

# ADVISORY

Linking DVHA and HP to your Office

February 2011

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## Inpatient Medically Managed Detoxification

Beginning March 1, 2011, the Department of Vermont Health Access will implement concurrent review and authorization of all inpatient medically managed detoxification services provided on a psychiatric floor or in a psychiatric facility. All emergent and urgent admissions will require notification to the DVHA within 24 hours or the next business day of admission and all elective admissions will require notification prior to admission. To notify DVHA of an admission and to begin the concurrent review process, please call (802)879-8232.

## Hospital Billing for Observation Requires HCPCS Code G0378

Hospitals billing outpatient claims for labor room or other observation must use HCPCS procedure code G0378 on the detail line of the claim.

As indicated when OPSS was implemented on May 1, 2008, DVHA will pay the observation line on an outpatient claim when there is no primary procedure on the claim *and* the G0378 HCPCS code appears on the labor room or observation room revenue code detail line. The number of hours in observation must be entered in the units field (value cannot be zero).

To ensure that hospitals are using appropriate coding, observation claims with CPT codes 99217-99220 or 99234-99236 will deny as they are not eligible for OPSS reimbursement.

If a hospital bills for observation with G0378 and no primary procedure on the claim, DVHA will pay the lesser of the billed amount times the hospital-specific Cost to Charge Ratio (CCR), or \$1,500.

Hospital claims for observation services after the OPSS implementation on May 1, 2008 are under review. Individual hospitals will be contacted regarding outpatient observation claim details that do not meet the reimbursement policy cited above.

We appreciate your cooperation during this review period.

## Dental Claims & Other Insurance

Providers are reminded that Medicaid is the payer of last resort and to collect other insurance information from Vermont Medicaid Beneficiaries at time of service. When submitting paper claims for beneficiaries with other insurance, please enter the total of the contractual allowance and paid amounts in field 32. Do not deduct this amount from the total billed amount. When submitting electronically, providers are no longer required to add the contractual allowance to the primary insurance paid amount. On 837 Dental transactions when the value in CAS01 is CO, the amounts entered in the CAS segments of the 2430 loop will be added to the amount in the SVD02.

## 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

### **Bilevel Positive Airway Pressure (BiPAP)**

For all claims submitted with a date of service on or after February 28, 2011, the DVHA requires that prior authorization be submitted to the Clinical Operations Unit for the purchase and rental of Bilevel Positive Airway Pressure (BiPAP) devices. Provider requests for prior authorization must include the appropriate documentation of medical need to support current best practice guidelines.

### **2011 Fee Schedule**

The 2011 fee schedule has been posted to the Vermont Medicaid web portal. Please be aware that the DVHA has assigned allowable amounts to the PAC 9, non-covered services code. This information is intended for reporting purposes only and does not indicate coverage.

### **Tooth Surface Codes Required (Dental Providers)**

As of February 7, 2011, tooth surface codes are required when submitting claims on the 2006 ADA Dental Claim Form for the following procedure codes: D2391, D2392, D2393 and D2394.

### **Timely Filing & Retroactive Eligibility**

HP Provider Services no longer requires a copy of a Notice of Decision (NOD) as proof of timely filing for services rendered to a beneficiary whose eligibility was determined retroactively. Providers should attach a note indicating that the reason for the late claim filing was due to the beneficiary being granted retroactive eligibility.

### **Physician Assistant Status Change - Reminder**

For dates of service, January 1<sup>st</sup>, 2010 to present, physician assistants with any of the following specialties: General Practice, General Surgery, Otolaryngology, Anesthesiology, Dermatology, Family Practice, Internal Medicine, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Urology, Pediatric Medicine, Hematology/Oncology, Emergency Medicine and Other Medical Care, are required to enroll with Medicaid as active participating providers and are no longer allowed to bill under the physician's Medicaid provider number with the AM modifier.

### **Contractual Allowance Update on 837 Electronic Claims**

The primary insurance contractual allowance amount will now be processed directly from the electronic transaction. HP Enterprise Services has implemented the following updates to 837 electronic claims:

- ◆ On 837 Professional transactions when the value in CAS01 is CO, the amounts entered in the CAS segments of the 2340 loop will be added to the amount in the SVD02.
- ◆ On 837 Institutional transactions when the value in CAS01 is CO, the amounts entered in the CAS segments of the 2320 loop will be added to the amount in the AMT02 when AMT01 is C4.
- ◆ On 837 Dental transactions when the value in CAS01 is CO, the amounts entered in the CAS segments of the 2430 loop will be added to the amount in the SVD02.

