

Psychiatric residential treatment facility — third-party liability cost avoidance

Summary of change: Effective immediately, if a service recipient has private insurance, the psychiatric residential treatment facility (PRTF) must obtain proof of denial or payment based on psychiatric level of care in order to bill Amerigroup Kansas, Inc. as the payer of last resort under KanCare.

The PRTF must bill the private insurance on the claim form utilizing revenue codes or other code sets as required by that insurer. They then must bill Amerigroup via a professional *CMS-1500* claim form or an *837P* electronic transaction.

If a PRTF is unable to credential with the other insurer or has found that PRTF services are never covered (regardless of the claim form), they should reference the *Kansas Medical Assistance Program Third-Party Liability Provider Manual* for specific documentation requirements. Please refer to the Blanket Denials and Noncovered Codes section found here: https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/General%20TPL_06302016_16107.pdf.

Procedure code T2048 will be removed from the third-party liability noncovered list.

Who do I call with questions?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.