

## 2004 Banner Page Index

### JANUARY

#### **Banners for 1/2/2004**

TRANSACTION STANDARDS

WEB BASED ELIGIBILITY AND CLAIMS STATUS FUNCTIONALITY

ANTHEM CROSS-OVER PROBLEM

#### **Banner for 1/9/2004**

DENTAL FEE SCHEDULE

#### **Banners for 1/16/2004**

PLACE OF SERVICE RESTRICTIONS REMOVED

ATTENTION DENTAL PROVIDERS

BILLING FOR IMMUNIZATIONS - EFFECTIVE FEBRUARY 1, 2004

IMMUNE GLOBULINS--EFFECTIVE FEBRUARY 1, 2004

#### **Banners for 1/23/2004**

CHANGE FOR BILLING FOR VENIPUNCTURE SERVICES

LICENSED MIDWIVES

#### **Banners for 1/30/2004**

ELECTRONIC ADJUSTMENT FUNCTION IS READY

DENTAL - DRUG COVERAGE UNDER VSCRIPT

### FEBRUARY

#### **Banners for 2/06/2004**

HEALTH CARE PROGRAM PREMIUM IMPLEMENTATION

CHECKING ELIGIBILITY

ELECTRONIC BILLING OF OTHER INSURANCE

#### **Banner for 2/13/2004**

MODIFIER 26

AN" MODIFER FOR PHYSICIAN ASSISTANT, W1001 REPLACEMENT OR  
REPAIR OF GLASSES

CHANGE TO EPSDT MODIFIERS EFFECTIVE 02/01/04

DENTAL PROVIDERS MUST BE HIPAA COMPLIANT BY 05/01/04 FOR ELECTRONIC  
837 TRANSACTIONS.

## **MARCH**

### **Banner for 3/26/2004**

DURABLE MEDICAL EQUIPMENT CODE CHANGES

## **APRIL**

### **Banner for 4/2/2004**

ATTENTION HCFA-1500 BILLERS

### **Banners for 4/9/2004**

ATTENTION DME PROVIDERS - CORRECTION TO BANNER PAGE 032604

PERIODIC E&M HEALTHY EXAM CODES

PRIOR AUTHORIZATION REMOVAL

DURABLE MEDICAL EQUIPMENT PRIOR AUTHORIZATION

NEW DURABLE MEDICAL EQUIPMENT CODES

EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT MODIFIER

### **Banners for 4/16/2004**

CONTRACTUAL ALLOWANCE (CA) - UNIFORM BILLING PRACTICES

DIAGNOSIS POINTERS ON THE HCFA-1500 (CMS-1500) CLAIM FORM MUST BE USED

CHANGE TO PRIOR AUTHORIZATION FOR MH VISITS BEYOND 16 ANNUALLY

### **Banners for 4/23/2004**

DUPLICATE CLAIM PAYMENTS

DME UPDATES & HEARING CLARIFICATIONS

### **Banner for 4/30/2004**

PRIOR AUTHORIZATION REMOVAL

## **MAY**

### **Banners for 5/14/2004**

ATTENTION UB92 BILLERS --- PT/OT/ST THERAPY

CLARIFICATION ON INPATIENT SERVICES FOR VHAP LIMITED BENEFICIARIES

HIPPA COMPLIANT PROVIDER ELECTRONIC SOLUTIONS SOFTWARE

ATTENTION DME PROVIDERS

MENTAL HEALTH SERVICES

**Banners for 5/21/2004**

Home Health Paper Claims  
HEARING AIDS AND REPAIRS  
DIAGNOSIS CODES ON CMS-1500

**JUNE**

**Banners for 6/18/2004**

DELMARVA CONTRACT WITH THE OVHA ENDING 06/14/04  
MCKESSON CLAIMCHECK IS COMING SOON...

**Banners for 6/25/2004**

REQUESTS TO ADD NEW CODES OR CHANGE EXISTING CODES – IMPORTANT  
NEW BILLERS GENERAL BILLING SEMINAR

**JULY**

**Banners for 7/16/2004**

ClaimCheck is Coming, Watch for Colored Notifications via Mailings.  
Procedure Code 96117-Neuropsychological Testing Battery  
Nursing Home Providers, Enforcing Existing Policy

**Banner for 7/23/2004**

First Health POS Voids and Reversals

**Banner for 7/30/2004**

MEDICARE CROSSOVER PAYMENTS

**AUGUST**

**Banners of 8/13/2004**

Temporary Freeze of Electronic Adjustments  
MEDICARE B CROSSOVER UPDATE

**Banner for 8/27/2004**

IMPORTANT CHANGES HAVE BEEN MADE TO THE PREFERRED DRUG LIST

## **SEPTEMBER**

### **Banners for 9/10/2004**

ELECTRONIC FUNDS TRANSFER

AID CATEGORY VP- HEALTHY VERMONTERS PROGRAM

### **Banners for 9/24/2004**

Medicare A Crossover Payments

Place of Service Code 00

## **OCTOBER**

### **Banners for 10/01/2004**

IMPORTANT CHANGES HAVE BEEN MADE TO THE PREFERRED DRUG LIST

INPATIENT RATE INCREASES

### **Banner for 10/8/2004**

2005 ICD-9 CODES

### **Banners for 10/15/2004**

ADVISORY IN YOUR EMAIL

ATTENTION PHARMACISTS

### **Banners for 10/29/2004**

Temporary Suspension of Eligibility Verification Services

ASSIGNING SURROGATE USERS

BILLING UNDER MOTHER'S ID

## **NOVEMBER**

### **Banners for 11/05/2004**

835 Electronic Remits

Testing ClaimCheck®, EOB 1200

Procedure Code L1499, Spinal Orthosis

### **Banners for 11/12/2004**

On-Line Adjustments Update

Healthy Babies, Kids and Families, Procedure Code 99070

### **Banners for 11/19/2004**

New Prior Authorization Supplement

LAB RATES: 80101 Restrictions

**Banners for 11/26/2004**

FLUMIST

VHAP Pharmacy Crossover Coverage

Prior Authorization List Change

**DECEMBER**

**Banners for 12/10/2004**

Billing Units for Room and Board

**Banners for 12/17/2004**

WEBSITE PRINT OUT OF OTHER INSURANCE

**Banners for 12/31/2004**

Important Update on Flumist Coverage

## **2004 BANNER PAGES**

### **JANUARY**

**Banners for 1/2/2004**

**(ALL PROVIDERS)**

#### **\*\*\*\*TRANSACTION STANDARDS\*\*\*\***

THE PHASE IN TO HIPAA COMPLIANT CLAIM PROCESSING WILL FOLLOW THIS SCHEDULE:

NURSING HOMES & PHARMACIES (RX CLAIMS) - IMPLEMENTATION 12/31/03;

TRANSPORTATION PROVIDERS, DOE (SCHOOLS), DME (INCLUDING PHARMACIES),

CHIROPRACTORS, INDEPENDENT LABS & RADIOLOGISTS AND DENTISTS - TESTING DEADLINE IS 1/16/04 AND IMPLEMENTATION IS 2/1/04;

HOME HEALTH, HCBS WAIVER PROVIDERS, HOSPICE, PERSONAL CARE/NURSING, INDEPENDENTLY BILLING PSYCHOLOGISTS, HOSPITALS, PODIATRISTS, AMBULANCES, OPTOMETRISTS/OPTICIANS, SRS, HEALTH AND CMHC'S - TESTING DEADLINE IS 2/16/04 AND IMPLEMENTATION IS 3/1/04;

PHYSICIANS, OADAP, DAD (VR), AND RHC'S/FQHC'S - TESTING DEADLINE IS 3/16/04 AND IMPLEMENTATION IS 4/01/04.

#### **\*\*\*\*WEB BASED ELIGIBILITY AND CLAIMS STATUS FUNCTIONALITY\*\*\*\***

EDS IS PLEASED TO ANNOUNCE THE IMPLEMENTATION OF WEB BASED ELIGIBILITY AND CLAIM STATUS INQUIRY FUNCTIONALITY. IF YOU HAVE AN ACTIVE PRODUCTION TRADING PARTNER ID, YOU CAN ACCESS THIS INFORMATION THROUGH [WWW.VTMEDICAID.COM](http://WWW.VTMEDICAID.COM). GO TO TRANSACTION SERVICES, LOG INTO PRODUCTION LOGIN. THIS WILL BRING YOU TO THE INTERACTIVE SERVICES HOME PAGE. YOU WILL NOW SEE TWO NEW OPTIONS, "CHECK ELIGIBILITY STATUS" AND "CHECK CLAIM STATUS". FOR DETAILED INSTRUCTIONS ON HOW TO USE THE SCREEN, YOU CAN CLICK ON THE (?) QUESTION MARK ON EITHER THE ELIGIBILITY SEARCH SCREEN OR THE CLAIM STATUS SEARCH SCREEN.

FOR THOSE INDIVIDUALS THAT USE THE PES - PROVIDER ELECTRONIC SOFTWARE PROVIDED BY EDS, THERE IS A NEW UPGRADE THAT IS AVAILABLE FOR DOWNLOAD (DOWNLOAD/SOFTWARE/PROVIDER SOFTWARE) ON THE SAME LINK. THE NEW PES WILL PROVIDE YOU WITH THE CAPABILITY TO PERFORM BOTH INTERACTIVE AND BATCH SUBMISSION OF ELIGIBILITY AND CLAIM STATUS INQUIRIES.

**(GENERAL HOSPITAL)**

\*\*\*\*ANTHEM CROSS-OVER PROBLEM\*\*\*\*

EDS WILL NOT REPROCESS THE RECREATED TAPES FROM ANTHEM FOR JULY-OCT (THAT HAD INCORRECT PROVIDER NUMBERS).

