

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>



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WEBPAGE UPDATES

Active Provider list, EOB code list, Fee schedules, Provider look-up, Revenue code list, Therapy Extension form.

www.vtmedicaid.com

Claimcheck® Communications

If you have called Provider Services and determined that your claims issue is related to *ClaimCheck®*, and you disagree with the determination of your claim or seek further information, please direct your *ClaimCheck®* questions to: Claimcheckcommunications@eds.com.

ClaimCheck® denials can be easily identified with 4-digit EOB codes that begin with an 8. If you disagree with the *ClaimCheck®* policy determination and have a source (e.g. NCCI, CMS, Ingenix) for your findings, please reference that source in your email.

The National Provider Identification Number (NPI): The Time to Prepare is Now!

The OVHA is ramping up its efforts to meet the May 2007 deadline for the National Provider Identification Number Program. Providers are encouraged to get their NPI numbers now. Providers can expect additional NPI-related instructions from the OVHA over the next 12 months.

Many health plans, including Medicare, Medicaid, private health insurance issuers, and all health care clearing-houses must accept and use NPIs in standard transactions by May 23, 2007.

You should apply for your NPI using one of the following three options:

- 1) You may apply through an easy web-based application process. The web address is <https://nppes.cms.hhs.gov>
- 2) You may prepare a paper application and send it to the entity (the Enumerator) that will be assigning the NPI on behalf of the Secretary of Human Services. A copy of the application, including the Enumerator's mailing address is available on <https://nppes.cms.hhs.gov>. You may also call the Enumerator for a copy. The phone number is 1-800-465-3203 or TTY 1-800-692-2326.
- 3) With your permission, an organization may submit your application in an electronic file. This could mean that a professional association or perhaps a health care provider who is your employer could submit an electronic file containing your information and the information of other health care providers.

Providers will need to inform Vermont Medicaid of their NPI number. Providers will soon be able to enter their NPI numbers directly into their personal information files accessed through the new OVHA provider look-up available at: www.vtmedicaid.com. Please watch for notification regarding this forthcoming service. The OVHA will announce via banner page the effective date when NPI will be mandatory for enrollment and re-certification. As the deadline for NPI compliance draws near, the OVHA will collect the remaining NPIs from providers via direct mailing.

Contacting the Surveillance and Utilization Review Unit

The OVHA Surveillance and Utilization Review (SUR) Unit receives and investigates complaints of possible provider or beneficiary fraud, waste or misuse of Medicaid funds and services. Referrals can be initiated by anyone and must pertain to a Vermont Medicaid provider or beneficiary. The unit also, utilizing a Decision Support Tool, systematically reviews claims data to identify provider or beneficiary utilization patterns that differ significantly from their peers.

The SUR Referral Form is available on-line at: www.ovha.state.vt.us or can be obtained by calling 802-879-5903 or by email: surscontact@ahs.state.vt.us

Referrals involving beneficiaries should be faxed to 802-879-5963, attention Alexis McLean, RN. Phone calls are also accepted at 802-879-5908.

Referrals involving providers should be faxed to 802-879-5963, attention Ramona Godfrey, RN. Phone calls are also accepted at: 802-879-5909.

The Unit Director, Roger Tremblay, RN, CHCQM can be contacted at: 802-879-5907.

New Therapy Extension Update

Effective date of service June 12, 2006, all requests for Physical, Occupational, and Speech Therapy services will require physician signature to demonstrate that the physician is in agreement with the treatment plan including frequency, goals, and plan of care. This is necessary for the OVHA to be compliant with Medicaid regulation M710.5.

The physician may sign the Therapy Extension form or a form that the physician already signs (such as Home Health 485) provided the signature date is within one month of the therapy extension date. Therapists are responsible for forwarding the required documentation with the physician's signature and the request for the extension of therapy services to the OVHA office.

