

December 28, 2007

Closed for Holiday

As a reminder, EDS and the OVHA will be closed Tuesday, January 1, 2008 for the New Year's holiday.

December 21, 2007

Closed for Holiday

Please be aware, EDS and the OVHA will be closed Tuesday, December 25th for the Christmas holiday and Tuesday, January 1st for New Year's.

P.O. Boxes (UB-04 Only)

Please be aware effective 02/01/2008, EDS will have updated the PO boxes for all incoming mail received. Please use the following PO boxes accordingly for submission of claims and other mail:

PO BOX 999-UB forms

PO BOX 1645-Checks

PO Box 888-All other mail and inquiries

P.O. Boxes (CMS-1500 08/05 Only)

Please be aware effective 02/01/2008, EDS will have updated the PO boxes for all incoming mail received. Please use the following PO boxes accordingly for submission of claims and other mail:

PO BOX 777- HCFA forms

PO BOX 1645-Checks

PO Box 888-All other mail and inquiries

P.O. Boxes (Dental/Vision Only)

Please be aware effective 02/01/2008, EDS will have updated the PO boxes for all incoming mail received. Please use the following PO boxes accordingly for submission of claims and other mail:

PO BOX 1710-Dental and Vision forms

PO BOX 1645-Checks

PO Box 888-All other mail and inquiries

December 7, 2007

Procedure 92986

Effective 01/01/2008, procedure code 92986 will be restricted to allow place of service Inpatient (21) and Outpatient (22) only.

Procedure 46934 & 46935

Effective 01/01/2008, procedure codes 46934 & 46935 will be restricted to:

- Allow only one unit per date of service
- Allow provider type 005 (physician) only.

November 30, 2007

Procedure Code Updates

Effective 01/01/2008, procedure codes 31290, 61680 and 61692 will be restricted to only:

- Allow place of service 21 (inpatient)
- Allow provider type 005 (physician)

November 23, 2007

Missed Appointments (MD)

Effective 01/01/08, providers can bill using procedure code 99199 to record missed appointments and late cancellations by Medicaid beneficiaries. This code does NOT provide for reimbursement but is used for data collection and process development such as follow-up with beneficiaries.

Missed Appointments (Dental)

Effective 01/01/08, dental providers can bill using procedure code D0999 to record missed appointments and late cancellations by Medicaid beneficiaries. This code does NOT provide for reimbursement but is used for data collection and process development such as follow-up with beneficiaries.

Category III Codes

Effective immediately, Vermont Medicaid will not reimburse pharmacists separately for CPT codes 0115T, 0116T and 0117T.

November 16, 2007

Closed for Holiday

Please be aware, the OVHA and EDS will be closed Thursday, November 22nd and Friday, November 23rd for Thanksgiving.

Preparation for OPSS Pricing

The revenue codes that will **require** HCPCS/CPT coding as of November 1st 2007 are posted on the VTMedicaid.com website. This list contains all currently active revenue codes accepted by VT Medicaid. The preparation for the implementation of OPSS pricing has not changed Vermont Medicaid Policy regarding non covered services. The active revenue codes listed on this site continue to be the only reimbursable codes at this time. If there are additional revenue codes that you would like to be considered for addition to the VT Medicaid fee schedule, please send these requests in writing to : vermontHIPAAcontact@EDS.com

DRG/OPSS/NDC Workshop

The OVHA and EDS will host a workshop with a question and answer session on DRG, OPSS and NDC on Wednesday December 5, 2007 at the Office of Vermont Health Access. There will be 2 sessions from 9:00 to 11:00am and from 1:00 to 3:00 pm. Please call Betty Parent at 802-257-2959 and Carrie Germaine at 802-857-2964 for additional information and to reserve a seat by November 26, 2007.

2007 CPT Code Revision

Please be aware, effective 12/01/2007, the HCPCS/CPT codes listed below have been updated and will be allowable with the following restrictions:

90761, 90765, 90766, 96401, 96402, 96405, 96409, 96411, 96416 and 90760-Provider Type 'PHYSICIAN' only, place of service OFFICE and RURAL HEALTH CLINIC and ONE unit per billing:

96416, 96417-Place of service OFFICE, RURAL HEALTH CLINIC and OUTPATIENT and ONE unit per billing:

96415 -Place of service OFFICE, RURAL HEALTH CLINIC and OUTPATIENT and FIVE units per billing

87088-ONE unit per billing:

96425-Place of service INPATIENT or OUTPATIENT only

November 9, 2007

TPL Change Request

EDS has posted a TPL change request for on the Vermont Medicaid website. Effective 12/01/2007, this form will be the only form allowed to make a TPL change request. No other form will be accepted.

In addition to the request form, it is recommended that the provider's office attach the print out from the other insurance website. The attachments from the other insurance must include the following items: recipient's name, Medicaid ID/SSN, the effective and termination dates, the type of coverage (i.e. dental, medical, vision etc.) and the policy numbers.

TPL is aware that some websites, such as MVP, do not provide this information. In these cases you must submit a denial from the other insurance. Please see "EDS TPL CHANGE REQUEST FORM" for specific required information.