EDS WILL PROCESS INITIALLY, ONE MEDICARE CROSS-OVER FILE FOR MEDICARE PAID DATE 10/23/03. THIS WILL APPEAR ON YOUR RA DATED 01/02/04. IF YOU SEE ANY PROBLEMS WITH THIS INITIAL ANTHEM TAPE, PLEASE CONTACT EDS IMMEDIATELY. EDS PLANS TO PROCESS ALL THE REMAINING FILES TO DATE THE FOLLOWING WEEK.

**RECOUPMENTS ON DUPLICATE CROSS-OVER PAYMENTS**

IF YOU SENT IN A CHECK FOR DUPLICATE PAYMENTS WHICH WERE SUBSEQUENTLY RECOUPED, EDS WILL BE PROCESSING A REFUND FOR THE APPROPRIATE AMOUNT BACK TO YOU.

**Banners for 1/9/2004**

**(DENTISTS)**

DENTAL PROVIDERS ARE REMINDED THAT THE 2003/2004 FEE SCHEDULE WAS RECENTLY MAILED TO THEIR OFFICES. INCLUDED WITH THE FEE SCHEDULE WAS A LETTER TO ALL PROVIDERS REMINDING THEM OF THE HIPAA REQUIREMENT FOR THE STATE OF VERMONT TO CHANGE STATE ASSIGNED CODES TO HIPAA COMPLIANT CODES. DENTAL PROVIDERS HAVE ONE CODE THAT WAS CHANGED DUE TO HIPAA. THAT CODE IS D1352. ON 1/1/2004 YOU WILL NO LONGER BILL USING D1352. DENTAL PROVIDERS WILL BILL D1351 WITH THE MODIFIER "U9" ATTACHED TO THE CODE. "U9" INDICATES THE PLACEMENT OF A SEALANT ON DECIDUOUS SECOND MOLARS AND BICUSPIDS.

PROVIDERS ARE REMINDED TO ADD MODIFIER "HD" TO THE END OF EACH PROCEDURE CODE THAT IS BEING BILLED FOR A PATIENT THAT IS PREGNANT OR IN THE 60-DAY POST PREGNANCY PERIOD. THE MODIFIER "P" WILL NOT BE A VALID/ACCEPTED MODIFIER AS OF DATE OF SERVICE 1/1/2004.

**Banners for 1/16/2004**

**(PHYSICIAN) \*\*\*\*PLACE OF SERVICE RESTRICTION REMOVED FOR:**

OVHA IS PLEASED TO ANNOUNCE THE REMOVAL FOR PLACE OF SERVICE (POS) RESTRICTIONS FOR MRI'S, MRA'S, CAT SCANS AND PET SCANS, EFFECTIVE IMMEDIATELY. THIS CHANGE IS DUE TO THE USE OF MOBILE UNITS, WHICH ALLOW THE SERVICES TO BE PERFORMED IN AN OFFICE SETTING.

THE REMOVAL OF THE POS RESTRICTIONS DOES NOT NEGATE THE NEED FOR OBTAINING A PRIOR AUTHORIZATION, WHEN APPLICABLE.

PLEASE CONTACT THE EDS HELP DESK AT (800) 925-1706 OR (802) 878-7871 WITH QUESTIONS.

**(DENTISTS) \*\*\*\*ATTENTION DENTAL PROVIDERS\*\*\*\***

IN REGARD TO THE USE OF MODIFIERS, EFFECTIVE 1/1/04, PLEASE NOTE THE FOLLOWING:  
WHEN BILLING A PAPER CLAIM, BE SURE TO USE THE APPROPRIATE MODIFIER AT THE END OF EACH PROCEDURE CODE BILLED. EXAMPLE FOR A PREGNANT WOMAN: D0120HD.  
WHEN BILLING AN ELECTRONIC CLAIM YOU CANNOT BILL THE PROCEDURE CODE FOLLOWED IMMEDIATELY BY THE APPLICABLE MODIFIER. YOU MUST INCLUDE THE MODIFIER IN THE "MODIFIER FIELD(S). AS IN THE EXAMPLE ABOVE, FOR EACH PROCEDURE CODE BILLED, YOU MUST COMPLETE THE "MODIFIER FIELD".  
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT THE EDS PROVIDER SERVICE HELP DESK AT (800) 925-1706 OR (802) 878-7871.

**(PHYSICIANS)**

**\*\*\*\*\*BILLING FOR IMMUNIZATIONS - EFFECTIVE FEBRUARY 1, 2004\*\*\*\***

EFFECTIVE FEBRUARY 1, 2004, THE ADMINISTRATION OF IMMUNIZATIONS IS REIMBURSABLE REGARDLESS OF THE PURPOSE FOR THE OFFICE VISIT. ONE OF THE FOLLOWING CPT PROCEDURE CODES IS TO BE USED:

90471 IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, INTRAMUSCULAR AND JET INJECTIONS); ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)

90472 EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)

REIMBURSEMENT FOR THE IMMUNIZATION CODES (90476 - 90749) IS FOR THE COST OF THE PRODUCT ONLY. WHEN A VACCINE HAS BEEN PROVIDED FREE OF CHARGE TO THE PRACTICE, PROVIDERS SHOULD NOT USE MODIFIER "52", INSTEAD, REPORT THE CHARGE AS \$0.00 TO ASSURE CORRECT PAYMENT. CONTACT THE EDS PSU HELP DESK WITH QUESTIONS.

**\*\*\*\*\*IMMUNE GLOBULINS--EFFECTIVE FEBRUARY 1, 2004\*\*\*\*\***

IMMUNE GLOBULINS (90281 - 90399): REIMBURSEMENT FOR THESE CODES INCLUDES THE COST OF THE PRODUCT ITSELF. WHEN A GLOBULIN HAS BEEN PROVIDED FREE OF CHARGE TO THE PRACTICE, PROVIDERS SHOULD NO LONGER USE THE "52" MODIFIER, INSTEAD, REPORT THE CHARGE AS \$0.00 TO ASSURE CORRECT PAYMENT.

PLEASE THE EDS PSU HELP DESK AT (800) 925-1706 OR (802) 878-7871, SHOULD YOU HAVE ANY QUESTIONS.

**Banners for 1/23/2004**

**(ALL PROVIDERS)**

PLEASE BE REMINDED THAT WHEN REFERRING A VT MEDICAID BENEFICIARY TO THEIR CUSTOMER SERVICE REPRESENTATIVE, THE BENEFICIARY MUST CALL MAXIMUS AT (800) 250-8427.

PROVIDERS MAY CONTACT EDS FOR ASSISTANCE BY CALLING (800) 925-1706 OR (802) 878-7871.

WHEN CHECKING ELIGIBILITY FOR VHAP BENEFICIARIES, YOU WILL STILL RECEIVE THE MESSAGE "POSSIBLE COPAY". THIS MESSAGE IS IN PLACE BECAUSE VHAP PC+ AND VHAP LIMITED STILL HAVE A \$25.00 EMERGENCY ROOM COPAY FOR WHICH THEY ARE LIABLE.

PLEASE CONTINUE TO USE THE VOICE RESPONSE SYSTEM (MALCOLM), THE SWIPE BOX (POS) OR THE WEB BASED ELIGIBILITY FUNCTION TO VERIFY A BENEFICIARY'S COVERAGE. THESE OPTIONS SHOULD BE UTILIZED BY ALL PROVIDERS. IF QUESTIONS ARISE, YOU MAY CONTACT THE EDS PROVIDER SERVICES HELP DESK AT (800) 925-1706 OR (802) 878-7871 FOR ASSISTANCE.

**(PHYSICIANS)**

\*\*\*\*\*CHANGE FOR BILLING FOR VENIPUNCTURE SERVICES\*\*\*\*\*

VENIPUNCTURE CPT CODE 36416, THE CODE FOR FINGER STICK, WAS EFFECTIVE JANUARY 1, 2003. DUE TO PRICING ACTIONS THAT NEEDED TO BE TAKEN BEFORE ACTIVATION, WE HAVE ACTIVATED THIS CODE EFFECTIVE 11/01/03 WITH PAYMENT SET AT \$4.00. EFFECTIVE 01/15/04 PAYMENT FOR 36415 WILL BE INCREASED TO \$8.00.

**(LICENSED MIDWIVES)**

LICENSED MIDWIVES MAY RECEIVE REIMBURSEMENT FOR RHOGAM INJECTIONS. BILLING THE FOLLOWING CODE: J2790, MAXIMUM OF ONE UNIT.

**Banners for 1/30/2004**

**(All PROVIDERS)**

**\*\*\*ELECTRONIC ADJUSTMENT FUNCTION IS READY!\*\*\***

EDS IS PLEASED TO ANNOUNCE THAT WE NOW HAVE THE ABILITY TO ACCEPT ADJUSTMENT REQUESTS ELECTRONICALLY. THE ELECTRONIC ADJUSTMENTS MUST BE SUBMITTED VIA THE NEW 837 CLAIM TRANSACTION SETS, VIA OUR WEB PORTAL OR THE PROVIDER ELECTRONIC SOFTWARE (PES). WE ACCEPT CODES 7 (REPLACEMENT CLAIM) AND 8 (VOID CLAIM), FOR ELECTRONIC ADJUSTMENT PROCESSING. TO SUBMIT AN ELECTRONIC ADJUSTMENT, YOUR ADJUSTMENT CLAIM MUST MATCH EXACTLY THE FOLLOWING 3 ELEMENTS FROM THE CLAIM YOU WISH TO ADJUST: PROVIDER ID, BENEFICIARY ID (MID) AND ORIGINAL PAID CLAIM'S ICN (15 DIGIT NUMBER). YOU MAY ONLY ADJUST CLAIMS IN A PAID STATUS. ADJUSTMENTS FOR DENIED OR SUSPENDED CLAIMS WILL NOT BE ACCEPTED. REPLACEMENT ADJUSTMENTS WILL DENY THE NEW VERSION OF THIS CLAIM WITH EOB 220 (ELECTRONIC ADJUSTMENT ACCEPTED, SEE NEW ICN), CREATING A RECOUP TO THE ORIGINAL CLAIM. A NEW CLAIM, WITH A NEW ICN IS CREATED WITH THE REPLACEMENT DATA. NEW VERSIONS FOR VOID ADJUSTMENTS WILL BE DENIED W/ EOB 636 (ELECTRONIC VOID ADJUSTMENT ACCEPTED). THE ORIGINAL CLAIM WILL BE RECOUPED, BUT NO NEW CLAIM IS CREATED.

