

# ADVISORY

Linking DVHA and HP to your Office

December 2011

Volume 39



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## ICD-10 Quarterly Readiness Survey - Volume I of IV

Successful ICD-10 implementation requires substantial preparation and effort from all parties to successfully transition to the new ICD-10 diagnosis code sets. The Department of Vermont Health Access and HP Enterprise Services would like to check the progress you are making in this significant health care transition. Please use this information as a tool to identify tasks that you may not have yet addressed.

HPES will release Volume I of the ICD-10 Readiness Survey in January of 2012; please assist us by participating. Surveys will be made available on the Medicaid Web Portal at <http://www.vtmedicaid.com/Information/whatsnew.html>.

### *Are You Ready? We will Be!*

ICD-10 Readiness Survey coming your way soon

- Are you ready to submit all electronic transactions using HIPAA version 5010 and D.0 transaction standards on January 1, 2012?

Comment: \_\_\_\_\_

- Are you conducting training to include educating staff on changes in health plan documentation requirements?

Comment: \_\_\_\_\_

- Are you working on internal system design & development?

Comment: \_\_\_\_\_

- Have you looked at CMS resources and contacted professional and membership organizations to help with the transition?

Comment: \_\_\_\_\_

- Have you determined if vendors and/or clearinghouses and billing services will support system changes, established a timeline and considered implementation costs?

Comment: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

## 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>



## New Billing Information, Requirements & Reminders

### Correct Form Versions

Effective January 1, 2012, HPES will require providers to use current form versions when submitting requests to HPES. Failure to do so will result in your request being denied. Please see the VT Medicaid Portal form library located at <http://www.vtmedicaid.com/Downloads/forms.html> and remove all expired forms from your files.

### The Processing of Stapled Claims

Providers are reminded not to use staples when submitting claims to HPES. All claims received with staples will be returned to providers. Due to HIPAA requirements, the beneficiaries UID Number is made unidentifiable when claims are returned. Please replace the UID prior to resubmitting your claim for processing.

### HCPCS Code E1372 Not Eligible for Rental Reimbursement

Effective December 19, 2011, VT Medicaid will no longer rent immersion external heaters for nebulizers (current HCPCS code E1372).

### Advance Notice of ICD-9 Diagnosis Review

Due to the implementation ICD-10, HPES will be conducting a review of all ICD-9 diagnosis codes prior to January 1, 2012. This could result in changes being made to the allowed and excluded diagnosis code lists.

### Vermont HIPAA Contact

Please do not include Personal Health Information (PHI) when e-mailing your request to the VT HIPAA contact [vermonthipaacontact@hp.com](mailto:vermonthipaacontact@hp.com). The ICN must be included in your request which will provide the information required to process your request.

### Timely Filing Appeals (Reminder)

When appealing a timely filing denial, providers must fully research and document the request in a cover letter to be sent in addition to the new claim for consideration. The cover letter is to include the provider name, address, provider number and extenuating circumstances surrounding the claim (e.g., submission dates, adjusted dates and denial dates). If there is no cover letter and or the documentation is insufficient to validate extenuating circumstances for the late submission, your appeal will be denied. Please send your appeal request to

**HP Enterprise Services**  
**Attn: Timely Filing Appeals**  
**PO Box 888**  
**Williston, VT 05495**

## Change in Implementation of Earlier Oversight for Outpatient Pediatric Rehabilitative Therapies

Effective December 9, 2011, the requirement for earlier oversight (greater than 8 visits) for outpatient pediatric rehabilitative therapies per Emergency Rule AHS Bulletin 11-11/Secretary of State ID# 11-E09 will be suspended pending formal approval of regular rule change by the legislature. Refer to current Rule 7317 for Rehabilitation Therapy Services. Providers are encouraged to consider continuing to submit requests for medical necessity review sooner than the 4 month requirement date on a voluntary basis. Earlier review by DVHA will help providers to

- ◆ Receive earlier guidance regarding medically necessary evidence based practice
- ◆ Receive earlier assistance regarding Medicaid regulation and procedures
- ◆ Avoid recoupments that would otherwise be generated through the retroactive utilization review process.

