

ADVISORY

Linking DVHA and HP to your Office

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Limited Distribution Pharmacy Rate Change

Limited distribution pharmacies as those that dispense specialized medications that may have unique requirements for dosing or close lab monitoring. Many but not all of these drugs have orphan drug status and are used in limited patient populations. Because of these special requirements, drug manufacturers sometimes choose to limit the distribution of their drugs to only one or a few select pharmacies or, as part of the drug approval process, the Food and Drug Administration (FDA) may recommend this type of distribution. This type of restricted distribution allows the manufacturer to properly control the inventory of the drug; educate dispensing pharmacists about appropriate patient education and required monitoring; and ensure that any risks associated with the medication are minimized. Drugs dispensed by limited distribution pharmacies are paid, as of 07/01/11, as follows:

(a) "Multiple Source" drugs are paid at the lowest of

- ◆ AWP-16.5% + dispensing fee;
- ◆ CMS Federal Upper Limit (FUL) + dispensing fee;
- ◆ State Maximum Allowable Cost (MAC) + dispensing fee; or
- ◆ the Usual and Customary (U&C) (includes dispensing fee).

(b) "Single-source" limited distribution drugs are paid at the lowest of

- ◆ AWP- 16.5% + dispensing fee; or
- ◆ Usual and Customary (U&C) (includes dispensing fee).

Developmental & Autism Screening of Children

There are two changes to CPT 96110 as billed by primary care providers.

First, providers may now bill CPT code 96110 alone or in conjunction with a well-child visit.

Second, to ensure the appropriate developmental/autism screening tools are being used, the Vermont Child Health Improvement Program reviewed the standardized screening tools listed in the Academy of Pediatrics policy statement *Identifying Infants and Young Children with Developmental Disorders in the Medical Home* (Pediatrics, Vol. 18, #1, July 2006) resulting in the creation of a "preferred list" of screening tools.

As of January 1, 2011, reimbursement will be limited to those tools listed in the preferred list. Updated developmental and autism screening descriptions and the preferred list are located in the CMS-1500 Provider Supplement at <https://vtmedicaid.com/Downloads/manuals.html>.

PROVIDER MANUALS

Provider Manuals are revised and posted to the VTMedicaid portal monthly; a complete listing of Manuals can be accessed at <http://www.vtmedicaid.com/Downloads/manuals.html>

BANNER PAGE

The Banner page included with your remittance advice (RA) is your resource for the most up-to-date billing, policy and operational information. Be sure to read the Banner page weekly, paying close attention to any date specific and implementation information. The "Banner archives" can be accessed at: <http://www.vtmedicaid.com/Information/whatsnew.html>



Implementation of 5010

HP Enterprise Services is on track for the January 1, 2012 implementation of version 5010 standards for HIPAA transactions. We are scheduled to begin provider testing in late October, 2011. Please watch the weekly Banner pages for 4th quarter testing dates and availability of the updated Companion Guide.

New Billing Information, Requirements & Reminders

Nutrition Infusion Pumps

Effective August 29, 2011, HCPCS codes for Enteral and Parenteral Nutrition Infusion Pumps (currently codes B9000, B9002, B9004 and B9006) will require the rental modifier RR to be used on all claim submissions. These pumps are not allowed for purchase by Vermont Medicaid and will only be reimbursable when billed as a rental on a per month basis. Infusion pump rentals must be medically necessary in keeping with VT Medicaid guidelines for coverage. See Enteral Nutrition and Parenteral Nutrition at <http://ovha.vermont.gov/for-providers/clinical-coverage-guidelines>.

Vision Verification Services are Available through the VRS and Web Portal

Enhanced vision verification services are now available through the Voice Response System (VRS), 802-878-7871, and the Vermont Medicaid Portal www.vtmedicaid.com. Please immediately discontinue the use of the Vision Eligibility Verification Fax Form.

CMS Limits Billing of CPT 80101

Per guidelines set forth by the Centers for Medicare & Medicaid Services (CMS) effective April 1, 2010, billing for 80101 (urine drug testing) is limited to appropriately accredited clinical laboratories. Providers holding a CLIA Certificate of Waiver are not eligible to be reimbursed for this CPT code. Please see *MLN Matters: Number MM7266* located at <http://www.cms.gov/mlnmattersarticles/downloads/MM7266.pdf>.

CPT L8603 Restricted to Physicians

Effective August 29, 2011, HCPCS Code L8603 will be restricted to physicians.

Psychologist-Doctorate Providers - Overpayment Corrected

The Department of Vermont Health Access (DVHA) had a number of prospective safeguards in place to ensure that Resource Based Relative Value System (RBRVS) implementation occurred (effective January 1, 2011) without complications. However, retrospective review indicates that provider type 030 (Psychologist-Doctorate) is receiving a 10% overpayment. For dates of service on August 8, 2011 and after, pricing will be corrected to remove this overpayment. Because it was a DVHA implementation complication, providers who have received the 10% overpayment will not be required to return the overpayment to DVHA on claims with dates of service from January 1, 2011- August 7, 2011.