**(DENTISTS)**

RECIPIENTS ELIGIBLE FOR DRUG COVERAGE UNDER VSCRIPT EXPANDED ARE ONLY ELIGIBLE FOR MAINTENANCE DRUGS. IN ADDITION, SINCE VSCRIPT EXPANDED IS TOTALLY FUNDED BY STATE MONIES, THESE DRUGS ARE ONLY COVERED IF THE MANUFACTURER HAS SIGNED A SUPPLEMENTAL REBATE AGREEMENT WITH THE STATE. NOT ALL MANUFACTURERS HAVE AN AGREEMENT, PARTICULARLY GENERIC MANUFACTURERS. PHARMACIES CAN TELL RECIPIENTS IF A DRUG IS COVERED. PRESCRIBERS MAY BE ASKED BY PHARMACIES OR RECIPIENTS IF AN ALTERNATIVE DRUG MIGHT MEET A RECIPIENT'S NEEDS.

## **FEBRUARY**

**Banners for 2/06/2004**

**(ALL PROVIDERS)**

**\*\*\*\*\*HEALTH CARE PROGRAM PREMIUM IMPLEMENTATION\*\*\*\*\***

DURING THE MONTH OF FEBRUARY ONLY, PATH WILL OFFER SPECIAL SERVICES TO QUICKLY REINSTATE PERSONS WHO LOST COVERAGE AS OF 2/1/04 SOLELY BECAUSE THEY FAILED TO PAY A REQUIRED PREMIUM. THIS IS TO HELP PEOPLE TRANSITION TO THE NEW PREMIUM SYSTEM WITHOUT JEOPARDIZING THEIR HEALTH.

DURING FEBRUARY, INDIVIDUALS SHOULD CALL THE MEMBER SERVICES NUMBER AT 1-800- 250-8427 TO BE DIRECTED TO PATH STAFF THAT CAN REINSTATE COVERAGE. THIS NUMBER IS OPERATIONAL DURING THE HOURS OF 8:00 A.M. TO 4:30 PM, MONDAY THROUGH FRIDAY. IF YOU BELIEVE THAT A PATIENT MAY HAVE AN EMERGENCY NEED ON WEEKENDS, PEOPLE MAY CALL DURING THOSE HOURS AND BE REFERRED TO ANOTHER NUMBER FOR ASSISTANCE. NOTE AGAIN THAT THIS SERVICE IS AVAILABLE DURING FEBRUARY ONLY.

**\*\*\*\*\* CHECKING ELIGIBILITY\*\*\*\*\***

WHEN UTILIZING THE NEW WEB BASED FUNCTIONALITY FOR CHECKING ELIGIBILITY, THE SYSTEM ALLOWS YOU TO INPUT A DATE SPAN FOR AN ENTIRE MONTH. PLEASE KEEP IN MIND THAT THE RULES HAVE NOT CHANGED WITH REGARD TO CHECKING ELIGIBILITY, REGARDLESS OF THE METHOD YOU USE.

PROVIDERS MAY VERIFY ELIGIBILITY FOR THE CURRENT DATE, UP TO ONE YEAR IN THE PAST, AND RELY ON THE ACCURACY OF THE RESPONSE FOR UP TO NINE DAYS BEYOND THE CURRENT DATE. (SEE YOUR PROVIDER MANUAL, SECTION 3).

PROVIDERS SHOULD RETAIN THE AUTHORIZATION NUMBER ISSUED BY THE SYSTEM TO ASSURE THAT THE INFORMATION RECEIVED CAN BE VERIFIED BY THE SYSTEM. THE AUTHORIZATION NUMBER IS NOT A GUARANTEE OF PAYMENT. THE BENEFICIARY MUST BE ELIGIBLE ON THE DATE OF SERVICE, AND THE SERVICES PROVIDED MUST BE MEDICALLY NECESSARY AND COVERED UNDER THE BENEFICIARY'S PLAN.

\*\*\*\*\* ELECTRONIC BILLING OF OTHER INSURANCE \*\*\*\*\*

EDS IS PLEASE TO ANNOUNCE THE ABILITY FOR PROVIDERS TO BILL VT MEDICAID WHEN VT MEDICAID IS NOT THE PRIMARY PAYOR.

IN ORDER TO BILL THESE CLAIMS ELECTRONICALLY, YOU MUST BE BILLING ON HIPAA COMPLIANT SOFTWARE AND THE PRIMARY PAYOR(S) MUST HAVE PAID A PORTION OF THE CLAIM.

EDS CANNOT ACCEPT ELECTRONIC CLAIMS WITH OTHER INSURANCE WHERE THE PRIMARY(S) DENIED THE SERVICE(S). THESE CLAIMS MUST BE DROPPED TO PAPER AND ALL APPLICABLE EOB'S MUST BE ATTACHED FOR PROCESSING.

EDS CANNOT ACCEPT ELECTRONIC CLAIMS WITH OTHER INSURANCE WHERE THE PRIMARY(S) DENIED THE SERVICE(S). THESE CLAIMS MUST BE DROPPED TO PAPER AND ALL APPLICABLE EOB'S MUST BE ATTACHED FOR PROCESSING.

PLEASE CONTACT THE PSU HELP DESK AT (800) 925-1706 OR (802) 878-7871, SHOULD YOU HAVE ANY QUESTIONS.

**Banner for 2/13/2004**

**(ALL PROVIDERS)**

THE PHONES FOR THE HELP DESK WILL BE SHUT DOWN ON FRIDAY, FEBRUARY 13, 2004 FROM 11:55 TO 1:05, DUE TO A PROVIDER SERVICES MEETING.

PLEASE USE THE VRS (MALCOLM), YOUR POS (SWIPE BOX) OR THE WEB BASED FUNCTIONS TO CHECK ELIGIBILITY OR CLAIMS STATUS.

PLEASE NOTE THAT THE INFORMATION YOU RECEIVE VIA THESE AVENUES IS THE SAME INFORMATION THAT THE PROVIDER SERVICES HELP DESK IS ABLE TO VIEW.

**Banner for 2/27/2004**

**(ALL PROVIDERS)**

IT HAS COME TO OUR ATTENTION SOME CLAIMS SUBMITTED WITH THE MODIFIER 26, PROFESSIONAL COMPONENT, WERE INCORRECTLY REIMBURSED AT THE TECHNICAL COMPONENT RATE.

EFFECTED CLAIMS WERE PAID BETWEEN 12/24/03 AND 02/13/04. EDS HAS IDENTIFIED ALL CLAIMS AFFECTED AND IS IN THE PROCESS OF COMPLETING THE ADJUSTMENTS.

AS A RESULT, YOU MAY SEE EDS INITIATED ADJUSTMENTS ON YOUR REMITTANCE ADVICE IN THE COMING WEEKS. EDS EXPECTS TO HAVE THE ADJUSTMENTS COMPLETED BY MARCH 19, 2004.

WE APOLOGIZE FOR THIS ERROR AND WILL PROCESS THESE ADJUSTMENTS AS A PRIORITY.

\*PLEASE NOTE THE FOLLOWING CHANGES AND THE EFFECTIVE DATES OF THE CHANGES\*

EFFECTIVE 01/01/04:

THE "AN" MODIFIER FOR PHYSICIAN ASSISTANT CHARGES HAS BEEN CHANGED TO "AM".  
Y9000RR FOR BREAST PUMP RENTAL HAS BEEN REPLACED BY E0603RR, WHICH INCLUDES  
SUPPLIES.

EFFECTIVE 02/01/04:

W1001 REPLACEMENT OR REPAIR OF GLASSES IS NO LONGER USED. PLEASE ADD THE  
MODIFIER RP TO THE APPROPRIATE HCPCS/CPT VISION PROCEDURE CODE.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE HELP DESK AT (800) 925-1706  
OR (802) 878-7871.

IF YOU ARE BILLING HIPAA COMPLIANT 837 TRANSACTIONS, THE SYSTEM WILL ACCEPT  
ZERO DOLLARS, SHOULD THERE BE A NEED FOR YOU TO BILL IN THIS MANNER.

PLEASE CONTACT THE PSU HELP DESK WITH ANY QUESTIONS OR CONCERNS.

\*\*\*\*\*CHANGE TO EPSDT MODIFIERS EFFECTIVE 02/01/04\*\*\*\*\*

EFFECTIVE 02/01/04 PROVIDERS ARE NO LONGER REQUIRED TO USE THE 4 LETTER  
MODIFIERS (EXAMPLE: NMNO)

PROVIDERS MUST USE THE MODIFIER "EP" FOR ALL EPSDT RELATED SERVICES.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PSU HELP DESK AT (800) 925-  
1706 OR (802) 878-7871.

\*\*\*\*\*CHANGE TO EPSDT MODIFIERS EFFECTIVE 02/01/04\*\*\*\*\*

EFFECTIVE 2/01/04 PROVIDERS ARE NO LONGER REQUIRED TO USE THE 4 LETTER  
MODIFIERS (EXAMPLE: NMNO).

PROVIDERS MUST USE THE MODIFIER "EP" FOR EPSDT RELATED CPT CODES. PLEASE  
REFER TO YOUR CMS-1500 SUPPLEMENT FOR THE APPLICABLE CODES.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PSU HELP DESK AT (800) 925-  
1706 OR (802) 878-7871.

**(DENTISTS)**

DENTAL PROVIDERS MUST BE HIPAA COMPLIANT BY 05/01/04 FOR ELECTRONIC 837 TRANSACTIONS.

