

VERMONT HEALTH ACCESS ADVISORY



Linking OVHA and EDS to your Office

OVHA- <http://www.ovha.state.vt.us/>

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EDS- <http://www.vtmedicaid.com>



New Mailing Address for the OVHA: 312 Hurricane Lane, Ste. 201, Williston, VT 05495 All mail previously sent to 103 South Main, Waterbury, **should be sent to the new address**. The address for EDS has not changed.

ALL PROVIDERS

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WEBPAGE UPDATES

- *Updated Fee Schedules
 - *Updated Active Provider List
 - *Updated PAC-9 List
 - *Updated Aid Category List
 - *PES Version 2.16
 - *EOB/HIPAA codes list
 - *NPI FAQ Page
- www.vtmedicaid.com

New Online Access to Human Services Programs

Agency of Human Services Secretary Michael K. Smith recently announced the unveiling of a new online information and referral website to help Vermonters learn about what services the Agency offers and where those services can be found.

The "Screen Door" (www.screendoor.vermont.gov) was created as a direct result of consumer requests for an on-line resource to help Vermonters determine for themselves what programs or services are available and whether they may be eligible for these services. This on-line tool can be used at home, in public libraries and state offices: anyplace with Internet access.

The Screen Door offers improved access to services; a key theme of the Agency of Human Services' 2005 reorganization. The new resource provides an overview of a wide range of Vermont health and human services programs, basic guidelines for eligibility, and important local contact information. Once users enter some very basic information about their family, they'll be provided

with a list of services they might be eligible for and the necessary contact information.

The Screen Door also links with www.Vermont211.org; the United Ways of Vermont information and referral service. "Through this partnership, we have been able to expand the reach of the Screen Door," Smith said. "By calling 2-1-1 or accessing the Vermont211 link, people can also learn about Federal assistance programs, non-state programs and other resources that may be specific to their own communities."

The Agency of Human Services reorganization project is an outcome of Act 45, passed by the General Assembly in 2003, which outlines the principles and the goals that have served to guide the reorganization effort. For more on the AHS reorganization: <https://www.ahsnet.ahs.state.vt.us/council/>.

Choices for Care

Choices for Care, the new long-term care 1115 waiver, begins October 1, 2005. Patient share obligations will be automatically deducted from Medicaid claims starting with the first claim of the month for Nursing Home, Enhanced Residential Care and Home-based providers. All Nursing Home claims will cost avoid for Medicare unless the provider has indicated why the service was not covered by Medicare. Revised Medicaid provider manuals will be available prior to October 1, 2005. The Department of Aging and Independent Living will be conducting provider information and training sessions in late September.

National Provider Identifier

All health care providers (individual practitioners and organizations) who file electronic claims are required by law to obtain a National Provider Identifier (NPI) number. Even if you don't file electronic claims, the Centers for Medicare and Medicaid Services (CMS) encourages you to obtain an NPI in case an organization that files electronically needs it for a claim.

Individuals will receive only one NPI. However, organizations may choose to receive a single NPI or enumerate their sub-parts with additional NPIs.

The on-line application process began May 23, 2005. Paper applications were accepted starting July 1, 2005. You may request an NPI now, but please be aware that payers have up until May 23, 2007 to begin accepting them. After May 23, 2007 payers can not accept anything other than an NPI.

You can learn more about the NPI by reading our FAQ page posted on-line at: www.vtmedicaid.com

For information on obtaining an NPI please visit: the Center for Medicare and Medicaid Services at: <http://www.cms.hhs.gov/hipaa/hipaa2/>

Modifiers 24, 57, and 59

Modifiers 24, 57, and 59 have been approved for use by Vermont Medicaid.

Modifier 24: Unrelated evaluation & management (E/M) service by the same physician during a postoperative period. The physician may need to indicate that an evaluation and management service was performed during a post-operative period for a reason(s) unrelated to the original procedure.

Modifier 57 - 'Decision for Surgery' is for use with E/M codes. Modifier 57 is commonly used to identify the decision for "major" surgery (90 day post-op) when the decision is made within 24 hours of surgery and results in immediate surgery or surgery within the following 24 hours.

Modifier 59: Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day.

When used appropriately, modifiers 24, 57 & 59 will override certain *ClaimCheck*® edits. Documentation will not be required with claim submission when these modifiers are used. Providers are encouraged to bill these services electronically for faster adjudication and payment. You must follow correct coding guidelines when billing with these modifiers. Each of these modifiers will have a retroactive effective date of January 1, 2003. Please note that post-payment auditing will randomly and routinely be performed. If your claim is subject to such review, you will be asked to provide documentation. Adjustments to payment may result if documentation is insufficient.

Modifiers SL & 52

Effective with date of service 1/1/2005, the SL modifier is to be used when identifying a State supplied vaccine. The SL modifier is for informational purposes only and will pay \$0.00 regardless of the detail billed amount.

As a result of implementing the SL modifier, the OVHA has approved the use of Modifier 52 as a reduced services modifier. As previously announced, effective with date of service 1/1/2004, you must append Modifier 52 when reduced services are performed. The appropriate documentation must be attached when using Modifier 52.

Update on Other Insurance On Detail Level Of Electronically Submitted Claims

You may have recently had your electronically-submitted claims denied because the amount of other insurance was not reported at the detail level.

This system enhancement went into effect May 1, 2005. Providers were previously notified that they are required to bill each detail of the claim to the other insurance before submitting the claim to EDS. The total amount of the claim must appear at the header level and the total amount of each service must be listed on the detail level. The services listed must equal the total reported at the header. Providers can no longer total and report other insurance only at the header level of the claim.

Please be aware that this may require some Providers to make minor changes to their billing systems. Providers should continue to submit other insurance denials to EDS on paper with the attached EOB which explains the denial.

Providers billing electronically can expect faster adjudication and more accurate payments as a result of this upgrade.

This change only affects the electronic billing of Physician, Dental, Vision, Professional crossovers, Outpatient, Home Health, and Hospice claims. All others can continue to submit other insurance at the header.

CPT Code Reductions

The Budget Act for this year required the OVHA to reduce the CPT code fees to save \$2.4 million. In addition, the OVHA was asked to “minimize the impact on primary care services.” These rate changes have been made and the new fee schedule is posted at <http://www.vtmedicaid.com/Downloads/manuals.html>. Instead of an across the board reduction, the E&M codes were reduced by 4.0% and all other codes above a threshold were reduced by 7.5%. These changes are estimated to reduce the OVHA payments by the required \$2.4 million.

PES 2.16 Upgrade

A new version of PES (Provider Electronic Solutions) is available on the web. New users can download the full install of PES 2.16. For those already using PES, the 2.16 upgrade has been added to the list of available upgrades.

Version 2.16 includes the following enhancements:


Nursing Home Claims - The Admission Time is a required field

The Discharge Time is a required field when type of bill ends in a 1 or 4 (except when patient status = 30)


Institutional Inpatient - The dates of service are not required at the service level

Professional Claims - At least one diagnosis code must be entered on a claim

General - Limitations on the amount of data in the Client List have been resolved



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