

AUGUST 2017

KMAP GENERAL BULLETIN 17172

Mid-level Providers in CMHCs

Effective with dates of service on and after September 15, 2017, all services performed by a mid-level provider (physician assistant [PA] or advanced practice registered nurse [APRN]), in a Community Mental Health Center (CMHC) are required to have modifier U1 appended to the code(s), with the exception of injections. These claims will be paid at 75%.

In keeping with current policy and procedures, additional updates have been made in the provider manuals.

Note: The effective date of the policy is September 15, 2017. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

For the changes resulting from this provider bulletin, view the updated *Hospital Fee-for-Service Provider Manual* and *Professional Fee-for-Service Provider Manual* on the [Provider Manuals](#) page and the updated *Coding Modifiers Table* on the [Coding Modifiers Table](#) page of the KMAP website.

Note: Refer to the CPT® codebook for complete descriptions.

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