



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Medicaid Services

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TO: Tier III Behavioral Health Service Organizations (PT 03) (PL # A-15)
Community Mental Health Centers (PT 30) (PL # A-116)

FROM: Leslie Hoffmann
Chief Behavioral Health Officer, Department for Medicaid Services

DATE: March 15, 2021

RE: Service Facility Location

The Kentucky Department for Medicaid Services (DMS) requests all residential and inpatient facilities to include the service facility location on all claims. Residential and Inpatient treatment services should include the following service facility location information on CMS 1500 (Box 32) and KY HealthNet FFS claims.

CMS 1500, Box 32: Include the following information where the service was provided.

- Residential Program Name
- Residential Program Address
- Residential Program NPI

KY HealthNet FFS claims

- The first page of the Claims Submission panel is where the provider enters the service facility location.

DMS needs to be able determine where services are being provided if more than one location is enrolled under the same Medicaid identification number. This ensures proper tracking to meet the obligations of our SUD 1115 demonstration.

Thank you for your understanding and cooperation.

If you have questions, please contact the Division of Policy & Operations DMS.ISSUES@ky.gov.