Please send these requests to: TPL via fax at 802-878-3440 or by mail: EDS, P.O. Box 888, Williston, VT 05495 ATTN: TPL.

Procedure 92286

Effective 12/01/2007, procedure code 92286 will be restricted to the following:

- allow place of service 72 (Rural Health Clinic) and 11 (office) only
- allow only one unit per billing
- allow only provider type 005 (physician)

Procedure 64999

Effective immediately, the OVHA will no longer authorize or reimburse for procedure code 64999, as it is considered experimental or investigational.

Procedure 97140

Please be aware, effective 12/01/2007, procedure code 97140 will allow only 4 units per billing. As with all rehabilitative therapies, if the patient continues to require these services after 4 months, a prior authorization will be required.

Closed for Holidays

Please be aware, EDS and the OVHA will be closed on Monday November 12, 2007 for Veterans day and Thursday, November 22nd and Friday, November 23rd for Thanksgiving.

November 2, 2007

Medicaid Training

EDS will do a training at Southwestern Vermont Medical Center on November 7th, 2007 from 10:30-12:30pm. The topics will be Medicaid 101, Medicaid updates such as NPI and PES and the Vermont Medicaid website. Seating is limited. For additional information and to reserve a seat, please call Betty Parent at 802-857-2959.

October 26, 2007

Procedure Code 69620

Procedure code 69620 currently accepts place of service code 21 (inpatient) and 22 (outpatient). The OVHA has updated this code to also allow place of service 11 (office).

DME Restrictions/Guidelines Link

Beginning 01/01/2008, the Vermont Medicaid website, www.vtmedicaid.com, will have information regarding DME codes, the modifiers allowed, unit limitations (I.E. one unit per 365 days) and pertinent prior authorization requirements.

When the list becomes available, it will be labeled DME Restrictions under *Downloads* and *Manuals*. Please be aware, the link is currently on the website but is inactive.

October 19, 2007

Electronic Claims through Billing Services and Clearinghouses

Please be advised that while Vermont Medicaid is asking that providers submit claims using NPI / Taxonomy and drop their Legacy Numbers (VT Medicaid Provider Numbers), this can only be done if your Billing Service or Clearinghouse has coded for NPI / Taxonomy. We recommend you check with your service before dropping your Legacy Number from VT Medicaid claims.

We have had a recent influx of claims from clearinghouses and billing services with NPI and/or NPI/taxonomy combinations that do not meet VT Medicaid requirements. These claims can result in a Provider not found condition, and the claims must be removed from the system (since the provider can not be identified from the data being received).

DME Procedure Code Update

Effective immediately, DME codes **E8000-E8002** have been updated to:

- Require a prior authorization
- Allow a maximum of one unit per 3 years
- Allow place of service 'home' only

Procedure Code A4649

Procedure code A4649 for WOODEN COTTON TIP APPLICATORS is not covered by Medicare, therefore, Medicaid will allow these items to be billed directly to Medicaid bypassing a Medicare denial. The description "wooden cotton tip applicators" must be clearly noted on the CMS-1500 form. Wooden cotton-tipped applicators do not require prior authorization when medically necessary and supplied in quantities of 100 or less within a calendar month (per beneficiary).

VHAP Beneficiary Update

The OVHA will begin to reimburse for elective inpatient services for patients eligible under the VHAP program. This will be effective for claims received by EDS beginning with the date of service 11/01/2007.

Preparation for OPSS Pricing

The revenue codes the will **require** HCPCS/CPT coding as of November 1st 2007 are:

022, 023
261, 274
30X-36X, 38X, 391
40X-49X
51X-54X, 561, 562, 57X-59X
60X-61X, 623, 634, 635, 363, 64X-67X
722, 723, 724, 729, 73X-75X, 760, 791, 769, 77X-79X
811, 812, 813, 814, 83X-85X, 88X
90X-92X, 940, 941, 943, 944, 945, 946, 947, 949, 95X

The use of HCPCS/CPT in addition to the revenue code will eliminate the previous directive for facilities to roll up services to the revenue code level. All reasonably related HCPCS/CPT to Revenue code should be billed as appropriate.

October 12, 2007

Reimbursement Methodology

April 1, 2008 EDS will implement Outpatient Prospective Payment System pricing. The outpatient billing will change slightly to support the new OPSS pricing. Detail HCPCS/CPT codes will be required in addition to the revenue code on outpatient claims. EDS will modify the duplicate claim logic within the MMIS claims processing system to appropriately recognize the HCPCS/CPT coding. This will eliminate the previous directive for facilities to roll up services to the revenue code level. Submission of late charges will require claim adjustment process.

A list of revenue codes that will require HCPCS/CPT coding as of November 1, 2007, as well as the acceptable HCPCS/CPT codes allowed per specific revenue code, is available on the Vermont Medicaid website.

The above changes will not affect the current pricing methodology. These changes will however, enable OVHA to generate claims reports to review, process and compare current reimbursement to proposed pricing methodology to ensure that payments remain as close to budget neutral as possible.

