Kansas Administrative Regulations

Department of Health and Environment

Article 4.—Maternal and Child Health

28-4-405a. Payment.

(a) Each provider shall submit a claim to the secretary for payment for a prior-authorized medical treatment within six months of the date of service.

(b) Each claim submitted for payment shall provide the following information:

(1) the eligible person's name and address;

(2) the date the medical treatment was provided;

(3) the appropriate procedure code; and

(4) the insurance or medicaid status of the eligible person or both insurance and medicaid status, when applicable.

(c) Each provider shall submit to the secretary the explanation of benefits from the insurance carrier or the remittance advice from medicaid, as applicable, for final adjudication of each claim.

(d) Claims by individuals or hospitals who do not meet the requirements of subsections (a) to (j), inclusive, of K.A.R. 28-4-405, as amended, may be allowed by the secretary if the individual or hospital provides emergency medical treatment for an eligible person, or with the prior authorization of the secretary, provides specialized medical treatment for an eligible person.

(Authorized by and implementing K.S.A. 65-5a08; effective, T-85-41, Dec. 19, 1984; amended May 1, 1985; amended, T-86-46, Dec. 18, 1985; amended May 1, 1986; amended Dec. 26, 1989; amended Sept. 12, 1997.)