

# 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

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### Webpage Updates

[www.vtmedicaid.com](http://www.vtmedicaid.com)

Aid Category List, Fee Schedules,  
Refund Form, Provider Look-up

## Medicare Part D and Vermont's Pharmacy Benefits

With the implementation of Medicare Part D, many questions have been asked regarding the State of Vermont programs and coverage. Here is some basic coverage information and resources for you and your patient should a problem arise.

If a patient is unable to get a needed prescription filled, you or your patient should call the Part D prescription drug plan to resolve the issue (see the contact list on the next page). As of January 1, 2006, Medicare Part D became the primary prescription insurer for Medicaid/Medicare patients. Most issues can be resolved through the Part D customer service, prior authorization, or appeal processes. In some cases, the Part D plan will provide a transition fill while the issues are being resolved.

If these attempts fail, patients who are covered by both Part D and Vermont Medicaid or VPharm should call Vermont Health Access Member Services. The number for patients to call is **800-250-8427**. Member Services will work with the Office of Vermont Health Access (OVHA) to resolve the issue.

Drugs that are not on the plan's formulary or are denied by the plan as not medically necessary will not be covered by the OVHA for patients with Medicaid or VPharm without specific approval from the OVHA. When a Part D plan denies a non-formulary drug or a drug the plan believes is not medically necessary, you may apply to the OVHA for coverage of the drug after the plan's appeal process is exhausted (through the Independent Review Entity level). **To request approval from the OVHA, prescribers should call 800-918-7549.**

Coverage for Part D excluded drug classes may be available to Medicaid and VPharm patients who are enrolled in a Part D plan. The excluded drug classes include benzodiazepines, barbiturates, over-the counter prescriptions, vitamins or minerals, and drugs used for anorexia, weight loss, or weight gain.

If the problem involves a Medicaid or VPharm coverage or wrap coverage issue, contact MedMetrics Health Partners (MHP) Vermont's Pharmacy Benefit Administrator. The number for providers to call about covered services and authorizations for Vermont programs is **800-918-7549**.

### Important Phone Numbers

Questions regarding Medicare Part D coverage and prior authorizations should be directed to the Part D plan in which the patient is enrolled. Patients enrolled in Medicaid or VPharm can call Vermont Health Access Member Services at **800-250-8427**. Clinicians with questions regarding covered services and authorizations for Vermont (OVHA) prescription programs can contact MedMetrics Health Partners at **800-918-7549**.

*Continued on the following page*

Vermont Medicare Part D Region PDP Contact List

Plan Name	PDP Name	Pharmacy Ctr.	P.A. Phone	P.A. Fax	Member Services	Eligibility/ Enrollment
Aetna	Aetna	800-238-6279	800-238-6279	800-408-2386	800-213-4599	215-775-6877
BCBS	Blue Medicare Rx	800-662-0210	800-338-6180	800-601-4829	866-755-2776	502-889-3400
CIGNA	Cignature	800-558-9363	800-558-9363	800-390-9745	800-222-6700	603-268-7833
First Health	Advantra Rx	800-421-2342	800-551-2694	800-639-9158	866-823-5178	800-633-4227
Health Net	Orange	800-693-8951	800-867-6564		800-806-8811	800-806-8811
Humana		800-865-8715	800-555-2546		1-866-672-9166	502-580-6238
Member Health	Community Care Rx	866-684-5395	866-316-6049	866-868-0858	866-684-5353	866-684-5353
Med Co	Your Rx Plan		800-935-6103	800-711-5673		201-269-6789
PacificCare	Rx Solutions	877-279-0372	800-711-4555	800-527-0531	800-797-9794	714-825-3748
Pennsylvania Life	Prescription Pathway	888-875-0774	800-698-8394		800-698-8394	407-628-1776 x 2410
Rx America	Meds 4 Medicare	877-279-0372	866-549-0991	866-549-0991	800-429-6686	877-667-1894
Silverscript	Caremark	800-364-6331	800-294-5979	866-502-2296		469-524-5838
Sterling	Caremark	800-364-6331	800-294-5979	866-502-2296		888-858-8544 x 2022
Unicare	Wellpoint	866-841-8953	800-204-0016	800-204-0015		805-480-6392
United American	Torchmark	800-922-1557	800-753-2851	888-235-8551		972-569-3260
United Healthcare	UHC- AARP	UHC 888-492-2949 AARP 888-492-2952	800-955-8098	262-313-9078	888-867-5575	888-867-5575
WellCare		866-800-6111	866-800-6111	866-388-1767		813-290-6200 x 3700

Did You Know?

Between 2005 and 2006, EDS: processed a total of 9.3 million claims; responded to 82,135 calls from providers; enrolled 1,781 new providers; recertified 3,674 providers; added 263 new electronic billing providers; processed 8,470 cash transactions; and received 51.9 million in drug rebate collections.

## Procedure Code 90806 Update

Procedure code 90806 [Individual psychotherapy, insight oriented, behavior modifying &/or supportive, face to face w/pt.; 45-50 mins] allows one unit to be billed per day per patient.

This code may **not** be billed in 15 minute units. The OVHA has requested that EDS recoup any payments made for multiple units for dates of service 1/1/06 forward.

EDS has identified these claims and will recoup the total payment made and repay these claims for one unit only.

With the implementation of HIPAA all providers and payors are required to use the same code sets. Providers are reminded to bill units appropriately as designated by CPT for time based codes. Should you have any questions as to the correct number of units to bill, please refer to your CPT and/or HCPC manual.