Discharge Codes

Effective immediately, due to DRG pricing, it is imperative that proper discharge codes are being billed.

For example: when a patient is being transferred to another hospital, the patient status code '02' (discharged/transferred to another short-term general hospital) must be billed.

Also, effective January 1, 2008, billing interim claims and the use of patient status code '30' will no longer be acceptable.

ICD-9 Codes

As a reminder, it is imperative providers use the current ICD-9-CM manual in determining the appropriate diagnosis codes for the service rendered. Please be aware, all invalid diagnosis codes are being eliminated and will no longer be valid for billing.

Alignment on Claims

EDS has been observing numerous paper claims being submitted out of alignment and the information on the claims are not being entered in the *correct* fields. This could be a result of font size or how vendors have set up billing software to input information. Please correct this alignment issue and be sure to verify the correct fields are being populated on claims prior to submission.

Be aware, effective 11/05/2007, claims submitted out of alignment will not be accepted since the data required for keying is not in the designated fields.

Physician Standby

Effective with date of service 11/05/2007, CPT code 99360 is not covered by Vermont Medicaid because no health service is provided under this code.

Prior Authorization Reminder

Please be aware that procedure codes that do not identify a specific item or service, require a prior authorization unless specific instructions are given indicating otherwise.

September 28 2007

Mass Adjustment

EDS is in process of adjusting claims for procedure codes H0001, H0004, H0005, H0006 and H0015. This is to include provider type T25-OADAP Facility and provider specialty S18-Substance Abuse Treatment Facility only. Providers were paid at Medicaid rates for FY07 instead of Medicaid rates for FY08. EDS updated the file on 9/11/07 to include provider type T25-OADAP Facility and provider specialty S18-Substance Abuse Treatment Facility. Claims paid at the incorrect amount for dates of service 7/1/07-9/11/07 will show adjusted on RA 9/28/07.

We apologize for the inconvenience this has caused.

Medicaid Training

EDS will do a training at Northeastern Vermont Regional Hospital on October 12th from 9:00-12:00pm. The topics will be Medicaid 101, Medicaid updates such as NPI and PES, and the Vermont Medicaid website. Seating is limited. For additional information and to reserve a seat, please call Betty Parent at 802-857-2959, Carrie Germaine at 802-857-2964, or Deb Safford at 802-857-2957.

Tamper-Resistant Prescription Drug Pads

New Federal Medicaid Law Regarding Tamper-Resistant Prescription Drug Pads.

CMS has indicated that as of 10/01/2007, all written prescriptions for outpatient covered drugs MUST be written on tamper-resistant prescription paper. CMS requires the Medicaid agencies audit pharmacies to ensure compliance with this regulation. Documentation of compliance will be necessary otherwise, non-compliance will result in a recoupment of payments.

Please visit www.vtmedicaid.com to view the CMS guidelines to follow for providers to be considered compliant with the new tamper-resistant requirements.

September 21, 2007

NPI Look-Up

The National Plan & Provider Enumeration System (NPPES), has made all provider NPI information available. The link below is for the NPI Registry Search and by searching with an individual providers name, a facility name or by address only, will enable providers to access all NPI information.

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

Procedure Code E0936

Effective 10/01/2007, the OVHA will only reimburse for the rental of E0936. Modifier RR and prior authorization will be required.

Web Update

Now available on the VT Medicaid website is the Provider Self-Maintenance link for all *currently active* providers. This new option will allow providers to update their demographic information (I.E. Handicap Accessibility, Languages, Acceptance of New Patients, etc.) and service locations of their practice.

To access this information, visit www.vtmedicaid.com and click on Provider Self-Maintenance. You will need to log in using either the VT Medicaid Provider ID# **and** Tax ID# **OR** NPI/Taxonomy code/Tax ID# combination. However, if EDS has your NPI/Taxonomy code current in our system and you are attempting to log in using your Provider ID#, an error message will appear and you will be unable to proceed until you use your NPI/Taxonomy combination. Also, if the provider is currently inactive, they will be unable to log in.

Providers can not update their *primary service location* nor can a Primary Care Provider *delete* their primary address. However, under both circumstances, you must complete the change of address form available under downloads/forms.

September 14, 2007

Organ Transplant Update

Effective immediately, the OVHA no longer requires prior authorization for organ transplants *except* for codes 38999 and 58999. Providers must follow established best practices. Transplants of the spleen, ovary and hair are not covered.

Effective 09/23/07 38208 is no longer covered.

Vision Limitations

You will not be reimbursed by Medicaid for services to Medicaid beneficiaries age 21 and over for frames, lenses, dispensing and repairs. This also applies to VHAP

beneficiaries 18 years of age and older and to all VHAP Pharmacy beneficiaries.

The service limit of eyeglasses is once every two years, unless at least a half-diopter change has taken place.

Reimbursement for additional services (replacement or repair) is limited to the following circumstances:

When eyeglasses (frames or lenses) have been lost, broken beyond repair, or scratched to the extent that visual acuity is compromised. (Dispensing providers will make the decision about being broken beyond repair or visual acuity being compromised.)