IT HAS COME TO OUR ATTENTION RECENTLY, THAT THE SYSTEM IS SPORADICALLY DROPPING TOOTH NUMBERS, WHICH WILL CAUSE THE CLAIM TO DENY. IF YOU ARE BILLING ELECTRONICALLY, PLEASE REBILL ONLY THE CHARGE(S) THAT DENIED FOR THE MISSING TOOTH NUMBER.

IF YOU ARE BILLING ON PAPER, YOU MAY CONTACT THE PSU HELP DESK FOR ASSISTANCE. WE APOLOGIZE FOR THIS INCONVENIENCE AND ARE WORKING TO IDENTIFY THE REASON FOR THIS SYSTEM ERROR.

**MARCH**

**Banners for 3/26/2004**

**(PHARMACY)**

\*\*\*\*\*DURABLE MEDICAL EQUIPMENT CODE CHANGES\*\*\*\*\*

THE FOLLOWING CODES HAVE BEEN CHANGED EFFECTIVE FOR DATES OF SERVICE 02/01/2004 AND AFTER.

OLD CODE	NEW CODE	OLD CODE	NEW CODE
E0425RR	E0424	Y0123	J7051
E0430RR	E0431	Y1001	S8999
E0435RR	E0434	W1568	E1399
E0440RR	E0439	W1143RR	E0186RR
B0777	E9002 (1 UNIT = 1 MONTH)		

EFFECTIVE FOR DATES OF SERVICE 03/01/2004 AND AFTER PROCEDURE CODE W9997 IS REPLACED BY E2402.

**APRIL**

**Banner for 4/2/2004**

**(GENERAL HOSPITAL)**

\*\*\*\* ATTENTION HCFA-1500 BILLERS \*\*\*\*\*

WE HAVE IDENTIFIED AN ISSUE WITH PROFESSIONAL CROSSOVERS WHERE ZERO DOLLARS WERE PAID, PUTTING THE CLAIM INTO A PAID STATUS.

EDS HAS CORRECTED THE PROBLEM AND WILL BE TAKING IMMEDIATE STEPS TO ADJUST ALL AFFECTED CLAIMS.

WE APOLOGIZE FOR THE INCONVENIENCE AND FOR ANY CONFUSION WE MAY HAVE CAUSED.

PLEASE CONTACT THE PSU HELP DESK AT 800-925-1706 OR 802-878-7871, SHOULD YOU HAVE ANY QUESTIONS.

**Banners for 4/9/2004**

**(PHARMACY, DME SUPPLIERS)**

\*\*ATTENTION DME PROVIDERS - CORRECTION TO BANNER PAGE 032604\*\*

PROCEDURE CODE B0777 HAS BEEN REPLACED B9002 EFFECTIVE DATES OF SERVICE 02/01/04 AND AFTER.

WE APOLOGIZE FOR ANY CONFUSION WE MAY HAVE CAUSED.

CONTACT THE PSU HELP DESK AT 800-925-1706 OR 802-878-7871 WITH ANY QUESTIONS.

**(PHYSICIAN, RURAL HEALTH CLINIC, FQHC)**

\*\*\*\*PERIODIC E&M HEALTHY EXAM CODES\*\*\*\*

EFFECTIVE 01/01/2004 THE FOLLOWING PROCEDURE CODES HAVE BEEN ADDED:

99396 FOR AGES 40 TO 64 - PERIODIC E & M HEALTHY ADULT

99397 FOR AGES 65 AND UP - PERIODIC E & M HEALTHY ADULT

99395 HAS BEEN UPDATED TO ACCEPT AGES 18 TO 39 - PERIODIC E & M HEALTHY ADULT (AGES 18 TO 20 USE EP MODIFIER)

PLEASE CHECK YOUR CROSS WALK MODIFIER LIST AND BILL WITH THE APPLICABLE MODIFIER(S). IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PROVIDER SERVICES HELP DESK AT 800-925-1706 OR 802-878-7871.

\*\*\*\*\*PRIOR AUTHORIZATION REMOVAL\*\*\*\*\*

THE FOLLOWING PROCEDURE CODES NO LONGER REQUIRE PRIOR AUTHORIZATION:

30130	72141	72149
30140	72142	72156
30420	72146	72157
30520	72147	72158
69930	72148	

**(PHARMACY, DME SUPPLIERS)**

\*\*\*\*\*DURABLE MEDICAL EQUIPMENT PRIOR AUTHORIZATION\*\*\*\*\*

THE PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION ARE LISTED BELOW:

B9999	E1399, E1399RR, E1399TG
E0162	K0014
E0260, E0260RR, E0260UE	K0108
E0266, E0266RR, E0266UE	K0544
E0277, E0277RR	L1500
E0445, E0445RR	L1510
E0482	L2999, L2999 RTLT
E0483	L3999
E0625	L5999
E0692, E0692RR, E0692UE	L7499
E0693, E0693RR, E0693UE	E1065

E0747 FOR DESCRIPTIONS GO TO [WWW.VTMEDICAID.COM](http://WWW.VTMEDICAID.COM).

MOST DME CODES NO LONGER REQUIRE PRIOR AUTHORIZATION.

**\*\*\*NEW DURABLE MEDICAL EQUIPMENT CODES\*\*\***

THE FOLLOWING CODES HAVE BEEN ADDED EFFECTIVE FOR DATES OF SERVICE 02/01/2004 AND AFTER.

K0114, K0114RR - BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR WITH INNER FRAME PREFABRICATED.

K0115, K0115RR - SEATING SYSTEM BACK MODULE, POSTERIOR-LATERAL CONTROL, WITH OR WITHOUT LATERAL SUPPORTS, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR K0116, K0116RR - SEATING SYSTEM, COMBINED BACK & SEAT MODULE, CUSTOM FABRICATED FOR ATTACHMENT TO WHEELCHAIR BASE K0195RR - ELEVATING LEG REST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

**(PHYSICIAN, RURAL HEALTH CLINIC, FQHC)**

**\*EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT MODIFIER\***

REMINDER: THE ONLY VALID MODIFIER FOR DATES OF SERVICE 02/01/2004 AND AFTER IS EP.

**Banners for 4/16/2004**

**(ALL PROVIDERS)**

**\*\*CONTRACTUAL ALLOWANCE (CA) - UNIFORM BILLING PRACTICES\*\***

PLEASE NOTE THAT THE INFORMATION CONTAINED IN THE ADVISORY, NOVEMBER 2003 ISSUE, WITH REGARD TO CONTRACTUAL ALLOWANCE REPORTING IS INCONSISTANT WITH GENERAL BILLING PRACTICES. THEREFORE, ANYONE WHO IS NOT REPORTING THE CONTRACTUAL ALLOWANCE ON THEIR CLAIMS, MUST BEGIN REPORTING THIS INFORMATION IMMEDIATELY.

TO REPORT CONTRACTUAL ALLOWANCE AMOUNTS, NOTE THE CA AND ANY AMOUNTS PAID BY THE PRIMARY CARRIER(S) IN THE OTHER INSURANCE FIELD OF YOUR CLAIM FORM, JUST AS YOU DO WITH ANY INSURANCE CARRIER.

WE UNDERSTAND THAT SOME ELECTRONIC SYSTEMS MAY NEED REVISIONS TO ACCOMMODATE THIS CHANGE. PROVIDERS ARE EXPECTED TO BE COMPLIANT NO LATER THAN 6/1/04.

**\*\*\*CONTRACTUAL ALLOWANCE (CA) - UNIFORM BILLING PRACTICES\*\*\***

PLEASE NOTE, WE UNDERSTAND THE NOVEMBER 2003 ADVISORY CONTAINED INFORMATION WHICH IS INCONSISTENT WITH THE BILLING PRACTICES OF OTHER CARRIERS. IN CONFORMING WITH HIPAA REGULATIONS, OVHA AND EDS WOULD LIKE TO AVOID MAKING EXCEPTIONS TO STANDARD BILLING PRACTICES.

THEREFORE, EFFECTIVE IMMEDIATELY, PROVIDERS ARE TO USE STANDARD BILLING PRACTICES FOR REPORTING CONTRACTUAL ALLOWANCE AND REPORT THE CA AND ANY AMOUNTS PAID BY THE PRIMARY CARRIER(S) IN THE OTHER INSURANCE FIELD OF THE CLAIM FORM.

WE ALSO UNDERSTAND THAT SOME PROVIDERS' ELECTRONIC SYSTEMS MAY NEED REVISIONS TO ACCOMMODATE THIS CHANGE. ALL PROVIDERS ARE EXPECTED TO BE COMPLIANT NO LATER THAN JUNE 1, 2004.

**(GENERAL HOSPITAL)**

**\*\*\*DIAGNOSIS POINTERS ON THE HCFA-1500 (CMS-1500) CLAIM FORM MUST BE USED!\*\*\***

YOUR CLAIMS WILL BE DENIED IF YOU INCORRECTLY COMPLETE YOUR CLAIM FORM EXAMPLES GIVEN BELOW WOULD CAUSE YOUR CLAIM TO DENY:

- 1) THE DIAGNOSIS CODE APPEARS IN BOX 24E WHERE THE DX POINTER BELONGS.
- 2) THE DX IS NOTED IN BOX 21, BUT THE POINTER IS MISSING IN BOX 24E.
- 3) THERE ARE MULTIPLE DIAGNOSES FOR THE SAME DETAIL AND ONE DX IS INVALID (I.E. NOT VALID CODE PER ICD9) .

ALL DIAGNOSES ARE TAKEN INTO CONSIDERATION, SO PROVIDERS MUST USE CAUTION WHEN COMPLETING THE CLAIM FORM. USE VALID DX CODES AND MAKE SURE THAT ONLY THE DIAGNOSES THAT APPLY TO EACH LINE BILLED ARE NOTED AS THE POINTERS IN BOX 24E. FOR MORE INFORMATION PLEASE SEE THE SEPTEMBER 2003 ADVISORY.

