

Cenpatico Kansas
Bank of America Tower
534 South Kansas Avenue
Suite 305
Topeka, KS 66603

Deb Burnham
Network Manager
1-800-989-1655, ext. 1
Direct Number: 785-633-5746

Jeanie Kimball
Provider Relations Specialist
1-800-989-1655, ext. 2

FAX Number: 785-354-4206

Cenpatico Provider Portal
[www.cenpatico.com/portal/
public/cbh](http://www.cenpatico.com/portal/public/cbh)

**Kansas HealthWave
Verification and
Information Number**
1-800-792-4884

www.kansashealthwave.org/

Claims
Cenpatico
ATTN:
CLAIMS DEPARTMENT
P. O. Box 6400, Farmington,
MO 63640-3807

Appeals – Claims
Cenpatico
ATTN: CLAIMS APPEALS
P. O. Box 6000, Farmington,
MO 63640-3809

Provider Update

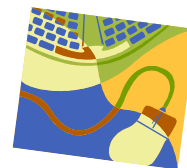
A Quarterly Update for HealthWave 21 CHIP Providers



New on the Cenpatico Web-site: Updated Resources for You!

Updates...Check out the Provider Section of the Cenpatico website at <http://www.cenpatico.com/providers/forms/kansas> for:

- ◆ **Provider Survey** on evidenced based practices—we would like to hear from you regarding your use of evidenced based practices
- ◆ **Provider and Member Satisfaction Survey results**—review the results
- ◆ **FAQ's**—Kansas FAQ and Kansas Community Based Services FAQ has been updated



Cenpatico Clinical Updates

Outpatient Utilization Management

In June 2009, Cenpatico developed a new Outpatient Utilization Management team solely devoted to the management of outpatient utilization. The primary focus of the team is to ensure that the highest quality services are being delivered to our members and to partner closely with our providers. This means encouraging the use of Evidence-Based Practices for the diagnoses and/or target populations being served by our providers. The outpatient Utilization Managers are collaborating with outpatient providers more now than ever before, calling to discuss cases, faxing feedback about requests, and conducting provider training sessions to answer clinical questions and assist with completing treatment requests. Cenpatico is committed to our members receiving the best care possible, and the Outpatient Utilization Management team looks forward to partnering with you to make this a reality for every single Cenpatico member. For further information about the Kansas Outpatient Utilization Management team contact Cenpatico at 866-896-7293 and ask for Nicole Staehler.

Intensive Case Management (ICM) Services Benefit Kansas Members

Intensive Case Management Services provides support to members focusing on increasing community tenure, reducing recidivism, improving treatment compliance and facilitating positive treatment outcomes through the proactive identification of Members with complex or chronic behavioral health conditions that require coordination of services and periodic monitoring in order to achieve desirable outcomes. Cenpatico Case Managers are licensed behavioral health professionals with at least 3 years experience in the mental health field. Cenpatico's ICM functions include:

- ◆ Early identification of Members who have special needs
- ◆ Assessment of Member's risk factors and needs
- ◆ Contact with high-risk members discharging from hospitals to ensure appropriate discharge appointments are arranged and members are compliant with treatment;
- ◆ Active coordination of care linking Members to behavioral health providers and as needed medical services; including linkage with a physical health Case Manager for Members with coexisting behavioral and physical health conditions; and residential, social and other support services where needed
- ◆ Development of a case management plan of care
- ◆ Referrals and assistance to community resources and/or behavioral health providers

For information about ICM contact Cenpatico and ask for Angela Ivancic.



Claims Corner

Frequent Denial Codes Regarding Authorizations

Two frequent denial codes providers may receive on an Explanation of Payment (EOP) when a claim is denied is:

EX 18 — DENY: DUPLICATE CLAIM/SERVICE – The claims payment system will attempt to match dates of service and procedures with previously processed claims. If a match is found then a duplicate denial code may be applied. Duplicate denials can occur when adjustment requests are submitted along with additional copies of the original claim or when part of a claim denies and a new claim with all services are resubmitted instead of just submitting an adjustment for the previously denied service lines. Another common submission error pertains to multiple submissions of the same electronic claims file “just to be sure.” **How to avoid:** Before resubmitting a claim, check the web portal to verify if the date of service (DOS) has been filed previously. The web portal also provides you with information on when the claim was paid so you can then check your records for the payment.

EX DZ — DENY: EXCEEDED AUTHORIZED UNITS — When processing a claim, the claim payment system will check for any authorizations on file that match the claim. It will verify the DOS, provider's name, service type and if visits remain on the authorization. Each time a DOS is processed on an authorization number the system logs that as a visit used on that authorization number. The DZ denial means the number of visits previously paid exhausted the visits authorized and thus no visit is available to pay the current DOS. **How to avoid:** Developing a tracking system to note each time a DOS is billed on an authorization number will assist you in eliminating this type of denial.

Authorization Changes to 99058

Effective May 1, 2010 Cenpatico has updated its authorization requirements for 99058—Office Emergency Care. No prior authorization is required for the first four visits in a year per member for participating providers. More than four emergency visits in a year will be reviewed under Cenpatico’s Medical Necessity Criteria and require prior authorization.

Billing for Travel to Member’s Home When Using Location Code 12

Effective April 1, 2010 non-physician providers (LMSW, LCSW, LPC, LMFT, PHD, AAPS, etc.) will need to use national standard outpatient procedural codes (refer to table) with a location code of 12 when billing for in-home therapy services. In recognition that services performed in the home require travel, the location code of 12 will pay at 10% higher than your contracted rate for your specialty. **To receive the 10% for travel, please calculate the 10% over the base rate (refer to compensation schedule attached to your agreement) and place this amount in any charge field on the CMS 1500 form.**

90801	Diagnostic Interview
90804	Individual Psychotherapy, Insight Oriented, 20-30 minutes
90806	Individual Psychotherapy, Insight Oriented, 45-50 minutes
90808	Individual Psychotherapy, Insight Oriented, 75+ minutes
90846	Family Psychotherapy, Without Patient Present
90847	Family Psychotherapy, With Patient Present

Authorization Requirements for Inpatient Care

A screen by a Community Mental Health Center is not required by Cenpatico as a required assessment or determination for inpatient services. Cenpatico utilizes its Medical Necessity Criteria for determining admission to inpatient, as well as, other types of facility services. Please refer to the Cenpatico Provider Manual for further information about authorization requirements.

Congratulations...

...to Marillac— on becoming a Cenpatico Preferred Facility Provider

...to KVC—on opening its hospital facility in Hays, KS

...to new facility providers—Adolescent; Adult, Family Recovery—Preferred Family Health-care; High Plains Mental Health Center; Lakeland Regional Hospital; Recovery Concepts; STOP—Ralph Bharati, MD, PA; Sims-Kemper