

# ADVISORY

Linking OVHA and HP to your Office



## HP Enterprise Services would like to welcome Barbara Beaty as the New Provider Services Manager

We are excited to have Barbara join our Provider Services Team. Barbara comes from HP in Indiana, where she was the Site Manager for the Indiana Technical Resource Center. Her 30 year career has given her considerable Medicaid leadership, customer service and management experience. Her previous leadership roles include, but are not limited to: Site Manager (Medicaid implementations) for the Indiana Technical Resource Center, Technical Delivery Team Manager for the Vancouver Technical Resource Center and the Account Operations Manager & Training Supervisor for the Pennsylvania Medicaid Account.

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### PROVIDER MANUALS

There will be a banner page covering changes to the provider manuals at the top of the remittance advice (RA) on a monthly basis. In the case where there are no updates, the RA will reflect "NONE" for that month.

Provider 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, 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 Aid Categories

The Office of Vermont Health Access (OVHA) has issued two new aid categories that cover Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Nutritionist (NU), Autism Specialist (AU) services only for the following programs:

- SH-Children with Special Health Needs (CSHN)
- FI-Family Infant and Toddler Program (FITP)

A child can be covered by Vermont Medicaid, along with CSHN or FITP or by both programs. If the child has a Vermont Medicaid benefit, CSHN, and/or FITP the aid categories will be listed on the voice response system (VRS), the website [www.vtmedicaid.com](http://www.vtmedicaid.com), or you can contact the HP Enterprise Services' help desk at 1-800-925-1706. When SH and/or FI aid categories are the lone coverage listed, the child is covered under CSHN or FITP for PT, OT, ST, NU and AU services only.

### Physician Assistant Status Change

As of January 1, 2010, physician assistants (PA), provider type T37, with any of the following specialties: General Practice (001), General Surgery (002), Otolaryngology (004), Anesthesiology (005), Dermatology (007), Family Practice (008), Internal Medicine (011), Neurology (013), Obstetrics/Gynecology (016), Orthopedic Surgery (020), Urology (034), Pediatric Medicine (037), Hematology/Oncology (083), Emergency Medicine (093) and Other Medical Care (S27), are only eligible to enroll with Medicaid as active participating providers.

All active non-participating physician assistants are required to change their status, when their license expires, by completing and forwarding the Provider Enrollment Agreement to the Provider Enrollment Unit, at HP Enterprise Services. The AM modifier previously used to bill for physician assistant services, will no longer be required once the PA has enrolled as an active-participating provider. The Provider Enrollment Agreement is available on our website @ [www.vtmedicaid.com/download/forms](http://www.vtmedicaid.com/download/forms). Please contact the Enrollment Unit with any concerns or questions 802-879-4450.

### CLIA (Clinical Laboratory Improvement Amendment)

Reminder: The implementation of the CLIA requirement was effective 12/01/2009. As of that date, any providers submitting claims for laboratory services are required to have a CLIA certificate on file with HP. The services being submitted must be covered by the certificate and within the effective dates. HP requires a copy of the most current CLIA certificate used by each individual provider, group or facility be sent directly to HP Enterprise Services, Provider Enrollment Unit, PO Box 888 Williston, VT 05495.



## OCR Billing Requirements

We have successfully implemented OCR (Optical Character Reader) . In order to take full advantage of this technology we would like to remind providers of the following billing requirements:

- **2006 ADA Dental Claim Form** – It is required that you enter the amount paid by other insurance, including contract allowance, if applicable, **in box 32** (other fees) and the beneficiary name **in box 20**.
- **CMS 1500 form (multiple page claims)** – Total charge amount must be entered in box 28 on the last page of the claim. If there is a payment from another insurance company, please enter the paid amount plus the contractual allowance, if applicable, (such as Cigna, BC/BS etc.) in box 29.
- **ADA 2006 form (multiple page claims)** – Total charge amount must be entered on the last page in field number 33. The OI paid amount plus the contractual allowance, if applicable, must be in field number 32 of the last page.
- **UB04 form (multiple page claims)** – Total charge amount must be entered on the last page in field number 47, line 23. The OI amount plus the contractual allowance, if applicable, must be entered on the last page in field number 54.
- **All Print** on claim forms needs to be in black ink.
- **Only use Revision 11/4/2009 of the Medicare Summary Attachment Form**, which is available on the Vermont Medicaid website at [www.vtmedicaid.com](http://www.vtmedicaid.com). All other versions will be returned to providers.
- **Individual Billing Providers** – If you are an individual billing provider, your last name should always be listed first in the billing provider name field.

**Failure to enter this information in the appropriate fields or not following any of the listed billing requirements may cause a delay or denial in the processing of your claim.** For more detailed information regarding OCR requirements, please refer to the August 2009 Advisory posted on the Vermont Medicaid website at [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads.

