

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>



ALL PROVIDERS

From the Fraud Unit of the Attorney General's Office

Exclusions Program

Among various responsibilities, the Medicaid Fraud & Residential Abuse Unit of the Vermont Office of the Attorney General protects the fiscal integrity of the Medicaid program and investigates issues of fraud, waste and abuse of Medicaid monies. The Unit is quite concerned that Vermont providers are not in compliance with the current statutory and regulatory provisions regarding the exclusions program governed by the Office of Inspector General (OIG) and its authority to impose civil money penalties (CMP) for violations of that program.

Generally, an exclusion from Federal health care programs effectively precludes an excluded individual or entity from being employed or under contract in any capacity by a health care provider that receives reimbursement, indirectly or directly, in part or entirely by any federal health care monies. If a health care provider arranges or contracts by employment or otherwise with an individual or entity who is excluded by the OIG from program participation, the provider and the excluded individual or entity may be subject to a CMP liability if the rendered services were reimbursed, directly or indirectly, by such a program. The CMP imposed can be up to \$10,000 for each item or service furnished by the excluded individual or entity and listed on a claim submitted for Federal program reimbursement, plus an assessment of up to three times the amount claimed and program exclusion.

In order to avoid potential CMP liability, health care providers and entities are strongly urged to review, and if necessary, modify hiring procedures to include checking the OIG List of Excluded Individuals/Entities on the OIG web site prior to hiring or contracting with individuals or entities. In addition, if they have not already done so, health care providers should periodically check the OIG web site for determining the participation/exclusion status of current employees and contractors. The information is updated on a regular basis and the web site contains OIG program exclusion information and is updated in both on-line searchable and downloadable formats. Please refer to the OIG website at <http://oig.hhs.gov/fraud/exclusions.html> for access to the OIG exclusions database and for more information about the exclusions program.

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Enhanced Security for VRS

HIPAA legislation requires additional security enhancements for the Vermont Voice Response System (Malcolm). In the near future, a user accessing the system will be required to enter a four digit PIN in addition to the provider number currently required.

This new feature further safeguards the privacy of users by granting system access only to those with valid PIN/provider number combinations.

Creating your PIN is a simple process. When the new system is in place you will only have to call the VRS at 800-925-1706 and follow the prompts that will direct you through the necessary steps. You can change your PIN at anytime but you will be required to change it every ninety days. The VRS system will remind you when it is time to change your number and direct you through that process.

We are pleased to offer this security enhancement. You will be notified when this system is active and you can create your PIN. We strongly encourage you to review the VRS/PIN information that is posted on our website: www.vtmedicaid.com. Additional questions can be directed to Provider Services at 878-7871.

Update on Checking Eligibility and Claims Status On-Line

An alternative way to check eligibility or claims status is on-line. If you have an active trading partner ID, you can access this information through www.vtmedicaid.com. First, go to Transaction Services and log into Production. This will bring you to the Interactive Services home page where you will see options to “Check Claim Status” or “Check Eligibility Status”.

When checking the status of a claim, you must enter the billing provider ID and the complete range of dates as submitted on the claim.

When checking eligibility on-line, *the system requires a specific, individual ‘from and to’ effective date.* For example, if the date of service is 01/01/2005, you must enter 01/01/2005 to 01/01/2005. You can only check future eligibility for up to nine days from the day on which you make your eligibility query. You can check eligibility for past dates of service for up to one year from the day of your query but you must check by using a single date of service.

Eligibility verification and claim status requests can be completed either as a batch or interactive transaction. The interactive transaction returns the response to a single request within a few seconds. The batch transaction allows for submission of multiple requests in one transaction and the response may be retrieved the following processing day.

Webpage Updates

We continue to develop our website as a useful resource and an effective means of rapid communication in response to the positive feedback received from on-line providers. If you have not been to our website lately you are missing out on many new resources that could facilitate your billing process.

Banner pages are now posted on-line every Friday one week in advance of the mailed Remittance Advice. You can now research past banner pages using the indexed archive of 2004 banner pages found under the "What's New" section. Other new additions include information on the upcoming PIN requirements for the VRS, the new Dental Fee Schedule, the updated Active Provider list, and the monthly-updated Fee Schedule workbook. A "Frequently Asked Questions" section is coming soon! We encourage you to take advantage of these resources by visiting: www.vtmedicaid.com.

Do you have a suggestion for our website? Please send your feedback to:
vtadvisorycommunications@eds.com .

DENTAL PROVIDERS

General Assistance Guidelines for Emergency Dental Treatment

General Assistance Vouchers are issued by The Department for Children and Families (DCF) as a means of providing emergency treatment to relieve pain, bleeding and/or infection. Payment for covered services is based on the current Office of Vermont Health Access (OVHA) Dental Procedure/Fee Schedule.

