



# Substance Abuse Treatment Programs

**Blue Cross and Blue Shield  
of Kansas**

# Policies and Procedures

## ● Timely Filing

- **Initial billings must be submitted to BCBSKS within one year, three months (15 months) from the date of discharge or the date of outpatient services.**
- **In the event initial billings for covered services are not submitted timely, deductibles, coinsurance and shared payments may be recovered from the member.**
- **All other balances as it relates to these initial billings will be a write-off to the Contracting Provider.**

# Policies and Procedures

## ● Member Responsibility

- The Contracting Provider shall not require of any member, payment prior to or following a covered service for amounts in excess of any deductible, coinsurance and shared payment amounts.
- The Contracting Provider shall look only to BCBSKS for payment of covered benefits with the exception of the coinsurance, deductible and shared payment amounts described above.
- When the Contracting Provider identifies payments in excess of the above said amounts, the provider agrees to refund the member overpayments to the member.

# Policies and Procedures

- **New or Expanded Services**

- **The Contracting Provider agrees to notify BCBSKS of the addition of new services or the expansion of existing services. The purpose of this notification is to allow BCBSKS to determine if the new or expanded service is covered under the terms of the various member contracts.**

# Policies and Procedures

- **Prior Authorization**

- **Inpatient and Partial-Day Services must be authorized through New Directions Behavioral Health prior to services being rendered.**

# Policies and Procedures

## ● Medical Necessity

- The Contracting Provider shall not bill members for services which have been determined medically unnecessary, experimental/investigational, have been denied due to Utilization Review, and/or are patient demanded services unless the member has been given written notification in advance that specific services will be the member's responsibility.
- This notification is referred to as the *Notice of Personal Financial Obligation (NOPFO)*.
- Generic or all-encompassing notifications without advanced written authorization by BCBSKS shall not be deemed to meet the specific notification requirement mentioned above.

# Policies and Procedures

- **Notice of Personal Financial Obligation (NOPFO)**
  - All claims for services for which the member has been given a *NOPFO* shall be submitted on a paper claim form with the *NOPFO* form attached. Charges shall be billed as non-covered.

# Policies and Procedures

Patient's Name: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_ Provider Address: \_\_\_\_\_

## NOTICE OF PERSONAL FINANCIAL OBLIGATION Read Before Signing

I have been informed and do understand the charges for \_\_\_\_\_ services provided to me beginning on \_\_\_\_\_ (date) through the date of discharge **will not be covered by Blue Cross and Blue Shield of Kansas, Inc. or Premier Blue** because these services are considered medically unnecessary or because it is not necessary to be hospitalized to have these services performed or because the services are experimental/investigational.

I request that these services be performed even though they will not be paid by Blue Cross and Blue Shield of Kansas, Inc. or Premier Blue. I UNDERSTAND THAT I WILL BE HELD PERSONALLY RESPONSIBLE FOR THE FULL FEE OF APPROXIMATELY \$\_\_\_\_\_. This amount is an approximation only, based on the procedure/services scheduled to be performed and may be more if additional services become necessary.

Acknowledgment of personal financial obligation applies to charges for services specified above when performed by this provider **AND** any other provider whose services are related to or associated with the services I have requested on this form.

\_\_\_\_\_  
Patient or Member Signature

\_\_\_\_\_  
Date

Note to Patient: If you disagree with our determination you have appeal rights with your insurance company. You may contact the Blue Cross and Blue Shield of Kansas Customer Service Department for further information on your appeal rights.

# Policies and Procedures

Check one of the following:

- I, \_\_\_\_\_ (witness name), did personally observe the patient/member whose signature appears above and do certify that he/she did read this notice, was given an opportunity to ask questions and did affix his/her signature in my presence.
- Neither the patient nor member was available to sign the Notice of Personal Financial Obligation prior to \_\_\_\_\_ (scheduled start of care date). I, \_\_\_\_\_ (provider representative), did personally inform \_\_\_\_\_ (name of person informed) of the complete details of this notice by telephone on \_\_\_\_\_ (date) and advised him/her that other arrangements would have to be made prior to that date unless he/she agreed to accept personal financial responsibility. They have agreed to sign the notice at the earliest possible time.
- I, \_\_\_\_\_ (witness Name), did personally observe that this Notice of Personal Financial Obligation was presented to and verbally explained to \_\_\_\_\_ (name of person informed) by \_\_\_\_\_ (provider representative) on \_\_\_\_\_ (date). This individual refused to sign the notice even though he/she was informed that Blue Cross and Blue Shield would not pay for charges on and after date shown above and that the facility would look to him/her for payment on and after that date if the patient remained in this facility. The stated reason for not signing was

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# Policies and Procedures

- **Right of Appeal**

- **The Contracting Provider shall have the right to appeal a claim, which has been denied based on lack of medical necessity, a service being experimental/ investigational or an MS-DRG assignment.**

# Policies and Procedures

## ● Member Appeals

- **When the member is determined to be financially responsible for the claim and has signed an NOPFO, the member has appeal rights.**
- **The Contracting provider may appeal as the member authorized representative but must follow the appeals procedure stated on the back of the Member's Explanation of Benefits.**

# Policies and Procedures

## ● Provider Appeals

- When the NOPFO has not been given to the member and the services are deemed not medically necessary, the provider has appeal rights as outlined in the General Policies and Procedures.
- Before entering the appeals process, an inquiry must be made to customer service to verify the original payment determination within 120 days of the remittance advice date.