**(LICENSED THERAPISTS, MSTR-LICENSED PSYCH & CO, PSYCHOLOGISTS-DOCTORATE, PHYSICIAN)**

**\*CHANGE TO PRIOR AUTHORIZATION FOR MH VISITS BEYOND 16 ANNUALLY \*\*\***

EFFECTIVE APRIL 6, 2004 THE REQUIREMENT TO OBTAIN PA FROM DELMARVA TO EXTEND PSYCHOTHERAPY VISITS BEYOND THE 16 VISIT LIMIT ANNUALLY HAS BEEN LIFTED. THE EDS CLAIMS SYSTEM HAS BEEN UPDATED AND ALL CLAIMS SUSPENDING FOR THAT EDIT WILL BE RELEASED IMMEDIATELY FOR PROCESSING.

**Banners for 4/23/2004**

**(ALL PROVIDERS)**

**\*\*\*\*DUPLICATE CLAIM PAYMENTS\*\*\*\***

WE HAVE SEEN A SIGNIFICANT INCREASE IN THE VOLUME OF DUPLICATE CLAIM SUBMISSIONS, WHICH HAVE RESULTED IN DUPLICATE PAYMENTS TO PROVIDERS. AFTER EXTENSIVE RESEARCH, WE HAVE FOUND THAT THE ROOT OF THE CAUSE IS RELATED TO THE AMOUNT OF TRAFFIC ON THE TRANSLATOR WEB SITE. THERE ARE TIMES WHEN THE TRANSLATOR IS BUSY, WHICH WILL CAUSE A DELAY IN THE RETURN RESPONSE TO THE PES SOFTWARE. IN SOME CASES THE CONNECTION TO THE WEB SITE MAY TIME OUT AT THE DESKTOP, EVEN THOUGH THE FILE IS ACTUALLY RECEIVED BY THE WEB SERVER. IN THIS CASE YOU WILL NOT RECEIVE A "SUBMISSION SUCCESSFUL" IN THE COMMUNICATION LOG AND CLAIMS WILL NOT APPEAR AS FINALIZED IN THE SOFTWARE. SINCE THE CLAIMS ARE IN A READY STATUS, THE PROVIDER RESUBMITS THE FILE, BELIEVING THE FILE NEVER TRANSMITTED. TO PREVENT THIS SITUATION FROM OCCURRING, PLEASE RETRIEVE YOUR FUNCTIONAL ACKNOWLEDGEMENT (997) AND CLAIM ACCEPT/REJECT BEFORE RESUBMITTING ANY CLAIM FILES.

ALTHOUGH IT TYPICALLY TAKES LESS THAN 5 MIN., THESE REPORTS CAN TAKE UP TO 24 HOURS, DEPENDING ON THE VOLUME OF FILES BEING PROCESSED IF THE PROVIDER DOES NOT RECEIVE A FUNCTIONAL ACKNOWLEDGEMENT WITHIN 24 HOURS THEY SHOULD CONTACT THE EDI COORDINATOR(S) AT EDS FOR ASSISTANCE. TO FURTHER COMPLICATE THIS ISSUE, EDS WAS AT THE SAME TIME HAVING AN ISSUE WITH THE DUPLICATE CLAIM LOGIC. IT WAS NOT FUNCTIONING CONSISTENTLY FROM CLAIMS IDENTIFIED, THAT WERE NOT BEING APPROPRIATELY DENIED FOR DUPE. EDS WILL BE PERFORMING THE ADJUSTMENTS. WE HAVE AN EXPECTED COMPLETION DATE OF 4/30/04. PLEASE DO NOT SEND ADJUSTMENT/RECOUPMENT REQUESTS OR REFUNDS. WE WILL SOON THE PERIOD OF 12/23/03 THROUGH 3/23/04. THE ISSUES HAVE BEEN RESOLVED AND ALL HAVE THESE DUPLICATE PAYMENTS CORRECTED.

PLEASE CONTACT THE PSU HELP DESK, SHOULD YOU HAVE ADDITIONAL QUESTIONS.

\*\*\*\*DME UPDATES & HEARING CLARIFICATIONS\*\*\*\*

1. OXIMETER RENTALS (E0445RR) DO NOT REQUIRE PRIOR AUTHORIZATION. PLEASE MAKE CORRECTION TO BANNER MESSAGE OF 04/09/2004.
2. ORTHOTICS, INCLUDING SHOE LIFT CODES L3260, L3300, L3310, L3320, L3330, L3332, & L3334, NO LONGER NEED PRIOR AUTHORIZATION. PROVIDERS ARE REMINDED TO ACCESS THE OVHA WEBSITE FOR "CONDITIONS FOR COVERAGE" AND TO MAINTAIN THE DOCUMENTATION OF MEDICAL NECESSITY IN THE PATIENT RECORD (AS WITH ALL DME).
3. NEW HCPCS CODES E0301(RR) - E0304(RR), HEAVY DUTY HOSPITAL BEDS, DO REQUIRE PRIOR AUTHORIZATION, FOR BOTH RENTALS AND PURCHASES.
4. NEW HCPCS CODES E0265 AND E0265RR, PURCHASE AND RENTAL OF A TOTALLY ELECTRIC HOSPITAL BED, REQUIRE PRIOR AUTHORIZATION AS DO ALL ELECTRIC HOSPITAL BEDS.
5. ALL HEARING AID CODES ARE ONLY A UNIT OF "1". BINAURAL MEANS BOTH EARS, SO MODIFIERS RT, LT & RTLT ARE NOT NEEDED. MONAURAL CODES REQUIRE RT OR LT, AND DO NOT ALLOW RTLT.

**Banners for 4/30/2004**

**(GENERAL HOSPITAL, INDE. RADIOLOGY)**

\*\*\*\* PRIOR AUTHORIZATION REMOVAL\*\*\*\*

THE FOLLOWING PROCEDURE CODES NO LONGER REQUIRE PRIOR AUTHORIZATION:

30130	72141	72149
30140	72142	72156
30420	72146	72157
30520	72147	72158
69930	72148	

**MAY**

**Banners for 5/14/2004**

**(ALL PROVIDERS)**

**\*\*\* ATTENTION UB92 BILLERS --- PT/OT/ST THERAPY \*\*\*\*\***

IN DECEMBER 2003, EDS POSTED LISTINGS OF THE CODES THAT REQUIRED CROSS-WALKING TO A HIPAA COMPLIANT CODE. PROVIDERS WERE NOTIFIED OF THE NEW CODES THROUGH MAILINGS AS WELL AS THE ADVISORY NEWSLETTER AND BANNER PAGE ANNOUNCEMENTS.

THIS LIST INCLUDED THE CROSSWALK OF Y570 TO 9389, EFFECTIVE FOR DATES OF SERVICE FEBRUARY 1, 2004 AND FORWARD. WHEN BILLING FOR DATES OF SERVICE PRIOR TO FEBRUARY 1, 2004, PLEASE USE THE OLD CODE.

IF YOU HAVE CLAIMS THAT DENIED DUE TO THE USE OF AN INCORRECT CODE, PLEASE CORRECT YOUR CLAIMS AND RESUBMIT. REMEMBER, YOU CAN SUBMIT ELECTRONICALLY AS LONG AS YOU ARE STILL WITHIN THE TIMELY FILING LIMITS.

**\*\*CLARIFICATION ON INPATIENT SERVICES FOR VHAP LIMITED BENEFICIARIES\*\***

INPATIENT SERVICES FOR VHAP LIMITED ARE FOR URGENT AND EMERGENT COVERAGE. OVHA WILL NOT GRANT A PRIOR AUTHORIZATION FOR ELECTIVE HOSPITAL STAYS. THERE ARE NO EXCEPTIONS TO THIS RULE.

PLEASE REFER THE BENEFICIARY TO THEIR LOCAL PATH OFFICE TO BEGIN THE PROCESS OF APPLYING FOR THE "108 PROCESS", WHICH IS A FAIR HEARING. BENEFICIARIES WILL HAVE TO PROVE IN COURT THE MEDICAL NEED AND NECESSITY OF THE HOSPITAL STAY IN ORDER FOR THE SERVICES TO BE CONSIDERED REIMBURSABLE.

THE LOCAL PATH OFFICE ALSO DETERMINES IF A BENEFICIARY IS ELIGIBLE FOR ENROLLMENT IN THE GENERAL ASSISTANCE PROGRAM.

**\*\*HIPPA COMPLIANT PROVIDER ELECTRONIC SOLUTIONS SOFTWARE\*\***

EDS OFFERS FREE HIPAA COMPLIANT SOFTWARE, PROVIDER ELECTRONIC SOLUTIONS (PES), FOR PROVIDERS TO SUBMIT CLAIMS ELECTRONICALLY. TO BE HIPAA COMPLIANT, THE CORRECT VERSION NUMBER MUST BE 2.12 OR HIGHER. THERE ARE TWO WAYS TO CHECK THE VERSION YOU HAVE INSTALLED. THE VERSION APPEARS BRIEFLY WHEN OPENING THE SOFTWARE OR YOU MAY CLICK ON HELP AND THEN CLICK ABOUT TO DISPLAY THE VERSION NUMBER.

IF YOU FIND THE VERSION YOU HAVE INSTALLED IS NOT 2.12 OR HIGHER, YOU WILL NEED TO DOWNLOAD THE CURRENT VERSION FROM OUR WEBSITE [WWW.VTMEDICAID.COM](http://WWW.VTMEDICAID.COM). YOU MUST SUBMIT TEST CLAIMS WITH THE NEW VERSION BEFORE BEING APPROVED TO SUBMIT CLAIMS TO PRODUCTION.

THE PREVIOUS VERSION OF PES (1.0) WILL NOT ALLOW CLAIM SUBMISSION AFTER JUNE 30, 2004.

