

ADVISORY

Linking DVHA and HP to your Office



INSIDE THIS ISSUE

- ▶ Pharmacist-Administered Influenza Vaccines
- ▶ PA Process Change for Pediatric Physical, Occupational & Speech Therapy
- ▶ New Billing Information, Requirements & Reminders
- ▶ CMS Registration Opens for Medicaid Electronic Health Care Reform Incentive Program
- ▶ The New Ladies First Provider Resources & Training Website

Pharmacist-Administered Influenza Vaccinations

Effective September 30, 2011, DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older enrolled in Vermont's publicly funded programs. Pharmacists must be certified to administer vaccines in the State of Vermont and must be in compliance with all Vermont laws governing vaccine administration. Failure to comply with all Vermont immunization regulations will subject these claims to recoupment. Reimbursement will be based on either a written prescription or a non-patient specific written protocol based on a collaborative practice agreement per state law. These orders must be kept on file at the pharmacy. The billing pharmacy and the ordering prescriber's NPI are required on the claim for the claim to be paid.

Reimbursement and billing: Under this program, pharmacies are reimbursed for the cost of the vaccine and an administration fee. No dispensing fee is paid for these claims. Pharmacists should bill DVHA using either the paper CMS-1500 claim form or the 837 electronic CMS-1500 claim form. A claim for the vaccine must accompany a claim for administration; therefore, these vaccinations cannot be billed at POS through the pharmacy benefit. The appropriate billing codes to be used are: influenza vaccine codes 90656, 90658; and administration code 90471.

For instructions on billing with a CMS-1500 claim form, see the CMS-1500 Manual at <http://www.vtmedicaid.com/Downloads/manuals.html>.

For information on reimbursement, please refer to the Fee Schedule at <http://dvha.vermont.gov/for-providers/claims-processing-1>

If you have additional billing questions, please contact HP Provider Services at 800-925-1706. For other questions regarding this benefit, please contact a member of the DVHA Pharmacy Unit at 802-879-5900.

PA Process Change for Pediatric Physical, Occupational & Speech Therapy

As of November 7, 2011, prior authorization for outpatient therapies (PT,OT,ST) will change for Medicaid beneficiaries under age 21. The initial eight visits from the start of the beneficiary's acute care episode/condition are allowed, per therapy discipline, before prior authorization is required. Providers must request prior authorization in advance of the 8th visit if additional therapy dates are necessary. Providers must determine the first date of treatment at any outpatient facility, regardless of coverage source.

Subsequent authorizations will be required at 4 month intervals, based on the start of care date (no change from the current system).

This change does not apply to home health agencies.

Providers should refer to Medicaid Rule and Therapy Guidelines for additional clarification at <http://dvha.vermont.gov/for-providers/clinical-coverage-guidelines>.

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

Interim 5010 Tech Specs Are Available

An interim version of the Vermont Medicaid Tech Specs for the 5010 HIPAA Transactions is available on our web portal at www.vtmedicaid.com/Downloads/tools.html, 5010 Tech Specs.

Key Implementation milestone dates for 5010 HIPAA Transactions are

- ◆ Trading partner testing from November 1 through December 31, 2011
- ◆ All providers will be transitioned to 5010 on January 1, 2012.

Updates may be made to this information as we progress through the implementation process. Please view the weekly banners for the availability of finalized 5010 Tech Spec information.

National Correct Coding Initiative (NCCI)

In accordance with the National Correct Coding Initiative (NCCI), VT Medicaid is required to implement pre-payment edits and apply NCCI guidelines for claims with a date of service on or after October 1, 2010.

It is the DVHA's intent to conduct a post payment review for claims prior to the required date to ensure overpayments were not made. Providers affected by this post-payment review will be notified.

Medically Unlikely Edits (MUE) have been implemented and apply to all Professional, ASC, Hospital and DME claims.

TPL Provider Change Request Form Fax Number Has Changed

The TPL Change Request Form has been updated and is available at <http://www.vtmedicaid.com/Downloads/forms.html>. Requests are now to be faxed to 802-857-2992.

Clarification on Vaccine Administration Codes 90460 & 90461

This notification serves to clarify the April 22, 2011 Immunization Administration Banner. CPT Codes 90460 & 90461 are restricted to the following primary diagnoses (as indicated by the American Academy of Pediatrics): V0381, V0382, V0389, V040, V0481, V0489, V053, V054, V061, V063, V064, V065 and V068. Each administration code is required to have a corresponding vaccine code billed, along with one of the above primary diagnosis codes. Billing rules for all other vaccine administration codes have not changed and are not subject to this requirement.