CPAP and BiPAP Rental

Effective for dates of service on and after August 1, 2011, prior authorization is no longer required for rentals of CPAP & BiPAP devices.

The purchase of CPAP and BiPAP devices continues to require prior authorization. Prior authorization requests must include appropriate documentation of medical need to support current best practice guidelines.

Appointment Information to be Verified by Transportation Providers

All providers must confirm beneficiary appointments when requested by Medicaid transportation providers. The appointment information is required by CMS to verify that transportation is to and from only eligible medical appointments. Transportation providers have signed confidentiality agreements with the DVHA allowing them to access basic beneficiary appointment information. At this time, we are only requiring transportation providers to verify 5% of all ride requests so there should be minimal impact on provider practices.



HPES Provider Representative Territory Update

HP

Providers wishing to expedite their eligibility and claim status inquiries and download RAs may do so using the VT Medicaid website at www.vtmedicaid.com.

Providers with questions about claim specific denials are directed to call the HPES Provider Services Help Desk at (800) 925-1706 (in state) or (802) 878-7871 (out of state).

Providers needing assistance to resolve complex recurring billing issues are advised to contact the Provider Representative Team. The following is a detailed listing of the Provider Representative Team and the counties they service.

Betty Parent: DHMC, FAHC, Bennington, Chittenden, Rutland and Windham (802-857-2959).

Spring Shover: Addison, Caledonia, Essex, Orange, Washington and Windsor (802-857-2956).

Help Desk: Franklin, Grand Isle, Lamoille and Orleans (802-878-7871).

A full-colored detailed map depicting each Provider Representative's corresponding counties is available at <https://vtmedicaid.com/Information/whatsnew.html>.

HP Enterprise Services
312 Hurricane Lane
Suite 101
Williston, VT 05495

Hours of Operation
(Provider Services)
Monday-Friday
8:00 a.m.-5:00 p.m

Out-of-State Phone:
(802) 878-7871
In-State Phone:
(800) 925-1706, #1

Fax:
(802) 878-3440

www.vtmedicaid.com

Antepartum/Prenatal Care

DVHA

Due to 2011 rate changes and VT Medicaid's decision to change Antepartum Care billing, there has been some confusion on how to properly submit Antepartum Care claims. Please note that Global OB Billing has not changed. Beginning January 1, 2011, use the following instructions for all pregnancies.

For any pregnancy that spans dates in 2010 into 2011, the HPES Provider Services Unit will outreach to all impacted providers to explain the process to recoup and resubmit claims that were affected by these changes.

Instructions:

- ◆ Antepartum Care, billing 1-3 visits; use appropriate E/M codes for each visit
- ◆ Antepartum Care, billing 4-6 visits; use CPT code 59425 with the range of dates billed as 1 unit
- ◆ Antepartum Care, billing 7 or more visits; use CPT code 59426 with the range of dates billed as 1 unit

Example A: Beneficiary goes to Dr. A for 3 visits; Dr. A would bill the appropriate E/M code for each visit with each applicable date of service.

Beneficiary switches to Dr. B for the remainder of her pregnancy. Dr. B sees the beneficiary for 6 visits; Dr. B bills out ONLY code 59425 with range of days and 1 unit. If Dr. B delivers, he would also bill the appropriate delivery code.

Example B: Beneficiary goes to Dr. A for 5 visits; Dr. A bills 59425. Beneficiary then goes to Dr. B for one visit; Dr. B will ONLY bill the E/M code for the visit he provided. Beneficiary goes to Dr. C for 8 visits; Dr. C would bill 59426 with range of days and 1 unit. Dr. C delivers and would bill the appropriate delivery code.

Department of Vermont
Health Access
312 Hurricane Lane
Suite 201
Williston, VT 05495

Hours of Operation
Monday-Friday
7:45 a.m.-4:30 p.m

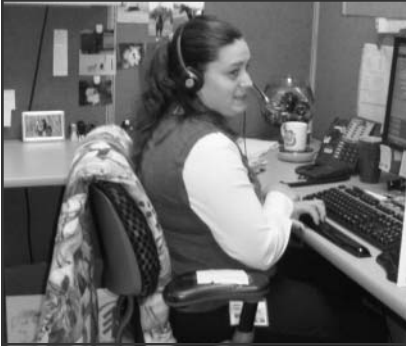
Phone:
(802) 879-5900

Fax:
(802) 879-5651

www.dvha.vermont.gov



What It Takes to be an HP Enterprise Services Provider Help Desk Representative



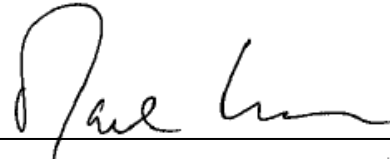
The training and development of a Provider Services Help Desk Representative is an exciting and ongoing process due to the intricacies of Medicaid billing and program variety. The initial training of a Help Desk Representative is a six week process involving instruction on internal systems, policies & procedures, program eligibility identification, web portal tools & services, phone shadowing and supervised call interaction with providers.

The Help Desk is available Monday through Friday, 8:00am - 5:00pm, to answer your questions about claim-specific denials and to clarify program related information. We look forward to taking your call.

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