**(PHARMACY, DME SUPPLIERS, PROSTHETICS/ORTHOTICS)**

\*\*\*\* ATTENTION DME PROVIDERS \*\*\*\*

OVHA HAS IMPLEMENTED A NEW SYSTEM TO ASSIST YOU IN HAVING NEW CODES ADDED IN A TIMELY MANNER. ONCE YOU KNOW A HCPCS PROCEDURE CODE IS NOT YET ON FILE AND BELIEVE OVHA COVERS THE ITEM, PLEASE SEND AN EMAIL TO HIPAACONTACT@PATH.STATE.VT.US REQUESTING IT BE ADDED TO THE SYSTEM.

VALID CODES WILL BE IMPLEMENTED ONCE COVERAGE AND REIMBURSEMENT HAVE BEEN DETERMINED. PLEASE ALLOW TWO WEEK PROCESSING TIME PRIOR TO BILLING FOR THESE SERVICES.

**(MENTAL HEALTH PROVIDERS)**

MENTAL HEALTH SERVICES ARE REIMBURSED BASED ON THE ATTENDING PROVIDER. IN ORDER TO BILL IN A COMPLIANT MANNER, YOU MUST USE THE APPROPRIATE MODIFIER WITH THE CPT CODE, BASED ON THE PROVIDER WHO RENDERED THE SERVICES.

IF YOU ARE BILLING FOR AN ATTENDING PROVIDER WHO IS A PSYCHOLOGIST, LCSW, LCMHC, LMFT, YOU MUST BILL THE APPROPRIATE CPT CODE WITH ONE OF THE FOLLOWING MODIFIERS:

AJ = FOR MA, COUNSELORS, LCMHC, LSW, LMFT

AH = FOR DOCTORATE LEVEL PSYCHOLOGISTS

RETROSPECTIVE REVIEW OF YOUR ADJUDICATED CLAIMS WILL BE DONE BY OVHA AND CLAIMS BILLED INCORRECTLY MAY CONSTITUTE FRAUD, WHICH COULD RESULT IN CIVIL OR CRIMINAL ACTIONS.

**Banners for 5/21/2004**

**(HOSPICE, HOME HEALTH AGENCY, AGED/DISABLED WAIVER, NON-RES. MEDICAL FACILITY, ADULT DAYCARE, PERSONAL CARE AIDE/ASSISTANT, CHILDREN'S MEDICAL SERVICES)**

\*\*\*\*Home Health Paper Claims\*\*\*\*

In order to better serve the provider community and reduce the number of paper claim duplicate suspensions, you will be required to enter a detail date of service in field 45 of the UB 92 claim form. Please begin to enter the detail date of service immediately. This will be mandatory as of July 1, 2004. Claims received after that date that do not have a detail date of service will be denied.

Providers currently submitting paper claims are strongly encouraged to convert to electronic submissions to improve the processing time of their claims. Please call the EDI Coordinators at 802-879-4450 or contact them via email at vteditcoordinator@eds.com for information about electronic billing.

**(AUDIOLOGISTS, PHYSICIAN, RURAL HEALTH CLINIC, NURSE PRACTITIONER, FQHC)**

**\*\*\*\*\*HEARING AIDS AND REPAIRS\*\*\*\*\***

IN THE CMS-1500 PROVIDER SUPPLEMENT (PHYSICIAN PROVIDER MANUAL) UNDER "AUDIOLOGICAL SERVICES" AND IN THE WELFARE ASSISTANCE MANUAL (WAM M650), THERE ARE TWO DISCREPENCIES REGARDING HEARING AIDS.

THE CORRECT INFORMATION IS:

DIGITAL HEARING AIDS ARE COVERED FOR ADULTS. HEARING AID REPAIRS NO LONGER REQUIRE PRIOR AUTHORIZATION. AS WITH ALL DME REPAIRS & MODIFICATIONS, THE REPAIR COST SHOULD BE LESS THAN 50% OF THE COST OF REPLACING THE AID. REPAIRS MUST NEVER BE BILLED ON HEARING AIDS THAT ARE STILL UNDER WARRANTY (NEW OR REPAIR/REPLACEMENT).

PROVIDERS ARE REMINDED TO SEE THE WELFARE ASSISTANCE MANUAL (WAM), SECTION M650 FOR OVHA-RECOGNIZED CONDITIONS FOR COVERAGE. THE WAM AND THE PROVIDER MANUAL ARE BOTH ACCESSIBLE VIA THE OVHA WEBSITE. ONLY DIGITAL HEARING AIDS IN CODE RANGE V5255-V5261 ALLOW MODIFIER "TJ" (CHILD AND/OR ADOLESCENT). THE "TJ" MODIFIER TRIGGERS A HIGHER ALLOWED AMOUNT TO COVER MORE SOPHISTICATED PROGRAMMING CAPABILITY WHEN MEDICALLY NECESSARY. FOR MONOAUROAL CODES, TJ WILL BE THE SECOND MODIFIER BECAUSE MODIFIER RT OR LT MUST BE GIVEN FIRST (EG, V5255RTTJ).

THE OVHA DOES NOT PAY FOR "CIC" (COMPLETELY IN THE CANAL) HEARING AIDS.

**(GENERAL HOSPITAL, DENTIST, NURSING HOME-NON-MEDICARE)**

**\*\*\*\*\*DIAGNOSIS CODES ON CMS-1500\*\*\*\*\***

Effective 06/01/04 providers billing on CMS-1500 claim forms must use box 21 to indicate the diagnosis code(s).

Up to 4 diagnoses are allowed per claim.

If there are more than 4 diagnoses, the related procedures must be billed on a second claim.

Pointers 1, 2, 3 or 4 must be indicated on each detail line in box 24E.

Pointers must correspond to the diagnosis that will be considered for each detail.

Claims that contain diagnosis codes in box 24E will be denied.

The pointer that is listed first on a detail will be considered the primary diagnosis.

Adjudication will be based on the primary diagnosis for each detail.

**JUNE**

**Banners for 6/18/2004**

**(ALL PROVIDERS)**

\*\*\*\*\*DELMARVA CONTRACT WITH THE OVHA ENDING 06/14/04\*\*\*\*\*

DUE TO AGENCY RE-ORGANIZATION, THE DELMARVA PRO CONTRACT WITH THE OVHA ENDS 06/14/04. EFFECTIVE 06/09/04, ALL REQUESTS FOR PRIOR AUTHORIZATION SERVICES SHOULD BE MAILED TO:

OVHA CLINICAL SUPPORT UNIT

103 SOUTH MAIN STREET

WATERBURY, VT 05671

REQUESTS MAY ALSO BE FAXED TO 802-879-5963

INQUIRIES MAY BE ADDRESSED TO SONDRAY HAYDEN AT 879-5903

\*\*\*\*DELMARVA\*\*\*\*

DUE TO THE STATE OF VERMONT'S REORGANIZATION, DELMARVA'S CONTRACT WAS NOT RENEWED.

AS OF JUNE 9, 2004, THE OFFICE OF VERMONT HEALTH ACCESS (OVHA) WILL ASSUME ALL OF DELMARVA'S RESPONSIBILITIES INCLUDING PRIOR AUTHORIZATION REQUESTS, HOSPITAL NOTIFICATIONS AND OUT OF STATE HOSPITAL CONCURRENT REVIEWS. ALL FURTHER CORRESPONDENCE SHOULD BE FAXED TO SONDRAY AT THE OFFICE OF VERMONT HEALTH ACCESS (OVHA): FAX 802-879-5963, PHONE (802) 879-5903.

NOTE: BILLING QUESTIONS WILL CONTINUE TO BE HANDLED BY EDS AT (802) 878-7871 OR 800-925-1706.

BENEFICIARY QUESTIONS WILL CONTINUE TO BE HANDLED BY MAXIMUS AT (802) 651-1577.

\*\*\*\*\*MCKESSON CLAIMCHECK IS COMING SOON...\*\*\*\*\*

IN SEPTEMBER 2004, THE OFFICE OF VERMONT HEALTH ACCESS (OVHA) WILL INTRODUCE THE MCKESSON CLAIMCHECK SYSTEM. THIS CLAIMS EVALUATION SOFTWARE OFFERS A NATIONALLY ACCEPTED DATABASE AND A COMPREHENSIVE CLINICAL KNOWLEDGE BASE INCORPORATING AMA GUIDELINES, CMS, SPECIALTY SOCIETY GUIDELINES, INDUSTRY STANDARDS, MEDICAL POLICY, AND LITERATURE AND ACADEMIC AFFILIATIONS. FOR PROVIDERS THIS MEANS GREATER STANDARDIZATION, MINIMAL MANUAL MEDICAL REVIEW, AND FASTER, MORE CLINICALLY PRECISE AND CONSISTENT AUTOMATED ADJUDICATION OF HEALTHCARE CLAIMS.

OVHA LOOKS FORWARD TO UTILIZING THIS HIGHLY REPUTED SYSTEM.

**Banners for 6/25/2004**

**(ALL PROVIDERS)**

\*\*\* REQUESTS TO ADD NEW CODES OR CHANGE EXISTING CODES - IMPORTANT! \*\*\*

PROVIDERS WHO WANT TO ADD NEW CODES OR CHANGE EXISTING CODES WILL NEED TO SEND THE REQUEST VIA EMAIL TO HIPAACONTACT@PATH.STATE.VT.US.

ALL NEW PROCEDURE CODES WILL BE REVIEWED FOR VALIDITY BY THE OVHA. IF THE CODE IS VALID, IT WILL BE REVIEWED FOR COVERAGE, TPL, EFFECTIVE DATE OF SERVICE, PRICE AND PRICING ACTION, MEDICARE COVERAGE, MAXIMUM UNITS, AND THE NEED FOR PRIOR AUTHORIZATION.

REQUESTS FOR UPDATES TO EXISTING CODES WILL ALSO BE REVIEWED BY THE OVHA FOR THE VALIDITY OF THE PROPOSED CHANGES.

WHEN A CODE IS APPROVED TO BE ADDED OR CHANGED, OVHA WILL REQUEST EDS TO MAKE THE APPROPRIATE SYSTEM CHANGES.