Physicians are encouraged to be active participants in the planning of therapy services for Medicaid beneficiaries. Please note that all services must be medically necessary, require the skill level of a therapist, be appropriate to the individuals' medical condition, be provided efficiently, and be supported by current, peer reviewed medical literature. Discharge planning is expected to be a part of therapy services and addressed at the time of initial evaluation. Medicaid intends for therapy services to lead to self-management/caregiver management of the individual's condition as individuals/caregivers become more competent and confident with following through with a self-management program.

The updated Therapy Extension form with instructions is available on-line at: vtmedicaid.com.

Please address any questions to Susan Mason PT MEd, Clinical Consultant, OVHA. 312 Hurricane Lane, Williston, VT 05495. Phone: 802 857 2942, fax 802 879 5963.

Modifiers for Billing Anesthesia Services

Claims submitted for services rendered by licensed and enrolled Anesthesia Assistants [A.A.] will be processed following the billing requirements of Medicare. Providers must use the correct modifiers set out below. Any anesthesia claim can use the following modifiers when appropriate.

Allowable modifiers:

Reimbursement of Price on file

Billable by the Anesthesiologist

AA – Services performed by an Anesthesiologist not medically directing	100%
QY – Medical direction of one case	50%
QK – Medical direction of 2, 3 or 4 cases	50% of each
AD – More than 4 cases (This change in current Medicaid policy follows Medicare’s reduction in Base Units from 4 to 3 for this modifier.)	37.5%

Billable by the CRNA or A.A.

QX – Service with medical direction by Anesthesiologist	CRNA: 50%
	A.A.: 40%

Billable by the CRNA only

QZ – service without medical direction by Anesthesiologist	100%
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Units: 1 unit equals 15 minutes.

Anesthesiologists are now permitted to direct more than four concurrent anesthesia procedures.

Reimbursement may be extended to the services of more than one Anesthesiologist when written justification is attached to the claim with a copy of the operative report and the anesthesia record. Use modifier 22 (manual review) after the modifiers AA or QZ.

VT Medicaid Provider Numbers are Numeric!

Vermont Medicaid provider numbers contain NO alpha “O’s” – only zeros. **Claims received on and after June 1st, 2006, must include a complete 7-digit number. Claims without a complete number will be returned.**

A reminder: the 7-digit Medicaid provider number and 7-digit Medicaid attending provider number submitted on your paper claims must be entered correctly as follows:

CMS-1500 form: Box 33 for billing provider number; Box 24K for attending provider number.

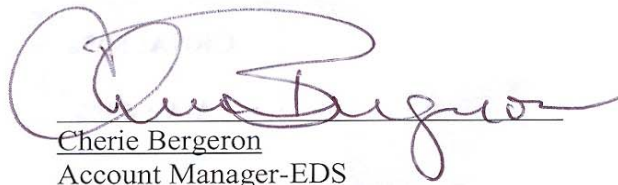
UB-92 form: Box 1 for billing provider name; Box 51 for billing provider number; and Box 82 for attending provider name and number.

1994 Dental form: Box 21 for billing provider number; Box 22 for attending provider number (after the address). **1999 Dental** form: Box 42 for the billing provider name; Box 44 for the billing provider number; Box 46 for the attending provider number (after the address). **2002 Dental** form: Box 48 for the billing provider name; Box 49 for the billing provider number; Box 54 for the attending provider number.

Change of Management at EDS

Barb (Davis) McMahon, Account Manager of the EDS Vermont account since 1986, was recently promoted to serve as EDS' National Implementation Director for United State Government Services. In her new role, she will oversee the implementation of eight new EDS implementation projects across the nation. When asked about the changes she has seen during the past twenty years, Barb said, "foremost is how the Medicaid program has transformed itself from primarily a claims processing center to today's truly managed care organization. Cherie Bergeron, a 21-year veteran with the EDS Vermont Medicaid account, has been promoted to the position of Account Manager. Business Process Analyst Ed DiNardo has been promoted to the newly created position of Deputy Account Manager.

We extend our thanks and best wishes to Barb. We congratulate Barb, Cherie, and Ed on their promotions and look forward to working with them in their new roles.



Cherie Bergeron
Account Manager-EDS



Joshua Slen
Director-Office of Vermont Health Access