When the dispensing provider on the Medicaid order form documents a change of at least one-half diopter in lens strength.

September 7, 2007

Meningococcal Conjugate Vaccine

Meningococcal conjugate vaccine is available from the Vermont Department of Health Immunization Program for administration to all 11, 12, and 15 year olds, Vermont college freshmen living in dormitories, and all 11 to 18 year old residential (boarding) students.

For additional information on available vaccines call VDH at 802-863-7638.

Hysterectomy Update

Effective immediately, prior authorization (PA) is no longer required for hysterectomies which are medically necessary due to the patient's confirmed and primary diagnosis involving cancer of the female genital system. Prior authorization continues to be required for all other hysterectomies and providers must continue to obtain authorization from the OVHA Clinical Unit prior to performing the procedure. This policy applies for all hysterectomies, regardless of procedure code. The Federal Hysterectomy Consent Form must be completed regardless of the diagnosis.

HPV Vaccine (Gardasil®)

The HPV Vaccine (Gardasil®) is available from the Vermont Department of Health Immunization Program for administration to all girls 9 through 18 years of age who are Medicaid-enrolled, Alaskan natives, American Indian, or uninsured.

For additional information on available vaccines call VDH at 802-863-7638.

Unit Restriction Updates

Effective immediately these unit restrictions will be applied to the following codes:

99292 restricted to 6 units per occurrence

99358 restricted to 1 unit per occurrence

99359 restricted to 4 units per occurrence

99364 restricted to 4 units per occurrence

If additional units are to be billed notes will be required for the claim to be reviewed.

ICD-9 Updates

The OVHA will not reimburse for services billed with any of the following ICD-9 codes as they are invalid: 309, 312, 313, 313.2, 313.8, 315, 315.3, 719, 719.5, 780.7, 784.4, 784.96, 799.8, V60, V61, V61.1, V61.2, V61.4, V62, V62.8, V63 and V69.

Please refer to the 2007 ICD-9 CM code book for valid diagnosis codes.

Vaccine Updates

Vermont's Medicaid Program will not pay for any vaccine available for children from birth through age 18 which is available through the Vermont Department of Health (VDH) Immunization Program. Please refer to the "Eligibility and Availability of Vaccines" sheet mailed by the VDH immunization program, effective 6/1/2007. Vaccine supply issues will be monitored to determine when and if this policy needs to change.

For additional information on available vaccines call VDH at 802-863-7638.

August 24, 2007

Clarification Ostomy Rings

Ostomy rings (HCPCS procedure code A4404) are limited to 15 per month and can be billed in two-month increments. Since these rings are packaged in boxes of 10 or 20 rings per box, this allows the provider to dispense 30 rings at a time, to last for two full months. The "From" and "To" dates of service on the claim must reflect this two month period.

September Holiday Schedule

The OVHA and EDS offices will be closed on September 3, 2007 in honor of Labor Day.

August 17, 2007

Category III Procedure Codes 0145T-0151T

Effective date of service 09/23/06, Vermont Medicaid recognizes the seven Category III procedure codes 0145T through 0151T, computed tomography of heart with cardiac gating. These procedures are covered per the indications and limitations of coverage given in the Centers for Medicare and Medicaid Services (CMS) Region I (includes VT) Local Coverage Determination (LCD) number L21002. The diagnoses restrictions given there are the only diagnoses considered appropriate to support medical necessity. Providers are reminded to use the appropriate modifiers for professional and technical components.

August 10, 2007

CPT 58565

CPT procedure code 58565 represents a sterilization and, as such, requires the correct completion of the Federal Sterilization Consent Form HHS-687 at least 30 days prior to the surgery but no more than 180 days between the date of the informed consent and the date of the sterilization. Please refer to the CMS 1500 08/05 for details regarding sterilizations.

Direct any questions to provider services @ (800) 925-1706 or (802) 878-7871.

2007 Dental Fee Schedule

The updated dental procedure/fee schedule effective 07/01/2007 is now posted on the EDS website www.vtmedicaid.com under downloads/manuals.

Code Correction

The 07/06/07 banner incorrectly identified a complete series of radiographs as procedure code D0120. The correct procedure code is D0210.

ICD – 9-CM

As a reminder it is imperative providers use the current ICD-9-CM manual in determining the appropriate diagnosis for the service rendered.

August 3, 2007

UB 04

The OVHA has approved for providers to report the attending provider taxonomy code in either FL 76 or 81CC on the UB 04 paper claim form. The taxonomy must correspond with the NPI number listed in FL 76.

Rehabilitative Therapies

PT/OT/ST-The up to date guidelines are now available on the OVHA website at <http://ovha.vermont.gov/provider-services/provider/coverage-guidelines/>. It is imperative that you review the diagnosis restrictions in these guidelines.

90378

90378 is covered as a pharmacy benefit only and must be billed by a pharmacy. Prior authorization will be required effective 9/1/07.

Bennington Battle Day

The EDS office will close at noon on August 16th Bennington Battle Day. We will however have staff available for urgent calls. If your call is urgent please leave a message indicating that and someone will return your call within 1 hour.