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## Breast Pumps Update

The OVHA has made the following changes effective date of service 10/6/06:

- Procedure Code E0603 [Breast pump, electric (AC and/or DC,) any type (rental only)] requires the RR modifier. Duration of rental is not to exceed three months.
- Procedure Code E0602 [Breast pump, manual, any type (purchase only)] RR modifier not allowed.
- Procedure Code E0604 [Breast pump, hospital-grade electric pump. This pump is considered institutional equipment and **not appropriate for use in the home**] is now PAC 9, non-covered.

Each of these codes must be used in accordance with HCPCs correct coding guidelines for gender and age. These codes can be billed for females only, of the maternity ages: 12-55.

Prior Authorization is not required, however providers and suppliers are responsible to ensure the following medical necessity guidelines are met:

- The infant and mother are separated due to hospitalization, and direct breast feeding is not possible.
- The infant has a medical condition or congenital anomaly that prevents effective breast feeding.
- The mother has Medicaid coverage and medical justification is demonstrated.

Retrospective review will be done and if found not to be medically necessary, claims recoupment will be done.

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## National Provider Identification

This is to remind all providers to get their NPI now. You will soon be asked to supply your NPI to Vermont Medicaid. The easiest way to apply is on-line at: <https://nppes.cms.hhs.gov> Other application options are available at the same website. Apply now to avoid last minute rush!

## Provider Refund Form

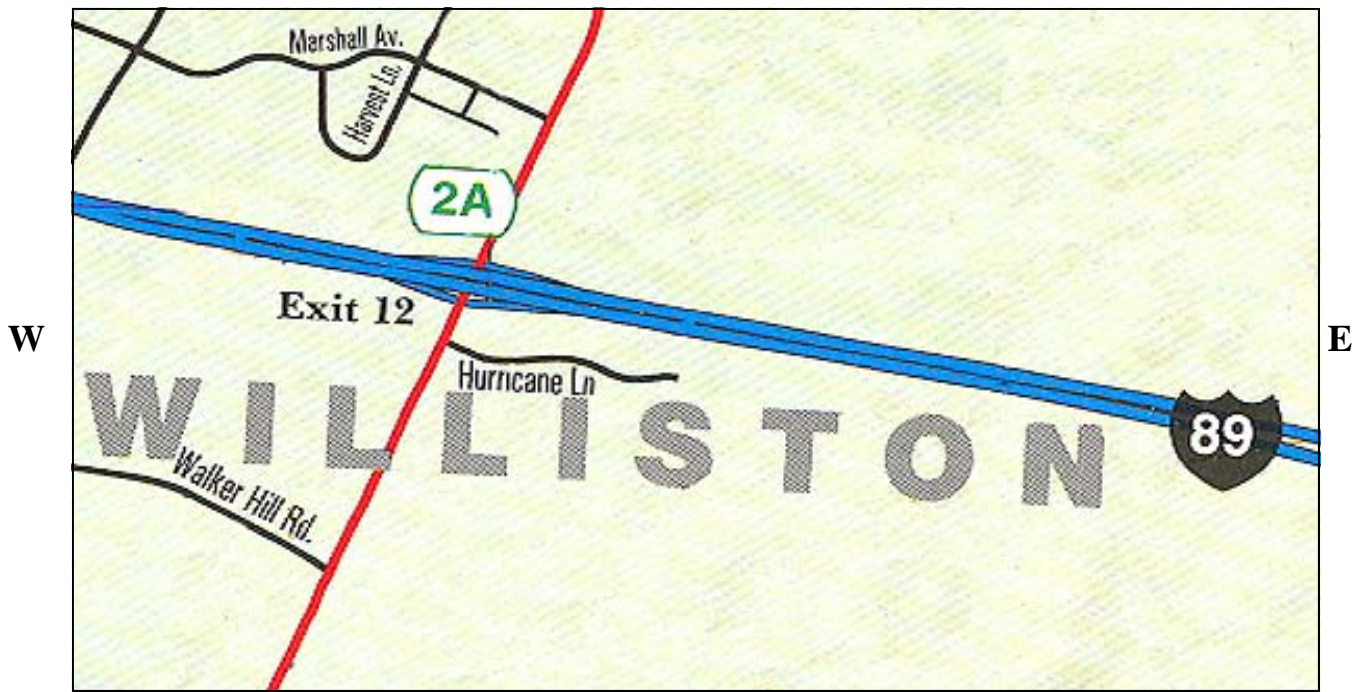
An updated Provider Refund Form with additional reason codes has been posted on-line at:  
<http://www.vtmedicaid.com/Downloads/forms.html>

Providers must choose the most appropriate reason code from the list offered or EDS can not process the refund request without a valid reason code and the request will be returned to the provider.

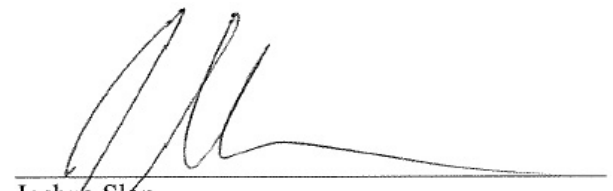
## EDS 25th Anniversary

August 28th, 2006 was the 25th anniversary of the partnership between Vermont Medicaid and EDS. To mark the occasion, EDS will hold an open house at the EDS offices at 312 Hurricane Lane in Williston on October 13th, 2006 from 12:00 to 4:00 pm for the provider community, the OVHA, Governor and legislators.

Please join us. If you plan to attend the open house please RSVP at: 800-925-1706.



  
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