



Vermont Health Access

Advisory

NPI: Submit Your Numbers Now!

Inside this issue:

<i>NPI: Submit Now!</i>	1
<i>NPI: Important Dates</i>	2
<i>PERM</i>	2
<i>Updates & Reminders</i>	3
<i>Banner Page Options</i>	4

Webpage Updates

- NPI Excel Submission form
- Link to the OVHA's Clinical Criteria page
- CMS 1500 form updated for NPI
- The provider look-up with mapping capabilities
- Fee Schedules
- Active Provider List
- Enrollment Forms

Providers may now submit their NPI information to VTMedicaid by using the Excel form posted at:
www.vtmedicaid.com

Simply enter your data and return the form to EDS as an email attachment. Email to:

VTNPIcommunications@EDS.com

If you do not have Excel you may submit the following information directly to the same email address:

- Provider Name
- Institution/Group Name
- VTMedicaid Provider ID#
- NPI#
- Taxonomy Code
- **Mail To Street Address**

- City, State, Zip Code

May 23, 2007 is the deadline that all insurers must accept the National Provider Identification numbers.

Providers are also required to submit their Taxonomy Code(s) with their NPI numbers. The Taxonomy Code(s) allows a provider (individual, group or institution) to associate their specialty category with a NPI.

A smooth implementation of this federally-mandated requirement depends on two things: adequate advance testing of the upgraded system; and timely submission of required information from providers. These are interlinked factors; one cannot happen

without the other. For that reason, Vermont Medicaid is making every effort to inform and assist providers through this process.

For more information on NPI please read the NPI FAQ file posted at: www.VTMedicaid.com or visit the CMS website at:

<https://nppes.cms.hhs.gov>.

Please direct your NPI questions to:

VTNPIcommunications@EDS.com

or call:

Provider Services: 1-800-925-1706 (In VT)

Provider Services: 1-802-878-7871 (Out of State)

Providers are encouraged to submit their NPI information now to avoid a last minute rush.



NPI: Important Dates to Know

April 16, 2007: Tentative date for Vermont Medicaid to begin user acceptance testing with the current version of PES software. Please be sure to update your PES software to the most current version before April 16, 2007.

May 7, 2007: Tentative date for EDS to begin accepting NPI numbers on claims. EDS will continue to accept Vermont Medicaid numbers at that time.

If providers wish to perform a production test of their updated billing software they are encouraged to submit a small number of claims with NPI numbers and the rest with Vermont Medicaid numbers during this testing period.

May 23, 2007: The federally mandated deadline for many health plans, including Medicare, Medicaid, and private health insurance

issuers, and all health care clearinghouses to accept and use NPIs in standard transactions. After May 23, 2007, health care providers may use only their NPIs to identify themselves in standard transactions requiring the NPI including: 837 professional, 837 institutional, 837 dental, 276/277 claim status request and response, and 270/271 eligibility request and response.

“The successful implementation of NPI depends on two factors: adequate advance testing of the upgraded system; and timely submission of required information from providers. ”

For transcripts of a recent NPI roundtable presented by CMS please visit: www.cms.hhs.gov

PERM: Payment Error Rate Measurement Program

The Improper Payments Information Act of 2002 directs Federal agencies to annually review programs, such as Medicaid and report the improper payment estimates to Congress.

The Centers for Medicare and Medicaid Services (CMS) will measure the accuracy of Medicaid payments made by States for services rendered to recipients through the Payment Error Rate Measurement (PERM) program.

Generally, to obtain medical records for a claim selected for review,

the contractor Livanta will contact the provider to verify the correct name and address information and to determine how the provider wants to receive the request(s) (facsimile or US mail) for medical records. Once the provider receives the request for medical records, the documentation must be submitted electronically or in hard copy within 90 days. Livanta (and possibly State officials) will follow up to ensure that providers submit the documentation before the 90-day timeframe has expired.

It is important that providers cooperate with submitting all requested documentation because no response or insufficient documentation will count against the State as an error. Documentation should be submitted on time and should be complete.

Updated information provided to the OVHA will be made available to Vermont providers through the “Vermont Health Access Advisory”.

For more information on PERM visit the CMS website: <http://www.cms-perm.org/>

Updates and Reminders

PES Upgrades

Providers who use PES software to bill electronically are reminded to stay current with the latest version of PES. The current version is PES 2.18. It is available at no charge on

www.VTMedicaid.com under Downloads, Software. Upgrade instructions are also available on the same web page.