**(NURSE PRACTITIONER, LICENSED NURSE, PHYSICIANS, LICENSED THERAPISTS, CHIROPRACTOR, MSTR LVL-LICENSED PSYCHOLO. & CO, PSYCHOLOGIST-DOCTORATE)**

\*\*\*\*\*NEW BILLERS GENERAL BILLING SEMINAR\*\*\*\*\*

Seminar Added: July 1, 2004-- 10:00 AM - 12:00 PM.

Medicaid in coordination with Medicare B will host a 'general billing' seminar at Southwestern Vermont Medical Center in Bennington. Register by faxing your name, phone number and provider location to Chris Haskins/Medicare B (802) 878-3440. You will not receive a confirmation. If you are a NEW BILLER, please register to attend.

**JULY**

**Banners for 7/16/2004**

**(ALL PROVIDERS)**

\*\*\*\*ClaimCheck is Coming, Watch for Colored Notifications via Mailings.\*\*\*\*

In September 2004, the OVHA will introduce the McKesson ClaimCheck system. This claims evaluation software, already used by many Providers, offers a nationally accepted database and a comprehensive clinical knowledge base incorporating AMA guidelines, CMS, specialty society guidelines, industry standards, medical policy, and literature and academic affiliations. For Providers, this means greater standardization, minimal manual medical review, and faster, more clinically precise and consistent automated adjudication of healthcare claims.

**(PHYSICIANS, PSYCHOLOGIST-DOCTORATE)**

\*\*\*\*Procedure Code 96117-Neuropsychological Testing Battery\*\*\*\*

For Providers billing procedure code 96117: the OVHA has increased the allowable number of units billable to 8 effective date of service May 1, 2004. This is consistent with Medicare policy. Dates of service prior to May 1, 2004 should continue to be billed with 5-unit restriction.

**(NURSING HOME-MEDICARE PART., NURSING HOME NON-MEDICARE)**

\*\*\*\*Nursing Home Providers, Enforcing Existing Policy\*\*\*\*

Recent system modifications required by HIPAA have enabled the automated enforcement of existing policy. Federal and State policy requires all providers billing nursing home services to seek payment from private insurance carriers including Medicare BEFORE submitting claims for potential reimbursement from the Office of Vermont Health Access. This is not new policy; Vermont Medicaid has always been the payor of last resort.

**Banner for 7/23/2004**

**(PHARMACY)**

\*\*\*\*\*First Health POS Voids and Reversals\*\*\*\*\*

The Vermont MMIS System will undergo database maintenance in August. First Health POS voids and reversals submitted between 8/6/04 through 8/19/04 will be held during this time. They will then be processed the week of 8/23/04. All held reversals will be reported on the September 3, 2004 Remittance Advice.

**Banner for 7/30/2004**

**(DENTIST, PHARMACY, DME SUPPLIERS, PROSTHETICS/ORTHOTICS)**

\*\*\*\*MEDICARE CROSSOVER PAYMENTS\*\*\*\*

Vermont Medicaid is currently unable to process files received from Medicare, resulting in delayed payment of crossover claims. Though we have been receiving crossover files from Medicare A and Medicare B, we are unable to process the files due to HIPAA compliancy errors. We initially thought this was a limited problem that would be quickly corrected, but the problem persists.

EDS is working aggressively with Medicare to resolve these issues and will process these claims as soon as Medicare corrects their files. Please do not re-submit these claims on a paper form. Doing so may cause your claim to suspend as a duplicate and further delay payment.

## **AUGUST**

**Banners of 8/13/2004**

**(ALL PROVIDERS)**

\*\*\*\*\*Temporary Freeze of Electronic Adjustments\*\*\*\*\*

EDS will be performing system enhancements from August 7, 2004 until August 22, 2004. This work requires a temporary freeze of electronic adjustments on claims paid before May 7, 2004. Any attempt to electronically adjust claims paid before that date will be rejected with a message stating to resubmit them after August 23, 2004.

We apologize for any inconvenience.

\*\*\*\*\*MEDICARE B CROSSOVER UPDATE\*\*\*\*\*

We are pleased to report that NHIC has corrected their files that have caused delayed payment of Medicare B crossover claims. Initial tests on the new files have been successful and most files received to date have been adjudicated. The remaining Medicare B files will be processed as soon as they are received. We ask that you continue to wait for crossover payment instead of re-submitting your claim on a paper form. Re-submitting on paper will cause additional work and could possibly delay your payment. We apologize again for any inconvenience caused by this delay.

**Banner for 8/27/2004**

**(ALL PROVIDERS)**

\*\*\*IMPORTANT CHANGES HAVE BEEN MADE TO THE PREFERRED DRUG LIST\*\*\*

THESE CHANGES CAN BE FOUND ON THE UPDATED PDL QUICKLIST AVAILABLE AT: [WWW.PATH.STATE.VT.US/DISTRICTS/OVHA/OVHA49.HTM](http://WWW.PATH.STATE.VT.US/DISTRICTS/OVHA/OVHA49.HTM)

A NUMBER OF NEW DRUGS ARE NOW PREFERRED AND SOME DRUGS FORMERLY PREFERRED ARE NOW NON-PREFERRED. NEWLY PREFERRED DRUGS WILL NO LONGER REQUIRE A PA AS OF 9/1/04. THE NEWLY NON-PREFERRED DRUGS WILL NOT IMMEDIATELY REQUIRE A PA.

MORE INFORMATION WILL BE OUT SHORTLY.

## **SEPTEMBER**

### **Banners for 9/10/2004**

**(ALL PROVIDERS)**

\*\*\*ELECTRONIC FUNDS TRANSFER\*\*\*

THE HOWARD BANK HAS NOTIFIED EDS THAT BANK NORTH HAS PURCHASED THE FRANKLIN LAMOILLE BANK. IF YOU NORMALLY RECEIVE DIRECT DEPOSIT TO THE FRANKLIN LAMOILLE BANK, A PAPER CHECK IS INCLUDED WITH YOUR REMITTANCE ADVICE TODAY. BANK NORTH HAS REQUESTED THAT EDS CHANGE THE ROUTING NUMBER. AFTER VERIFICATION THAT THE CORRECT BANK INFORMATION IS ON YOUR FILE YOU WILL RECIEVE DIRECT DEPOSIT.

\*\*\*AID CATEGORY VP- HEALTHY VERMONTERS PROGRAM\*\*\*

DUE TO THE SYSTEM CONVERSION PATIENTS WITH THE AID CATEGORY VP - HEALTHY VERMONTERS, HAD CLAIMS PAID IN ERROR ON THE REMITTANCE ADVICE DATED 09/03/2004. EDS WILL BE ADJUSTING THE CLAIMS PAID IN ERROR AND RECOUPING THESE CLAIMS STARTING NEXT WEEK.

WE ARE SORRY FOR THE INCONVENIENCE.

### **Banners for 9/24/2004**

**(GENERAL HOSPITAL, NURSING HOME-MEDICARE PART, HOME HEALTH AGENCY)**

\*\*\*Medicare A Crossover Payments\*\*\*

We have identified a problem with Medicare A crossover claims processed by Anthem. Due to a technical error in an automated process some coinsurance payments have been incorrectly reported in the header and the detail which is resulting in a doubled payment.

Be assured that EDS is working closely with Anthem to resolve this problem quickly.

We are unable to identify affected claims prior to adjudication. If you receive or have already received a duplicate coinsurance payment, please adjust this error, if possible, using PES.

**(PHARMACY, DME SUPPLIERS)**

\*\*\*Place of Service Code 00\*\*\*

Effective immediately, place of service code 00 is non-HIPAA compliant and is no longer valid. The valid place of service code for items from a pharmacy or DME supplier is 12 (Home).

## **OCTOBER**

### **Banners for 10/01/2004**

#### **(ALL PROVIDERS)**

\*\*\*\*IMPORTANT CHANGES HAVE BEEN MADE TO THE PREFERRED DRUG LIST\*\*\*\*

DURING SEPTEMBER 2004 ADDITIONAL PDL CHANGES WERE MADE, A NUMBER OF NEW DRUGS ARE NOW PREFERRED, AND SOME DRUGS FORMERLY PREFERRED ARE NOW NON-PREFERRED. NEWLY PREFERRED DRUGS WILL NO LONGER REQUIRE A PA AS OF 10/1/2004. THE NEWLY NON-PREFERRED DRUGS WILL NOT IMMEDIATELY REQUIRE A PA. MORE INFORMATION WILL BE OUT SHORTLY. THE UPDATED PDL QUICKLIST WILL BE AVAILABLE 10/1/2004 AT: [WWW.PATH.STATE.VT.US/DISTRICTS/OVHA/OVHA49.HTM](http://WWW.PATH.STATE.VT.US/DISTRICTS/OVHA/OVHA49.HTM)

#### **(GENERAL HOSPITAL)**

\*\*\*INPATIENT RATE INCREASES\*\*\*\*

VERMONT MEDICAID HAS AUTHORIZED INPATIENT RATE INCREASES EFFECTIVE JULY 1, 2004.

THE HOSPITALS HAVE BEEN NOTIFIED OF THIS RATE INCREASE BY THE OVHA. EDS HAS UPDATED YOUR PROVIDER FILE WITH THE NEW RATE AND WILL ADJUST ALL CLAIMS PAID AT THE OLD RATE FOR THE DATES OF SERVICE AFTER JULY 1, 2004. THESE ADJUSTMENTS WILL APPEAR ON YOUR REMITTANCE ADVICE.

### **Banner for 10/8/2004**

#### **(ALL PROVIDERS)**

\*\*\*\*2005 ICD-9 CODES\*\*\*\*

THE NEW 2005 ICD-9 CODES EFFECTIVE 10/1/2004 ARE LOADED IN THE EDS SYSTEM.

### **Banners for 10/15/2004**

#### **(ALL PROVIDERS)**

\*\*\*\*ADVISORY IN YOUR EMAIL\*\*\*\*

The bi-monthly Vermont Health Access Advisory can now be sent directly to providers through email.

