www.kansashealthsolutions.org. KHS will review the clinical information included in the forms submitted by providers and make a determination based on medical necessity.

Exception requests will be answered by KHS within five business days of receipt. Exception requests are tied to the Provider for the specific Member. Providers may back-date exception requests for seven calendar days.

KHS will respond to approved electronic requests through Provider Connect. Denials of exception requests will be issued in writing. Processing priority will be given to electronic submissions. Services will not be authorized retrospectively for more than

seven calendar days from the receipt of the exception request by KHS. Authorizations to exceed the initial allowed service units will expire upon utilization of the number of units of service approved, or the expiration date noted on the approval from KHS, whichever occurs first. In no case will unused services or authorizations from one benefit year carry over to a following benefit year.

The daily and annual allowed service units/sessions are as follows:

| Service per Member | Daily limit | Annual limit |
|---|--------------------|---------------------|
| Family Therapy <i>(90847, 90847-HK or any combination thereof)</i> | 3 sessions | 40 sessions |
| Group Therapy <i>(90853)</i> | 2 sessions | 24 sessions |
| Individual Therapy <i>(90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815 or any combination thereof)</i> | 1 session | 14 sessions |
| Psychosocial Rehabilitation <i>(individual and group combined H2017 with any modifiers)</i> | 7 hours | 456 hours |
| Community Psychiatric Support and Treatment (CPST) <i>(H0036 with any modifiers)</i> | 3 hours | 100 hours |

*As CPT/HCPCS codes are updated and replaced, they will be incorporated into these annual and daily initial allowed service units.

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Procedures currently in place for services with soft limits not included above remain the same.

Educational materials related to the above changes will be forthcoming.

Payment for services will be by date of receipt. Units approved and paid for a Member will be viewable in Provider Connect.

For questions, contact the Utilization Management Department at 877.642.9283.

~ **Michael Leeson, M.D., Ph.D.**
Chief Medical and Clinical Officer

>> Clarification: Check fee agreement for unit values

This is to remind Providers that your fee agreement, which is included in your Provider agreement, describes the unit value for each billable code. For questions about billing, contact the claims department at 866.547.6457.

>> Denial of claims lacking Member registration or clinical update

To effectively manage utilization of services by a member, KHS must provide initial claim decisions in a timely and accurate manner. To achieve this, beginning April 1, 2011, claims requiring member registration or a clinical update to member registration will deny rather than pend when the appro-

priate registration or clinical update is not present. Claims pended prior to April 1, 2011, will also deny when the appropriate member registration or clinical update is not present.

~ **Jennifer Hottman**
Manager of Claims