July 13, 2007

Accessing On-Line Secure Services on VTMedicaid.com

To submit claims to VT Medicaid or to access the secure portion of the VT Medicaid web portal you will need an account. To get an account:

- Go to www.vtmedicaid.com
- Click on Downloads
- Click on HIPAA Tools
- Click on and print EDI Registration and Trading Partner Agreement

Fill out both documents and mail them to us (both documents require signatures)

EDS will set up your account and mail the account information back to you.

Please be aware that providers will be required to have an account with VTMedicaid to access the Active Provider List when it is moved to the secure sign-in section of Transactions Services in October.

Dental Form Extension

Dental Providers,

The OVHA has extended the use of old dental claim forms until further notice due to the large number of dental providers unable to process claims using the 2006 ADA Claim Form.

Please be aware that NPI/Taxonomy Code combinations can only be used with the 2006 ADA Claim Form.

All other forms must have the seven character Vermont Medicaid ID number in the appropriate form locators on the claim.

Dentists who are non-NPI compliant due to software issues (e.g. Dentrix or Eaglesoft) please contact EDS Provider Services to inform us of your compliance plan and when your software will be able to print the 2006 ADA Claim Form.

EDS Help Desk:

In State: 800-925-1706

Out of State: 802-878-7871

Procedure Codes D0330 & D 0120 Update Regarding Limits

Dental Providers,

Panoramic radiographs (Procedure Code D0330) and/or a complete series of radiographs (D0120) are limited to 1 per patient per 2 years. If a panoramic radiograph is required earlier than the 2-year limits, forward a prior authorization request to The Office of Oral Health documenting the need for the additional panoramic radiograph.

Changes in Coverage for Compound Drugs

Effective July 2, 2007, coverage for compound drugs changed. The Medicaid Program requires that manufacturers of all drugs agree to pay a rebate to the program. In the past it was not possible for Vermont Medicaid to determine if manufacturers of the ingredients in compound drugs had such agreements. Federal requirements on rebates have increased with the Federal Deficit Reduction Act of 2005. As a result any ingredient in a compound drug must now be subject to rebate.

This means that some ingredients in compound drugs will no longer be covered by Vermont Medicaid. This may mean that some compound drugs will no longer be covered. As a result prescribers may need to consider commercially available products as alternatives.

July 6, 2007

Changes in Coverage for Compound Drugs

Effective July 2, 2007, coverage for compound drugs changed. The Medicaid Program requires that manufacturers of all drugs agree to pay a rebate to the program. In the past it was not possible for Vermont Medicaid to determine if manufacturers of the ingredients in compound drugs had such agreements. Federal requirements on rebates have increased with the Federal Deficit Reduction Act of 2005. As a result any ingredient in a compound drug must now be subject to rebate.

This means that some ingredients in compound drugs will no longer be covered by Vermont Medicaid. This may mean that some compound drugs will no longer be covered. As a result prescribers may need to consider commercially available products as alternatives.

Change in Reimbursement for Procedure Code D0145

Effective for services provided on or after 07/01/2007, the reimbursement for an Oral Evaluation for a patient under three years of age (procedure code D0145) will be increased to \$39.00. The enhanced reimbursement includes all anticipatory guidance provided to the family, including oral hygiene instructions. Also note that effective for services provided on or after 07/01/2007, you cannot bill Oral Hygiene Instructions (procedure code D1330) in combination with procedure code D0145.

NPI-Dental Claim Forms Update (extended)

With the implementation of NPI the only claim form that can accommodate the NPI and Taxonomy codes is the ADA 2006 form. All dental providers should use this form in their NPI implementation. However, dentists using the Dentrix system have identified a problem with patient data placement. Therefore, VTMedicaid will accept patient data in either box 12 or 20 of ADA 2006, until Dentrix rectifies its system problem.

Dentists using Eagle Soft cannot generate a correct ADA 2006 claim until the fall. VTMedicaid will continue to accept the 1994 claim form with the Medicaid ID# from Eagle Soft users until Eagle Soft becomes NPI-compliant.

If your practice has not converted to the ADA 2006 form, please contact EDS immediately so we can work with you to come into compliance. With the exception of Eagle Soft users who may continue to use the 1994 claim form until compliance issues are settled, **VTMedicaid intends to stop accepting the 1994, 1999 and 2002 claim forms after the first of July.** If you are unable to meet the July deadline please call EDS Provider Services and we will work with you on a compliance plan.

EDS Help Desk:

In State: 800-925-1706
Out of State: 802-878-7871

June 29, 2007

Holiday Schedule

The offices of the OVHA and EDS will be closed on Wednesday, July 4.

Change in Reimbursement for Procedure Code D0145

Effective for services provided on or after 07/01/2007, the reimbursement for an Oral Evaluation for a patient under three years of age (procedure code D0145) will be increased to \$39.00. The enhanced reimbursement includes all anticipatory guidance provided to the family, including oral hygiene instructions. Also note that effective for services provided on or after 07/01/2007, you cannot bill Oral Hygiene Instructions (procedure code D1330) in combination with procedure code D0145.

