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Vision Service * Eyeglass – Clarification

Reimbursement for eye exams is limited to one comprehensive and one interim eye exam within a two-year period. Vermont Medicaid beneficiaries under the age of 21 are entitled to one pair of eyeglasses, and one fitting fee, within two years. (All of Medicaid Rule 7316, Eyeglass and Vision Care Services, is online at <http://humanservices.vermont.gov/on-line-rules/ovha/medicaid-covered-services-7100-7700/view>).

Earlier replacement is covered only if eyeglasses are lost or broken beyond repair and when either of these reasons is indicated on the Vision Care Invoice in the replacement section. Prior authorization (PA) from the DVHA Clinical Operations Unit is required for replacement for any other reason, including prescription/diopter change, scratched lenses, frame size change or other special need.

A replacement pair of eyeglasses at any time starts a new two-year limitation period.

PA can be requested by completing the Eyeglass Fitting Medical Necessity form (MNF), available at <http://dvha.vermont.gov/for-providers/forms-1>. The requesting/dispensing provider's NPI and Taxonomy combination must be listed on the MNF. The same NPI # and corresponding provider name must be given in fields 7.a. and 7.b. on the Vision Care Invoice in the replacement section.

Prior authorization change requests must come from the original requesting provider. The PA change request to update an existing prior authorization must be in the form of a detailed letter referencing the PA #, stating the change(s) requested, and explaining why the change is needed. A copy of the existing PA is not necessary.

REMINDER

Procedure codes 92370 AND 92371 are to be used only for the in-office repair and refitting of eyeglasses. When new frames and/or lenses are ordered, a fitting fee code from the CPT range 92340 – 92355 must be used.

NEW Vision Services Verification Form

In order to provide quick, accurate and up-to-date eligibility verification information, the DVHA has requested system changes to be made to enhance vision verification services currently used by providers. In the interim, we are requiring vision providers to verify vision service eligibility by completing and faxing the Vision Fax Form located at www.vtmedicaid.com/Downloads/forms.html, listed under the claims related form section. We would like to thank you in advance for your assistance and apologize for any inconvenience this may cause.

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

Unlisted Procedure Codes

Providers are reminded that all unlisted procedure codes require prior authorization from the DVHA Clinical Unit. In addition, notes must be attached indicating the usual and customary charge for the service to be performed.

Alternate Reporter Request Form

Immediately disregard all previous versions of the "Alternate Reporter Request" form. The updated version of the Department for Children and Families (DCF), Economic Services Division (ESD) Alternate Reporter Request form to be used is available at: <http://www.vtmedicaid.com/Downloads/forms.html>.

The correct version of the form will have the title "Alternate Reporter Request" at the top and the code "R 1/10" in the bottom right corner. DCF Economic Services Division will only accept reports using this version of the Alternative Reporter Request form.

Consultation Codes: 99241, 99242, 99243, 99244 & 99245

Effective 06/21/10, Medicare Crossover claims received by HP Enterprise Services with a date of service on or after 01/01/2010 containing any of the following Consultation Codes: 99241, 99242, 99243, 99244 & 99245, will be denied. Medicare requires these codes to be billed as an office visit.

Providers billing the above Consultation Codes directly to Medicaid are instructed to continue doing so.

FQHC – Place of Service

Place of Service 50 defined as service delivered in a FQHC facility has been adopted by the VT Medicaid Program and is now available for use by FQHC facilities.

Injection Filgrastim - Diagnosis Restriction

Effective May 16, 2011, VT Medicaid will no longer reimburse HCPCS code J1440 if billed with diagnoses 279.00. This HCPCS code is not open to all diagnoses.

CPT Codes 76881 & 76882 PA Not Required - MedSolutions

Claims for CPT Codes 76881 & 76882 (ultrasound) may have been denied for requiring prior authorization. Upon further review, it has been determined that these ultrasound procedures are not included in the radiology management program and, therefore, do not require prior authorization. If you had any claims deny for these two specific procedure codes you may now resubmit the services for reprocessing. We apologize for the inconvenience.