Please be aware that PES upgrades **must be completed incrementally**. You cannot skip versions without risking database corruption. For example, if you are running PES version 2.14, you must upgrade to 2.15, then 2.16, then 2.17. To see which version of PES you are running, after you log on to PES, click on Help, About.

CMS1500 Form Updated for NPI

The CMS 1500 billing form has been updated to accommodate the National Provider Identification number. Until EDS accepts NPI numbers, please follow these instructions when filling out the new CMS 1500 form.

Box 17A: Enter the referring Vermont Medicaid provider number here.

Box 24C: This is not a mandatory field at this time but please note that

the EMG box has been moved. **Box 24 J:** Enter the attending physician's Medicaid number in the gray area.

Box 33 B: Please enter your Vermont Medicaid provider number here.

Procedure Code 99503

The OVHA has made Procedure Code 99503 [home visit for respiratory therapy care (e.g. bronchodilator, oxygen therapy, respiratory assessment apnea evaluation) PAC-9, non-covered-effective immediately as this service is included with the equipment.

Procedure Code 43326

Effective date of service 1/1/07 procedure code 43326 [Esophagogastric fundoplasty; with gastroplasty (eg. Collis)] requires prior authorization.

Procedure Codes E0618 RR and E0619 RR

Effective date of service 10/27/2006 Procedure Codes E0618 RR and E0619 RR [Apnea Monitor] **do not** require Prior Authorization for ages 0-1 (The child is considered 1 until the second birthday).

Prior Authorization is only required on or after the beneficiaries' second birthday.

Procedure Code E1087 RR

Effective date of service 1/1/07 procedure code E1087RR [high strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests] requires prior authorization.

Revenue Code 905

The OVHA has reviewed Revenue Code 905 [Intensive outpatient services- psychiatric] and determined that it should not be reimbursed as an institutional claim. This service is covered as a professional service only and should be billed on a CMS 1500 form using the appropriate CPT/HCPC's codes. These codes may require prior authorization so be sure to refer to www.vtmedicaid.com to determine if prior approval should be obtained.

Procedure Code T5001

Effective date of service 9/10/06, T5001 [positioning seat for persons with special orthopedic needs for use in vehicles], requires Prior Authorization.

"63% of Vermont providers bill electronically"

-Burlington Free Press

Electronic claims submission allows for faster processing and payment while reducing errors and enabling better record tracking. Plus, EDS electronic billing software is FREE!

Even if you use other software to *bill* your claims, you can use PES to process electronic adjustments, secondary claims, re-submit claims, check claims status, or verify eligibility.

"Any provider who uses standard electronic transactions, like electronic claims, eligibility verifications, claims status inquiries and claim attachments, will be required by federal law to start including NPIs on electronic transactions not later than May 23, 2007."

Banner Pages: Communication Options

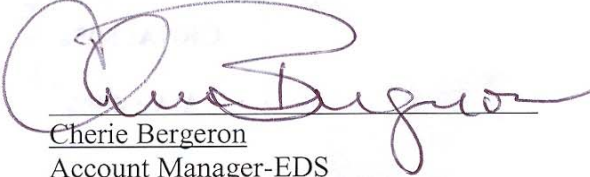
Banner pages are weekly notifications from VTMedicaid. Traditionally they have appeared on the first page (banner page) of the printed remittance advice report. Banner messages are entered into the VTMedicaid system on Friday and appear on the remittance advice [RA] the following week.

Email is the quickest way for providers to receive banner updates. Providers may request to receive weekly banner updates via email at:

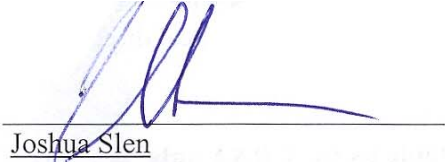
VTMedicaidbanners@eds.com

Banner updates are also posted on-line at: VTMedicaid.com generally within 24 hours of the Friday publication within the VTMedicaid system.

Banner notifications printed on the paper RA will reach providers approximately 10 days after they are entered in to the VTMedicaid system.



Cherie Bergeron
Account Manager-EDS



Joshua Slen
Director-Office of Vermont Health Access