Independent Labs Billing Reminder

Independent Lab Providers,

This is a reminder that the provider name, address and number to which payment will be made must appear in Field 33 and the number in 24J. Claims on which these fields are incorrectly completed will be denied starting on 7/1/07.

CMS 1500 08/05 CLAIM FORM BILLING INSTRUCTIONS

17A. REFERRING PHYSICIAN	Enter the NPI and Taxonomy combination of the referring physician in 17a (taxonomy code) and 17b (NPI).
24J. Local Use	Enter the laboratory's NPI and Taxonomy combination.

New Enrollment Form

Providers,

A new and revised Enrollment form is available on our website: www.vtmedicaid.com

Please discard all previous versions of this form. Please note that Physician Assistants should not use this form.

NPI-Dental Claim Forms Update

With the implementation of NPI the only claim form that can accommodate the NPI and Taxonomy codes is the ADA 2006 form. All dental providers should use this form in their NPI implementation. However, dentists using the Dentrix system have identified a problem with patient data placement. Therefore, VTMedicaid will accept patient data in either box 12 or 20 of ADA 2006, until Dentrix rectifies its system problem.

Dentists using Eagle Soft cannot generate a correct ADA 2006 claim until the fall. VTMedicaid will continue to accept the 1994 claim form with the Medicaid ID# from Eagle Soft users until Eagle Soft becomes NPI-compliant.

If your practice has not converted to the ADA 2006 form, please contact EDS immediately so we can work with you to come into compliance. With the exception of Eagle Soft users who may continue to use the 1994 claim form until compliance issues are settled, **VTMedicaid intends to stop accepting the 1994, 1999 and 2002 claim forms after the first of July.** If you are unable to meet the July deadline please call EDS Provider Services and we will work with you on a compliance plan.

EDS Help Desk:
In State: 800-925-1706
Out of State: 802-878-7871

June 22, 2007

Attention: Electronic Claim Submitters

If you are submitting your claims electronically using your billing NPI/ taxonomy code combination and either or both are incorrect, your claims have to be deleted from the EDS system. This is because your provider identification cannot be determined from the incorrect data.

If you are the submitter, make sure your .ACK and .SUB reports are good (accepted). Provided they are, you should be able to see your claims on the web site www.vtmedicaid.com under Claim Status (one to two days after submission). If you cannot find your claims, please contact Provider Services (802 878-7871). If they cannot find the claims, please verify your NPI and taxonomy code by looking up the information on the web site under Transaction Services, Production Login, Provider NPI file. If you are unable to access Transactions Services, you will need to complete a Trading Partner Agreement and EDI registration form. However, Provider Services can look up your NPI/taxonomy code information.

Your claim NPI/taxonomy code information must match what is in the EDS database. If it does not, either change your claims to match the EDS database or if the database is incorrect contact provider services to have it corrected and once done resubmit your claims.

If your claims cannot be found and your NPI/taxonomy code information is correct, please contact the EDI Coordinator at: 802 879 4450 Option 3. Thank you.

NPI Q & A Conference Call

EDS and Vermont Medicaid will host a NPI question and answer session via conference call on June 29, 2007 from 9:30-11:00am. There are a limited number of lines to access this session. If you are interested in participating, please contact your provider representative listed below.

- Danielle Dragon: Lamoille, Washington and Orange Counties (802) 857-2956
- Carrie Germaine: FAHC and DHMC (802) 857-2964
- Wendy Haskell: Franklin, Orleans, Caledonia and Essex Counties (802) 857-2963
- Betty Parent: Rutland, Windsor, Bennington and Windham Counties (802) 857-2959
- Deb Safford: Chittenden, Addison and Grand Isle Counties (802) 857-2957

Procedure Code V5040 Update

Providers,

Effective date of service 7/2/2007, HCPCs procedure code V5040 does not require prior authorization. As with all hearing aids, documentation of medical need per current best practice guidelines must be available in the patient's medical records for auditing purposes.

Disposable Incontinence Products Update

Effective date of service 7/17/07, all disposable incontinence products ("chux", underpads, diapers, briefs, underwear, liners/shields/guards/pads/undergarments, pull-ons, pull-ups) are limited to a maximum of 300 items per calendar month.

Based on a reasonable frequency of six changes per day, only 180 items would be necessary; however, the OVHA is allowing twice that number.

The combining of all disposable products within this limitation also means that the patient can have up to 300 diapers or 300 chux or 300 of any combination of disposable incontinence products within the same month. Providers are again requested not to over supply. Please encourage beneficiaries to let you know when they already have extra. Please dispense no more than two months' supply at once. Please dispense only the number actually needed.

As always, documentation in the medical record must support the medical need for each product and for the number of units billed.

NPI-Dental Claim Forms Update

With the implementation of NPI the only claim form that can accommodate the NPI and Taxonomy codes is the ADA 2006 form. All dental providers should use this form in their NPI implementation. However, dentists using the Dentrax system have identified a problem with patient data placement. Therefore, VTMedicaid will accept patient data in either box 12 or 20 of ADA 2006, until Dentrax rectifies its system problem.