The dental procedures listed on the attached document are the ONLY procedures that are considered covered services for the treatment of individuals with valid General Assistance Vouchers. All other procedures are NOT considered to be emergency in nature and will not be covered by General Assistance.

Please note that General Assistance Vouchers are NOT to be used for any of the following dental services:

- Routine Dental Care
- Placement of any type of Permanent Restoration (filling)
- Definitive Root Canal Therapy
- Fabrication of Dentures
- Extraction of Non-Infected Teeth
- Dental Cleanings
- Periodontal Therapy

Claims submitted for non-covered services will be denied and the individual may not be billed for these services.

Cntd on next page

Dental providers should forward all General Assistance dental claims to EDS for processing and payment of covered services. Claims are quickly and efficiently processed when the date of service and provider numbers on the dental claim exactly match the corresponding information on the Voucher. Note the following:

The individual should have an appointment scheduled at a dental office before applying for a Voucher at the DCF office.

The date range on the Voucher issued by DCF must correspond with the date of the appointment scheduled at the dental office.

The Voucher must be issued to a provider group number if the dental provider is associated with a group practice; and the corresponding dental claim must indicate the provider group number and the individual provider number of the treating dentist in the appropriate fields.

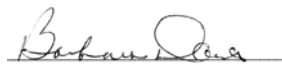
The Voucher must be issued to an individual provider number only if the dental provider is not associated with a group practice; and the corresponding claim must indicate the individual provider number of the treating dentist in the appropriate fields.

Please contact Dental Health Services at (802) 863-7341 or (800) 464-4343, extension 7341 with questions regarding covered services for General Assistance. Please contact EDS Provider Services at (802) 879-4450 or (800) 925-1706 with questions regarding claims processing and payment for General Assistance covered services.

General Assistance Procedure Codes for Emergency Dental Treatment

Procedure Code	Description
D0140	Limited Oral Evaluation-Problem Focused
D0150	Comprehensive Oral Evaluation
D0170	Re-Evaluation - Limited, Problem Focused
D0220	Intraoral-Periapical-First Film
D0230	Intraoral-Periapical-Each Additional Film
D0240	Intraoral-Occlusal Film
D0250	Extraoral-First Film
D0260	Extraoral-Each Additional Film
D0270	Bitewing-Single Film
D0272	Bitewings-2 Films
D0274	Bitewings-4 Films
D0330	Panoramic Film
D2940	Sedative Filling
D3220	Therapeutic Pulpotomy
D3221	Pulpal Debridement, Primary and Permanent Teeth
D7111	Extraction of Coronal Remnants - Deciduous Tooth
D7140	Extraction, Erupted Tooth or Exposed Root
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Muco-Periosteal Flap

D7220	Removal of Soft Tissue Impaction
D7230	Removal of Partially Bone Impacted Tooth
D7240	Removal of Completely Bone Impacted Tooth
D7241	Removal of Completely Bone Impacted Tooth with Unusual Surgical Complications
D7250	Surgical Removal of Residual Tooth Roots
D7270	Tooth Reimplantation and/or Stabilization
D7285	Biopsy of Oral Tissue-Hard
D7286	Biopsy of Oral Tissue-Soft
D7410	Excision of Benign Lesion - Diameter up to 1.25 cm
D7411	Excision of Benign Lesion - Diameter greater than 1.25 cm
D7412	Excision of Benign Lesion - Complicated
D7413	Excision of Malignant Lesion - Diameter up to 1.25 cm
D7414	Excision of Malignant Lesion - Diameter greater than 1.25 cm
D7415	Excision of Malignant Lesion, Complicated
D7440	Excision of Malignant Tumor Intra-Osseous Diameter up to 1.25 cm
D7441	Excision of Malignant Tumor Intra-Osseous Diameter greater than 1.25 cm
D7450	Removal of Odontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm
D7451	Removal of Odontogenic Cyst or Tumor-Lesion Diameter greater than 1.25 cm
D7460	Removal of NonOdontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm
D7510	Incision and Drainage of Abscess
D7911	Complicated Suture-up to 5 cm
D7912	Complicated Suture-greater than 5 cm
D9110	Palliative Treatment of Dental Pain-Minor Procedures
D9220	General Anesthesia-First 30 Minutes
D9221	General Anesthesia-Each Additional 15 Minutes
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide
D9241	Intravenous Sedation/Analgesia-First 30 Minutes
D9242	Intravenous Sedation/Analgesia-Each Additional 15 Minutes
D9248	Non-Intravenous Conscious Sedation
D9920	Behavior Management



Barbara H. Davis
Program Director-EDS



Joshua Slensky
Director-Office of Vermont Health Access