DVHA will continue to work through the rulemaking process, with the anticipated approval of the rule change within the next several months. For clinical assistance and support, please contact Susan Mason at (802) 879-6396 or [susan.mason@state.vt.us](mailto:susan.mason@state.vt.us).



## Federal Department of Health & Human Services Reviews State Dental Provider Listings

HP

Access to dental care has been a persistent problem for low-income children, including those children who have health coverage through Medicaid/CHIP (Dr Dynasaur). A frequent barrier to accessing dental services is the ability to find a provider participating in Medicaid or CHIP. The Vermont Department of Health Office of Oral Health, the Vermont State Dental Society, Vermont dental providers and others are working hard to ensure Vermont children have access to dental care.

To assist families in finding a provider, the Children's Health Insurance Program Reauthorization Act (CHIPRA) requires the federal Department of Health and Human Services (HHS) to post state provider lists on the Insure Kids Now website ([www.insurekidsnow.gov](http://www.insurekidsnow.gov)) of dentists participating in the Medicaid and CHIP programs. Individual states report dental provider information to the Department of Health and Human Services at three month intervals.

The Government Accountability Office (GAO) review of state provided data has revealed missing, inaccurate and incomplete dental information listed on the Insure Kids Now website. To ensure the accuracy of state submitted data, HHS is conducting periodic reviews at 6 month intervals.

The information submitted to HHS for the InsureKidsNow website (for Vermont) is the same information located on the DVHA Health Care Provider Look Up Directory on the Vermont Medicaid Portal at [www.vtmedicaid.com/secure/providerLookUp.do](http://www.vtmedicaid.com/secure/providerLookUp.do).

To ensure the accuracy and consistency of information provided in the DVHA Provider Look-Up Directory and the Insure Kids Now website, all providers are to notify HP Enterprise Services of changes in service location, contact numbers, accepting new patient status and who the practice serves (age, gender, languages spoken, etc.). Providers needing assistance updating their information may call the HPES Provider Services Help Desk at (800) 925-1706 (in state) or (802) 878-7871 (out of state).

## HPES Provider Representative Territory Update

Providers wishing to expedite their eligibility and claim status inquiries and download RAs will find it convenient to use the VT Medicaid website [www.vtmedicaid.com](http://www.vtmedicaid.com).

Providers with questions about claim specific denials should call the HP 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 encouraged to contact the Provider Representative Team. Provider Representatives, the counties they service and phone numbers are

- ◆ Betty Parent: FAHC, Addison, Caledonia, Lamoille, Washington (802-857-2959)
- ◆ Spring Shover: Chittenden, Essex, Franklin, Grand Isle, Orleans (802-857-2956)
- ◆ Paula Duchaine: DHMC, Bennington, Orange, Rutland, Windham Windsor (802-857-2957)

A full-color map showing the counties serviced by each Provider Representative is available for download at <https://www.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](http://www.vtmedicaid.com)

## DVHA

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](http://www.dvha.vermont.gov)



## Electronic Billing of Third Party Liability Denials (Reminder)

Providers are able to submit claims electronically to HPES that have been denied by a third party payer when that payer has denied the claim using certain adjustment reason codes. Providers are required to include the adjustment reason code used by the primary payer when submitting the claim but will not need to send a copy of the primary insurance attachment. The list of adjustment reason codes that will be accepted electronically is available on the Vermont Medicaid Portal [www.vtmedicaid.com/Downloads/manuals.html](http://www.vtmedicaid.com/Downloads/manuals.html) and then select 837 adjustment reason codes. HPES may select your claim for post payment review and request a copy of the explanation of benefits. If so, providers are required to supply all supporting documentation in a timely manner. Failure to do so will result in the recoupment of your paid claim.



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Cherie Bergeron  
Account Executive · HP Enterprise Services

Mark Larson  
Commissioner · Department of Vermont Health Access