Dentists using Eagle Soft cannot generate a correct ADA 2006 claim until the fall. VTMedicaid will continue to accept the 1994 claim form with the Medicaid ID# from Eagle Soft users until Eagle Soft becomes NPI-compliant.

If your practice has not converted to the ADA 2006 form, please contact EDS immediately so we can work with you to come into compliance. With the exception of Eagle Soft users who may continue to use the 1994 claim form until compliance issues are settled, VTMedicaid intends to stop accepting the 1994, 1999 and 2002 claim forms after the first of July. If you are unable to meet the July deadline please call EDS Provider Services and we will work with you on a compliance plan.

EDS Help Desk:

In State: 800-925-1706

Out of State: 802-878-7871

Change in Reimbursement for Procedure Code D0145

Effective for services provided on or after 07/01/2007, the reimbursement for an Oral Evaluation for a patient under three years of age (procedure code D0145) will be increased to \$39.00. The enhanced reimbursement includes all anticipatory guidance provided to the family, including oral hygiene instructions. Also note that effective for services provided on or after 07/01/2007, you cannot bill Oral Hygiene Instructions (procedure code D1330) in combination with procedure code D0145.

HCPCs Code E0620 Update

Providers,

Effective date of service 6/25/07, the OVHA has determined Procedure Code E0620 ("laser lancet") is non-covered because it is not the least expensive appropriate alternative(M106.34). Standard stainless steel lancets accomplish the same purpose at much less cost.

CPT Cat. III Codes Update

Providers,

The following seven CPT Category III codes for computed tomography of the heart: 0145T, 0146T, 0147T, 0148T, 0149T, 0150T and 0151T are restricted to those diagnoses given by Medicare/CMS.

Procedure Codes A4404 Update

Providers,

Effective date of service 7/17/07, the OVHA has determined that ostomy rings (procedure code A4404) are allowed in addition to ostomy barriers. The current limitation of ostomy rings to 15 per calendar month continues. Since these rings are packaged in boxes of 10 or 20 rings per box, providers will be able to bill up to 20 units per billing. However, providers will need to make sure they do not over supply. One method of preventing this is to supply a box of 20 every month and a half, instead of every month. As always, documentation in the patient record must support the medical need and the number of units billed, up to the allowed maximum of 180 rings per calendar year.

June 15, 2007

Corrected Date for Forthcoming Mass Adjustment

Providers,

The announced mass adjustment on outpatient claims for Vermont hospitals will correct for dates between **7/1/06 to 3/31/07**; not 9/1/06 as was previously announced on the banner message of 6/1/07.

A reminder: this mass adjustment will correct payments made to Vermont hospitals for cost-based reimbursements incorrectly made at the lower rate. The correct rate was made effective 4/1/07.

Vermont hospitals should not submit electronic claim adjustments during the week of 6/11-6/15/07 to avoid mixing with the corrections for 7/1/06 and 3/31/07. Paper adjustments for Vermont hospital outpatient claims will not be processed during the week of 6/11-6/15/07.

These adjustments will process on 6/22/07 and appear on the Remittance Advice report of the same week.

We apologize for any inconvenience this has caused and we appreciate your patience as we correct this error.

June 8, 2007

Procedure Code E0190

Providers,

Effective date of service 7/1/2007, the OVHA has determined that Procedure Code E0190 requires prior authorization.

CMS 1500 08/05 Box 24C Update

Providers,

We are receiving claims with various incorrect information in box 24C on the CMS 1500 (08/05) claim form. Please enter a 1 in box 24C ONLY if the services provided were emergency services. If non-emergency services were provided, please leave 24C blank.

Procedure Code D6010 Update

Providers,

Effective date of service 5/1/07, the OVHA has determined that Procedure Code D6010 is non-covered.

Codes 91132, 91133 & 94799 Updates

Providers,

Effective date of service July 1, 2007 the OVHA has determined the following coding changes:

- Procedure codes 91132 and 91133 are non-covered codes.
- Procedure code 94799 requires prior authorization.

CPT Code 55873 Update

Providers,

Effective date of service 1/1/05, the OVHA will cover cryosurgical ablation of the prostate (CPT code 55873) per Medicare's National Coverage Determination: when the patient has localized, recurrent prostate cancer AND has failed a trial of radiation therapy AND meets one of the following conditions: Stage T2B or below, Gleason score <9, PSA <8 ng/ml.

Referring Physician Information on Lab Claims

Laboratory Providers,

Effective 6/4/07, VTMedicaid will accept the referring physician NPI/Taxonomy code combination in form locator 17a & b for claims processing. The laboratory VTMedicaid numbers will appear in 33a & b and 24j.

NPI Providers List

Providers,

A list of active providers enrolled with VTMedicaid who have submitted their NPI/Taxonomy code combination to EDS is now posted at: www.vtmedicaid.com

The file is posted on a secure page within Transaction Services. You must sign in to access this file.

Please check this file to validate that your NPI/Taxonomy code combination in the VTMedicaid system is correct.