Provider Electronic Solutions (PES) Software Version 2.24

A new release of PES (Version 2.24) will soon be available for download on the Vermont Medicaid website (www.vtmedicaid.com under Download/Software). The new version contains changes to the 837 Institutional Inpatient form for the Present on Admission requirement. Beginning July 1, 2011, Inpatient claims that do not contain the POA information will be denied.

All providers who use PES are encouraged to install this upgrade even if you do not utilize the inpatient claim form.

2010 Annual Provider Survey

Thank you for taking part in the 2010 Annual Provider Survey. HP Enterprise Services welcomes your feedback and has taken steps to implement some of your ideas and recommendations on how we can improve the services we provide. We are pleased to report that 96% of responding providers stated they were satisfied or very satisfied with our overall performance in 2010. We look forward to working with you as we move forward through 2011.



Immunization Administration

When billing claims with CPT codes 90460 & 90461, providers should follow the recommendations specified by the American Academy of Pediatrics by coding each vaccine as its own entity and using the appropriate diagnosis code for each. Claims with dates of service 01/01/2011 and forward that were denied incorrectly can now be resubmitted if the vaccines were given for different diagnoses.

Providers are also reminded that Vermont Medicaid requires a diagnosis for a well-child visit when performed on the same day as vaccination. See the American Academy of Pediatrics website at <http://practice.aap.org/content.aspx?aid=2980> and the Vaccine Coding Table at bottom of page.

Inpatient Claims – Medicare Part B Coverage, No Medicare Part A

When billing for an inpatient stay for a Vermont Medicaid beneficiary who has Medicare Part B but no Medicare Part A coverage, the DVHA does not recognize provider liable charges. Therefore, the provider liable charges are not to be deducted from the billed amount and should not be indicated in field locator 54 of the UB-04 Claim Form.

Out-of-State Inpatient Hospital Admissions

All out-of-state urgent/emergency inpatient hospital admissions (excluding designated border hospitals) require notification be made to the DVHA Clinical Unit within 24 hours or the next business day of the admission. Notification can be made by faxing a completed Vermont Medicaid Admission Notification Form for Out-of-State Hospitals Urgent and Emergent Admissions to the DVHA at (802) 879-5963. Please include all clinical documentation. Concurrent review will begin at the time of notification and will continue through the course of the inpatient hospital stay. Failure to notify the DVHA Clinical Unit will result in a retrospective review of the inpatient hospital admission to validate the quality of care, medical necessity, clinical coding, appropriateness of place of service and evaluation of length of stay associated with care. Results of the retrospective review will be utilized to assess refund requests for services that were determined to be inappropriate or not medically necessary.

All elective inpatient admissions require prior authorization from the DVHA Clinical Unit (excluding designated border hospitals) prior to the admission date. The admitting facility must complete and fax a Vermont Medicaid Out-of-State Preadmission Request Form and forward clinical documentation along with an explanation of why this care cannot be performed within the State of Vermont to (802) 879-5963. It is recommended that prior authorization be requested as early as possible but no less than 3 business days prior to the planned date of admission.

For further information and form access, please see the Out-of-State Admission Guidelines located at <http://ovha.vermont.gov/for-providers/clinical-coverage-guidelines>

All out-of state-hospitals are required to notify the DVHA Clinical Unit of the pending discharge of a Vermont Medicaid beneficiary.

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

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

HP Provider Representative Territory Update

The following is a detailed listing of the Provider Representative Team and the counties they service:

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

Deb Safford: Addison, Chittenden, Franklin, Grand Isle, Lamoille and Orleans counties (802-857-2957).

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

A full colored map depicting corresponding territories for each Provider Representative is available at www.vtmedicaid.com under Information/Provider Representative Map.



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