## Never Events

Effective March 10, 2010, Vermont Medicaid will follow Medicare's guidelines pertaining to non-payment of never events. This will include a surgical or other invasive procedure to treat a particular medical condition which the practitioner performs in error: 1) a different procedure altogether; 2) the correct procedure but on the wrong body part; or 3) the correct procedure but on the wrong patient. The hospitalizations and other related services will also not be covered.

Hospitals should bill inpatient claims with type of bill 110.

Inpatient and outpatient claims should be billed with one of the following ICD-9 CM diagnosis code reported in diagnosis positions 2-9 on the claim form:

E876.5- Performance of wrong operation (procedure) on correct patient

E876.6- Performance of operation (procedure) on patient not scheduled for surgery

E876.7- Performance of correct operation (procedure) on wrong side/body part

In addition, Outpatient Hospitals, Ambulatory Surgical Centers and practitioners will also be required to use one of the following modifiers (on the HCPCS/CPT codes) to indicate the services associated with the never event:

- **PA-** Surgery wrong body part
- **PB-** Surgery wrong patient
- **PC-** Wrong surgery on patient

## [www.vtmedicaid.com](http://www.vtmedicaid.com) Website Updated Periodically

Our [www.vtmedicaid.com](http://www.vtmedicaid.com) website is updated periodically. When visiting our website please make sure to hit the refresh button or F5 on your keyboard upon opening the site to ensure you are viewing the most recent information posted.



The number of details on the crossover claim must equal the number of details on the Medicare Summary Attachment. If submitting a multiple page crossover claim then you must also include multiple attachment forms. Each claim submitted must have a corresponding attachment form. Any claim submitted without the required attachment form will be returned to the provider.

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

### Providers Can Now Verify Ladies First Eligibility

#### Eligibility Verification

The VermontAIM Eligibility Verification System (EVS) now includes Ladies First member information for providers. This automated system provides eligibility status information clearly, concisely and rapidly 24 hours a day, seven days a week. All three functions of EVS; point-of-sale devices [key-in option ONLY], the Vermont Medicaid website, and voice response (in state toll free 1-800-925-1706 or out of state 1-802-878-7871), are ready to be utilized. Ladies First encourages all providers to take full advantage of this system to verify a patient's eligibility status before services are rendered. This system offers the following functionality:

- Provides 24 hour availability every day except for routine maintenance
- Responds with rapid verification information
- Substantially minimizes the risk of non-payment for services rendered to ineligible patients
- Decreases the number of claim re-submissions due to inaccurate eligibility information

Providers can verify eligibility for the current date up to one year prior. Providers can rely on the accuracy of the EVS response for up to nine days beyond the date of the coverage inquiry. Providers should retain the authorization number issued by the system to assure that the information received can be verified by the system. The authorization number is not a guarantee of payment. The member must be eligible on the date of service and the service provided must be a covered service by the Ladies First program.

If for any reason you are unable to use the EVS system, you may call the Ladies First provider support line to verify eligibility at 1-800-510-2282.

#### Billing the Ladies First Member

If the provider bills Ladies First for a service or item, the provider may not bill the patient for any reason except the following:

- If the HP system reports that a member has other insurance, the provider must bill the service or item to the other medical insurance prior to billing Ladies First
- Ladies First is the payer of last resort

#### Ladies First Timely Filing

Ladies First will be implementing a six-month timely filing limit effective for all dates of service as of February 1, 2010. All claims must be submitted to HP Enterprise Services for processing prior to the six-month filing limit.

The following exceptions apply:

- Claims billed to other health insurance must be filed within 24 months from the date of service.
- HP Enterprise Services denied a claim within the timely filing limit for a reason other than exceeding the time limit. A copy of the remittance advice showing the denial must be attached to each claim.

Ladies First will consider paying an untimely claim in unusual circumstances. An exception request can be made by sending the claim and a detailed explanation of why an exception should be granted to the Director, Ladies First, PO Box 70, Burlington, Vermont 05402.

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

Website:  
[www.vtmedicaid.com](http://www.vtmedicaid.com)

### OVHA

Office 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) 879-5919

Website:  
[www.ovha.vermont.gov](http://www.ovha.vermont.gov)



## Ladies First Extension for Late Claim Submissions

Any claim submitted after February 1, 2010 with a date of service prior to August 1, 2009 must be submitted directly to Ladies First. Ladies First will be paying all past bills manually. Please submit all late filing claims to Tanya Beaudoin, Vermont Department of Health, PO Box 70 Drawer 38, Burlington, VT 05402. Those claims should be submitted by April 30, 2010 for payment.

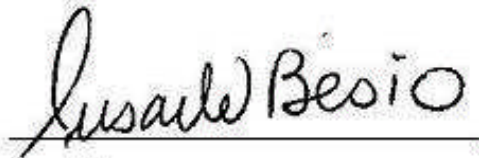
Submit all claims with dates of service on or after August 1, 2009 to HP Enterprise Services within 6 months of Date of Service.

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**Cherie Bergeron**

**Account Executive • HP Enterprise Services**



**Suzan Besio**

**Director • Office of Vermont Health Access**