We encourage all providers to take advantage of this offer. It will help us reduce paper use, avoid the delays of traditional printing, production, and mail service while increasing timeliness of distribution and accuracy of our subscription list.

If you would like to receive the Advisory via email instead of a paper copy please send your e-address to: [vtadvisorycommunications@eds.com](mailto:vtadvisorycommunications@eds.com).

**(PHARMACY)**

**\*\*\*ATTENTION PHARMACISTS\*\*\***

EDS IS CURRENTLY EXPERIENCING DIFFICULTIES IN PROCESSING CLAIMS BILLED TO MEDICARE WITH NDCS. EDS IS WORKING WITH HEALTHNOW TO RESOLVE THE PROBLEMS. UNTIL FURTHER NOTICE, PLEASE SUBMIT YOUR PHARMACY CROSSOVER CLAIMS WITH THE EOMB ATTACHED TO THE ATTENTION OF JEAN GADUE, PO BOX 888, WILLISTON, VT.

**Banners for 10/29/2004**

**(ALL PROVIDERS)**

**\*\*\*\*Temporary Suspension of Eligibility Verification Services\*\*\*\***

EDS will conduct system maintenance on Sunday, October 31, 2004 from 6:00 pm to midnight.

Eligibility verification services will not be available during this time.

**\*\*\*ASSIGNING SURROGATE USERS\*\*\***

A trading partner may assign surrogate users to their trading partner id. This will allow access to review eligibility verification and claim status checks for individuals within your organization without the need to share the password assigned to the trading partner.

Trading partners must notify the EDI Coordinators if they wish to use this feature. Please call the EDI Coordinators at 802-879-4450, option 3. Instructions for assigning surrogate users can be found on-line at:

<http://www.vtmedicaid.com/Downloads/software.html>

**(GENERAL HOSPITAL, PHYSICIAN, LICENSED MIDWIVES-LAYPERSON)**

**\*\*\*BILLING UNDER MOTHER'S ID\*\*\*\***

Claims for services to newborns may be submitted under the mother's Medicaid identification number for seven days or until the mother is discharged from the hospital, whichever comes first. Please include the following information on the UB92 claim form as indicated:

Box 12	Baby's name
Box 14	Baby's date of birth
Box 58	Mother's name
Box 60	Mother's Medicaid ID number
Box 84	Write "billing for baby under mother's ID"

## **NOVEMBER**

### **Banners for 11/05/2004**

#### **(ALL PROVIDERS)**

##### **\*\*\*\*835 Electronic Remits\*\*\*\***

HIPAA standards require the billed amount on a paper claim to equal the sum of all details billed. Effective with all claim types received on 11/22/04, the billed amount must equal the sum of the details or the claim will be denied.

##### **\*\*\*\*\*Testing ClaimCheck®, EOB 1200\*\*\*\*\***

Some Providers may have seen the message "ClaimCheck® Test, disregard detail" on their Remittance Advice of October 29, 2004. No provider action is necessary but it is important that providers read this announcement. "ClaimCheck® Test, disregard detail," refers to the handful of claims processed through ClaimCheck® on the NFVA (new frequency visit add) edit.

Providers who had claims test-processed through this edit may see a denial of EOB 1200 or an NFVA edit and additional E&M code (elevation and management) added to their claim.

EDS will adjust all claims that paid for these additional details.

#### **(DME SUPPLIERS, PHARMACY, PROSTHETICS/ORTHOTICS)**

##### **\*\*\*Procedure Code L1499, Spinal Orthosis\*\*\***

Effective for date of service 11/15/2004, procedure code L1499, Spinal Orthosis, not otherwise specified, will require a prior authorization from the OVHA.

### **Banners for 11/12/2004**

#### **(ALL PROVIDERS)**

##### **\*\*\*On-Line Adjustments Update\*\*\*\***

Providers can now submit on-line adjustments that are over six months old from the date of service. Once a claim has been processed and placed in a "paid" status, providers have one year from the original paid date to adjust claims that would result in a positive financial outcome for the provider. Adjustments and recoupments to claims billed incorrectly that result in a negative financial outcome for the provider must be done within three years of the original date of service.

For policy guidelines regarding adjustments please refer to the article "Adjustments Clarification" in the June, 2004 Advisory. It can be accessed on-line at: <http://www.vtmedicaid.com/Downloads/bulletins.html>

**(CHILDREN'S MEDICAL SERVICES)**

\*\*\*Healthy Babies, Kids and Families, Procedure Code 99070\*\*\*

Procedure code 99070 has been cross-walked from state code W0089 effective date of service 2/1/2004. The Healthy Babies, Kids and Families Program has been authorized by the OVHA to submit claims for procedure code 99070 and to be reimbursed as billed for supplies used during a skilled nursing care visit for medical high risk clients.

**Banners for 11/19/2004**

**(ALL PROVIDERS)**

\*\*\*New Prior Authorization Supplement\*\*\*

Do you know if your service requires prior authorization? You can find out by accessing the updated Prior Authorization list on-line at: <http://www.vtmedicaid.com/Information/whatsnew.html>.

There have been substantial changes made to the Prior Authorization list and we highly recommend that you review this updated information.

**(GENERAL HOSPITAL, INDEPENDENT LAB)**

\*\*\*LAB RATES: 80101 Restrictions\*\*\*

Effective 11/15/04, the OVHA has restricted the billing of code 82570, with or without modifiers, and code 83986, with or without modifiers, in conjunction with code 80101, with or without modifiers, on the same date of service for the same recipient, ordered by the same billing provider.

**Banners for 11/26/2004**

**(ALL PROVIDERS)**

\*\*FLUMIST\*\*\*

THE OVHA HAS REVIEWED THEIR POLICY REGARDING PRIOR AUTHORIZATION REQUIREMENTS FOR FLUMIST AND DETERMINED THAT FLUMIST WILL CONTINUE TO REQUIRE PRIOR AUTHORIZATION.

\*\*\*\*VHAP Pharmacy Crossover Coverage \*\*\*\*

We recently made changes affecting crossover services for clients enrolled in the VHAPRX program with aid categories V1, V2, V3, V4, V5, and V6.

Aid categories V1, V2, and V3 are eligible to receive payment of Medicare co-insurance and deductibles only when the procedure code has been identified as a diabetic supply.

These diabetic supply procedure codes are: E0607, E0609, A4254, A4253, A4259, A4258, J1815, J1817, J1820, A4244, A4246, A6216, and A4206.

Aid category code V4 is eligible for payment of all Medicare co-insurance and deductibles including the diabetic supplies previously listed.

Beneficiaries with aid categories V5 and V6 are not eligible for payment of Medicare co-insurance or deductibles.

**(GENERAL HOSPITAL, PHYSICIAN)**

\*\*\*Prior Authorization List Change\*\*\*

Effective date of service 12/01/2004, the following codes for CT and PET scans will no longer require prior authorization:

72125-72133

G0030-G0254, G0296

78459

## **DECEMBER**

### **Banners for 12/10/2004**

#### **(NURSING HOMES-MEDICARE PART)**

\*\*\*\*Billing Units for Room and Board\*\*\*\*

When determining how many units of the revenue code for room and board to bill you must take into consideration the patient status.

Patient Status is 'Discharged'

Vermont Medicaid does not pay for day of discharge, so if the patient status code is anything other than "30-still a patient" the total units billed would be equal to all days except day of discharge.

Example: John Doe was a patient from 8/13/04 through 8/31/04, being discharged on 8/31/04. The from date in Form Locator 6 should be 8/13/04 and the through date should be 8/31/04, BUT the number of covered days in Form Locator 7 should be 18. (discharge date is NOT counted). The number of units billed for room and board in column 46 should also be 18.

Patient Status is 'Still a Patient'

When the patient status is "30-still a patient" the total units should include all days.

Example 2: Jane Doe was a patient from 8/13/04 through 8/31/04 and continues to be a patient. The from date in Form Locator 6 should be 8/13/04 and the through date should be 8/31/04. The number of covered days in Form Locator 7 should be 19. The number of units billed for room and board in column 46 should also be 19.

### **Banners for 12/17/2004**

#### **(ALL PROVIDERS)**

\*\*\*\*\*WEBSITE PRINT OUT OF OTHER INSURANCE\*\*\*\*\*

EDS WILL NOW ACCEPT A PRINT OUT FROM OTHER INSURANCE WEBSITES TO UPDATE A RECIPIENT'S OTHER INSURANCE. THE PRINT OUT MUST INCLUDE THE RECIPIENT'S NAME, MEDICAID ID/SSN, THE EFFECTIVE AND TERMINATION DATES, THE TYPE OF COVERAGE (I.E. DENTAL, MEDICAL, VISION, ETC) AND THE POLICY NUMBER(S).

PLEASE SEND THESE REQUESTS TO STACEY DAVIS VIA FAX AT 1-802-878-3440 OR YOU CAN SEND IT VIA MAIL TO:

EDS, PO BOX 888, WILLISTON, VT 05495

ATTN: STACEY DAVIS

\*\*\*\*Holiday Schedule\*\*\*\*

EDS will be closed on Friday, December 24, 2004. Please be aware that the weekly financial cycle will be run on Friday morning, December 24, 2004. Electronic claims sent later than 3:00 pm Thursday, December 23, will be processed the following week.

**Banners for 12/24/2004**

**(ALL PROVIDERS)**

\*\*\*NEW YEAR'S HOLIDAY SCHEDULE\*\*\*\*

EDS will be closed on Friday, December 31, 2004. Please be aware that the weekly financial cycle will be run on Friday morning, December 31, 2004. Electronic claims sent later than 3:00 pm Thursday, December 30, will be processed the following week.

**Banners for 12/31/2004**

**(ALL PROVIDERS)**

\*\*\*\*Important Update on Flumist Coverage\*\*\*\*

Due to the increased availability of the flu vaccine, Flumist will no longer be covered when administered in a physician's office and billed with Procedure Code 90660.