# Policies and Procedures

## ● Initial Appeal

- **Written notification of disagreement with a medical necessity determination must be provided within 120 days of the remittance advice date.**
- **This request should be sent to BCBSKS customer service.**
- **The decision is binding unless appealed within 60 days of notification.**

# Policies and Procedures

## ● Final Appeal

- A written request must be addressed to the Chief Medical Officer and sent to BCBSKS customer service.
- A decision will be made within 60 days.
- This appeals decision will be final subject only to the provision for binding arbitration.

# Inpatient Programs

- **BCBSKS follows ASAM III.7 guidelines for inpatient care**
  - **24 hr care (evaluation, observation, medical monitoring, addiction treatment)**
  - **daily onsite counseling services**
  - **24 hr physician service available (can be contracted services)**

# Inpatient Claim Submission

- **Submit on a UB-04 claim form**
- **Type of Bill**
  - 111 Admit through discharge
  - 112 Interim – First Claim
  - 113 Interim – Continuing Claim
  - 114 Interim – Last Claim
  - 117 Replacement Claim (Corrected Claim)
  - 118 Cancelled Claim
- **Revenue Code**
  - 100 – All Inclusive Room & Board including ancillary

# Inpatient Claim Submission

- **Units**

- **The number of days the patient was an inpatient**

# Partial Day Treatment Program

- **BCBSKS follows ASAM II.5 guidelines for Partial Day Services**
- **Partial-day treatment programs are for patients who need broader programs than are possible through outpatient care but who do not require 24-hour hospitalization.**

# Partial Day Treatment Program

**The program must include a minimum:**

- 15 hours per 5-day week of structured activities geared to meet the individual client's need**
- No less than 10 hours per week will be structured group, individual and/or family counseling for each patient.**

# Partial Day Benefits

- **Providers of partial-day psychiatric or substance abuse services must provide to the patient or patient representative a *Partial-Day Treatment Release Form* prior to admission.**
- **The form can be found in the FORMS section of our Website at [www.bcbsks.com](http://www.bcbsks.com)**

# Partial Day Benefits

## Partial-Day Treatment Program Release Form

The undersigned is covered under a benefit program insured or administered by Blue Cross and Blue Shield of Kansas, Inc. and/or Premier Health. By signing this release form, the undersigned designates under which benefits the partial-day psychiatric or substance abuse services will be processed.

**I WANT TO EXCHANGE INPATIENT PSYCHIATRIC/ SUBSTANCE ABUSE DAYS FOR PARTIAL-DAY TREATMENT.**

\_\_\_\_\_ I recognize that by signing this release form, Blue Cross and Blue Shield of Kansas, Inc. or Premier Health will process the partial-day psychiatric or substance abuse services received in accordance to the inpatient nervous or mental benefits as stipulated in my policy. Therefore, each day of partial-day psychiatric or substance abuse service will reduce the number of inpatient nervous or mental days available. This applies to services prescribed upon admission on \_\_\_\_\_ through this episode of care.

\_\_\_\_\_  
Patient or Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Representative

\_\_\_\_\_  
Date

# Partial Day Claim Submission

- **Partial Day Claims using the member's *inpatient* benefits**
  - **Submit on a UB-04 claim form**
  - **Type of Bill**
    - **131 Admit through discharge**
    - **132 Interim – First Claim**
    - **133 Interim – Continuing Claim**
    - **134 Interim – Last Claim**
    - **137 Replacement Claim**
    - **138 Cancelled Claim**

# Partial Day Claim Submission

## – Revenue Code

- **912 – Partial Hospitalization – Less Intensive**

## – Units

- **Report 1 unit for each day of client participation**

# Partial Day Claim Submission

## I WANT TO USE ONLY OUTPATIENT BENEFITS FOR PARTIAL-DAY TREATMENT.

\_\_\_\_\_ I recognize that by signing this release form, Blue Cross and Blue Shield of Kansas, Inc. or Premier Health will process the partial-day psychiatric or substance abuse services received in accordance to the outpatient nervous or mental benefits as stipulated in my policy. I understand that only those services provided through the partial-day program which are eligible under the outpatient nervous or mental benefits of this policy will be considered for reimbursement. I also understand this applies to services prescribed upon admission on \_\_\_\_\_ through this episode of care.

\_\_\_\_\_  
Patient or Patient Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Representative

\_\_\_\_\_  
Date

# Partial Day Claim Submission

- **Partial Day Claims using the member's *outpatient* benefits**
  - **Submit on a UB-04 claim form along with the *Partial-Day Treatment Release Form***
  - **Type of bill**
    - **131 Admit through discharge**
    - **132 Interim – First Claim**
    - **133 Interim – Continuing Claim**
    - **134 Interim – Last Claim**
    - **137 Replacement Claim**
    - **138 Cancelled Claim**

# Partial Day Claim Submission

- **Revenue Code**
  - **090X - Behavioral Health Treatment/Services**
  - **091X - Behavioral Health Treatment/Services**
    - **0914 – Individual Therapy**
    - **0915 – Group Therapy**
- **Code**
  - **Use the code that describes the service being provided i.e..**
- **Units**
  - **Units are coded based on the definition of the CPT/HCPC code billed**



Questions?