



JUNE 2020

## KMAP GENERAL BULLETIN 20116

### May 2020 Post Implementation

This is a one-time notification regarding Item Reference Number 20596 on the KMAP Open Claims Resolution Log. The log can be found on the Bulletins Search page of the KMAP provider website located [here](#).

To view the Item Reference Number, open the documents titled KMAP Open Claims Resolution Log and refer to the Item Reference Number column in the Underpayments System Corrected/Updated heading section. For future notifications of underpayments, please refer to the updated postings of the KMAP Open Claims Resolution Log.

**Item Reference Number:** 20596

**Date Added:** April 30, 2020

**Affected Area:** General Provider

**System Status:** System corrected on April 21, 2020

**Reprocessing Plans:** Pending provider claim resubmission by September 5, 2020

**Post Implementation Date:** May 12, 2020

#### Comments:

Item Reference Number 20596 is regarding claims denied incorrectly for edit 4033 (Invalid Procedure / Modifier Combination) when billed with modifier GT. A total of 84 procedure codes were identified with modifier GT loaded as Not Allowed causing claims to deny in error. This affected outpatient, outpatient crossover, professional, and professional crossover claims processed between April 20, 2018 through April 21, 2020. The KMAP system was updated on April 21, 2020.

Claims processed beyond the eight quarters (24 months) will be the responsibility of the provider to reprocess/adjust. Providers have the option of resubmitting or adjusting any affected claims if they choose. Claims within the eight quarters will be systematically reprocessed. Providers who feel they have too many claims to identify or resubmit can request DXC to identify their claims and systematically reprocess the claims.

Since the claims processed beyond the eight quarters will be for dates of service older than 24 months, refer to Section 5100 of the General Billing Provider Manual for instructions on resubmitting/adjusting these claims. Please include the item reference number from the KMAP Open Claims Resolution Log with your request. Providers will have 90 days from the notification of this bulletin to resubmit claims which are beyond eight quarters. If claims are received after the 90 days, timely filing will not be approved for bypass.

#### KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
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#### Customer Service

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

DXC Technology is the fiscal agent of KMAP.



## May 2020 Post Implementation continued

Please send any corrected claims that require timely filing override to:

Kansas Medical Assistance Program  
Office of the Fiscal Agent  
Timely Filing Coordinator  
PO Box 3571  
Topeka, KS 66601-3571

If you have any questions, please contact KMAP Customer Service within 90 days of the receipt of this letter at 1-800-933-6593 and provide reference number 20596.

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