Providers are no longer required to add the contractual allowance to the primary insurance paid amount. Continuing to do so may result in a lower reimbursement amount.

This change does not apply to paper claim submission and other paper claim forms. Providers are still required to enter the total of the contractual allowance and paid amounts in box 29 of the CMS-1500 form.

As of January 1, 2011, the Medicaid Lock-in program was renamed the Team Care program. The program itself has not changed. Team Care supports beneficiaries who need extra help getting appropriate care. DVHA places beneficiaries in the program if they are having difficulty maintaining a controlled supply of narcotics. Better care is achieved through coordination of their medical services.

Providers and pharmacies often ask what Team Care is about and how it can benefit their patients. While in the program, beneficiaries are assigned to one physician and one pharmacy. If they need specialized services they may also have specialists assigned to administer their care.

Beneficiaries in Team Care may only have their prescriptions paid for if the scripts are written by their **assigned physician**, and purchased at their **assigned pharmacy**. Team Care does not restrict doctor visits, it only restricts prescription purchases.

### Team Care Criteria

There are many signs that may indicate the inappropriate use of prescription drugs. The following criteria is used to determine if a beneficiary could benefit from Team Care:

- ◆ Noncompliance with narcotics contract.
- ◆ Duplicative services received from more than 2 providers and/or pharmacies.
- ◆ High Emergency Department usage.
- ◆ Emergency Department visits at multiple hospitals.
- ◆ Pill counts that demonstrate inappropriate utilization.
- ◆ Arrest, conviction, or on probation for selling drugs.
- ◆ Altered or forged prescriptions.

### Team Care Referrals

If you feel a beneficiary may be having difficulty maintaining a controlled supply of narcotics, please submit a Health Care Fraud & Abuse & Team Care Referral Form. The form is located on the Vermont Medicaid Portal at <https://www.vtmedicaid.com/Downloads/forms.html>

### How Team Care Works

When a beneficiary has been identified as an appropriate Team Care participant, they are sent a notice asking them to choose a PCP and a pharmacy. Specialists are included as needed (i.e.: mental health, cardiologist, etc.). If beneficiaries do not choose a PCP and/or pharmacy, they are assigned one based on where they live, which doctor they have been seeing, and where they have been filling their prescriptions.

After the providers have been chosen, an Enrollment Notice is mailed to the beneficiary. A copy is sent to the pharmacy and each physician involved.

### Claim Rejections

If beneficiaries try to fill a script which was not written by their Team Care physician, the claim will be denied with the following EOB: "*Prescriber Not Authorized for this Beneficiary. Call DVHA at 802-879-5913.*" A similar EOB is received if they try to fill a prescription at a pharmacy that is not their designated Team Care pharmacy.

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

Website:  
[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)



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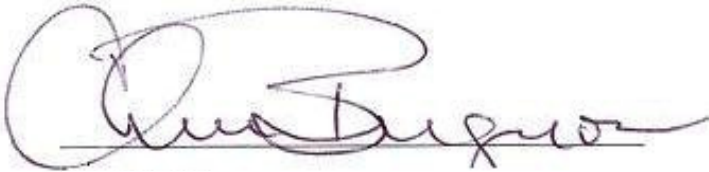
## **Resources**

The Vermont Prescription Monitoring System (VPMS) is a helpful tool for physicians to utilize. The VPMS tracks the prescribing and dispensing of drugs most likely to lead to abuse, addiction or diversion. Data is always available to providers online through the VPMS website [healthvermont.gov/adap/VPMS.aspx](http://healthvermont.gov/adap/VPMS.aspx).

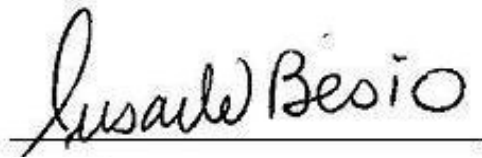
Team Care training is scheduled for March 17, 2010, from 9:00 – 11:00 a.m. or from 1:00 – 3:00 p.m. The training will be held in the large conference room at the Department of Vermont Health Access, 312 Hurricane Lane, Williston, VT 05495.

If you have any questions, or are interested in attending the training, please contact Kim LaFrance at [kimberly.lafrance@ahs.state.vt.us](mailto:kimberly.lafrance@ahs.state.vt.us) or by calling 879-5913.

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Cherie Bergeron



Susan Besio

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