Timely Filing Appeals - 10 or More Claims

Providers submitting a timely filing appeal request containing 10 or more claims all with the same late submission reason are required to complete and attach the *Timely Filing Appeal Listing* document located at www.vtmedicaid.com/Downloads/forms.html. All timely filing appeal requests meeting the above criteria will be returned to providers if the required documentation is not attached.

VHAP Limited Coverage Now Mirrors VHAP Managed Care

VHAP Limited coverage now mirrors VHAP Managed Care coverage (i.e., PC Plus). For example, if a physician referral or Prior Authorization is required for Managed Care, it is also required for VHAP Limited; therefore, a beneficiary may need to have selected a Primary Care Physician (PCP) prior to receiving a service. If a beneficiary pays their initial premium, coverage is retroactive to the day eligibility was approved. However, if a beneficiary does not pay their initial premium, the beneficiary will be responsible for the cost of services.

DME Date Span Reminder

DME supplies and rentals are required to be billed with a date span specifying the amount of time the supplies will last or the rental time period; this is usually a month's time (for example, "from" date of 09/15/11 and "to" date of 10/14/11).

DME supplies can be billed for up to two months at a time. When this is done, the billed dates must reflect the beginning and end dates of the two-month period. Correct date spans can justify the total units being billed, helping to avoid claim denials.



CMS Registration Opens For Medicaid Electronic Health Care Reform Incentive Program

HP

As of October 3, 2011, Eligible Professionals (EP) and hospitals can initiate the process of receiving Medicaid Electronic Health Care Reform (EHR) incentive payments. EPs can receive up to \$21,250 in the first year of program participation.

Step One: Vermont Medicaid Professionals and hospitals meeting eligibility requirements may register with the [CMS Incentive Program Registration and Attestation System](#) at www.cms.gov. (Please be sure to select the Medicaid Incentive Program when completing Step 6 – Incentive Program Questionnaire).

To successfully complete the registration process, have the following information available:

- ◆ Active National Provider Number (NPI)
- ◆ NATIONAL Plan and Provider Enumeration System (NPPES) web user account
- ◆ Tax ID Number
- ◆ CMS EHR Certification Number from the [ONC Certified Health IT Product List](#) at www.csm.gov

For additional information about completing Step One, see the [Medicaid Eligible Professional Registration User Guide](#) at www.csm.gov.

Step Two: Following notification that CMS registration has been completed, an email will be received containing information on using Vermont's MAPIR (Medical Assistance Provider Incentive Repository) system in order to complete the attestation process. A Vermont Medicaid Web Portal user ID and password will be needed to access the incentive payment application available on the Vermont Medicaid Portal at www.vtmedicaid.com/.

MAPIR will require information be entered to demonstrate that the Eligible Professional

- ◆ Meets Medicaid patient volume thresholds
- ◆ Is adopting, implementing or upgrading a federally certified EHR system
- ◆ Meets all other federal program requirements
- ◆ Has proof of purchase of a federally certified EHR system.

The Medicaid program allows first-year incentives to be paid out if an EHR is on order but has not yet been installed. Proof of purchase must be submitted, such as: a receipt, invoice, contract, purchase order, etc. Eligible professionals will only be required to attest to adopting, implementing or upgrading. There is no EHR reporting period in year one for Medicaid.

Additional information about the Medicaid EHR Incentive Program is available through the [Vermont Health Care Reform](#) site (<http://hcr.vermont.gov/>), the [VITL website](#) (<http://www.vitl.net/medicaid>) and at <http://hcr.vermont.gov/EHRIP> (website under construction).

Applicants wishing to check the status of their MAPIR application may do so by logging back into the MAPIR system. All other inquiries can be e-mailed to AHS.mapir.vt@state.vt.us.

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

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



The New Ladies First Provider Resources and Training Website

The Vermont Department of Health's Ladies First Program is pleased to announce the availability of a new Provider Resource and Training website ladiesfirstproviders.vermont.gov. This website offers 12 *AMA PRA Category 1 Credits*™ and 12 Nursing Contact Hours. The website also offers an additional performance improvement course worth 20 *AMA PRA Category 1 Credits*™ at no cost to providers; certificates are awarded directly from the website by the University Of Vermont College Of Medicine and the Vermont Department of Health. Features include: claim form tutorials; performance feedback; and the most up-to-date reference tools for clinical practice in breast, cervical and cardiovascular screening, diagnostics and treatment. In addition, reference tools and national guidelines are available for hypertension, cholesterol management, and body mass index. We hope you find the new website to be an exciting, informative and convenient addition to the Ladies First Program.



DISCLAIMER: CPT only copyright 2011 American Medical Association All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARA/DFARS Restrictions Apply to Government Use. Fee Schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Cherie Bergeron
Account Executive · HP Enterprise Services

Mark Larson
Commissioner · Department of Vermont Health Access