If your information is not correct, please email the correct information to: VTNPIcommunications@eds.com

Or fax it to: 802-878-3440, attention John Thomas

Or call EDS Provider Services at: 802-879-4450

Procedure Code 76999 Update

Providers,

Effective date of service 7/1/07, the OVHA has determined that Procedure Code 76999 requires prior authorization.

Prior Authorization Request Requirements

Providers,

When submitting a Prior Authorization request to VTMedicaid please include on the request either your VTMedicaid Provider ID# or your NPI/Taxonomy code combination.

June 1, 2007

Outpatient Claims Mass Adjustment

VTMedicaid will conduct a mass adjustment to correct payments made to Vermont hospitals for cost-based reimbursements incorrectly made at the lower rate. The correct rate was made effective 4/1/07. VTMedicaid will correct for the dates of service between 9/1/06 and 3/31/07.

Vermont hospitals should not submit electronic claim adjustments in the week of 6/11-6/15/07 to avoid mixing with the corrections for 9/1/06 and 3/31/07. Paper adjustments for Vermont hospital outpatient claims will not be processed in the week of 6/11-6/15/07.

These adjustments will pay on 6/22/07 and appear on the Remittance Advice report of the same week.

We apologize for any inconvenience this has caused and we appreciate your patience as we correct this error.

NPI-Dental Claim Forms Update

With the implementation of NPI the only claim form that can accommodate the NPI and Taxonomy codes is the ADA 2006 form. All dental providers should use this form in their NPI implementation. However, dentists using the Dentrix system have identified a problem with patient data placement. Therefore, VTMedicaid will accept patient data in either box 12 or 20 of ADA 2006, until Dentrix rectifies its system problem.

Dentists using Eagle Soft cannot generate a correct ADA 2006 claim until the fall. VTMedicaid will continue to accept the 1994 claim form with the Medicaid ID# from Eagle Soft users until Eagle Soft becomes NPI-compliant.

If your practice has not converted to the ADA 2006 form, please contact EDS immediately so we can work with you to come into compliance. With the exception of Eagle Soft users who may continue to use the 1994 claim form until compliance issues are settled, VTMedicaid intends to stop accepting the 1994, 1999 and 2002 claim forms after the first of July. If you are unable to meet the July deadline please call EDS Provider Services and we will work with you on a compliance plan.

EDS Help Desk:

In State: 800-925-1706

Out of State: 802-878-7871

Legacy #s and NPI/Taxonomy Codes on Claim Forms

Providers,

It is imperative that you DO NOT use both a VTMedicaid Provider ID# and a NPI/Taxonomy combination on your claim forms when billing VTMedicaid. Please be sure to use only your VTMedicaid # or your NPI/Taxonomy combination otherwise your claims will be returned. Instructions for how to correctly fill out claim forms can be found in the CMS1500 08/05, UB04 or Dental Supplement billing manuals posted at: www.vtmedicaid.com.

Covered Days on the UB04 Claim Form

Providers,

When billing covered days on the new UB04 form, place value code 80 in FL 39 to indicate covered days. Put the number of days covered in FL 39 under the "value code amount" column.

The sum of all days billed in FL 39 should equal the date span billed in FL 6. Note: The date of discharge or the date of death should not be counted in covered days billed.

Electric Bed Codes Update

Effective 6/25/07, the OVHA requires prior authorization for all electronic beds. Providers must have prior authorization to bill the following 'electric bed' procedure codes: E0194, E0260, E0261, E0265, E0266, E0270, E0294, E0295, E0296, E0297, E0301, E0302.

Procedure Code 32999 Update

Effective date of service 6/25/07, the OVHA has determined that procedure code 32999 requires prior authorization.

May 25, 2007

NPI Implementation Update

Vermont Medicaid needs your Medicaid provider ID on all claims until May 28th. Vermont Medicaid will begin to accept and process claims containing the NPI/Taxonomy code combination on May 28th. Beginning May 29th, providers can drop the Medicaid provider ID from their claims.

Like Medicare, Vermont Medicaid's processing system will be dual use, so electronic claims with Medicaid provider ID numbers will continue to be accepted past the NPI deadline.

If you are not NPI-ready, you may continue to submit paper or electronic claims using your Vermont Medicaid provider ID number.

New Forms, Old News

Providers submitting paper claims must use the new UB04 and CMS1500 08/05 forms no later than 5/23/07.

PES 2.19

Providers may begin downloading PES 2.19 on Monday, May 21, 2007. Providers outside of test mode should not submit electronic files using a NPI/Taxonomy combination only, before May 28th.

Claims Processing Update for Dental Providers

Dental providers who bill on paper claims and are NPI-ready on May 28, 2007 should submit claims using a NPI/Taxonomy combination on the new ADA 2006 claim form, do not use old forms.

If you have your NPI and cannot pass it with the Taxonomy code to VTMedicaid due to software problems and the like, then you may continue to submit claims using your current Medicaid provider number on earlier ADA claim forms. We expect that you are making a good faith effort to come into NPI-compliance using the ADA 2006 claim form as soon as possible. Please do not try to use your NPI/Taxonomy combination on the old forms.

In no case will a provider have more than one year to become NPI-compliant.

Procedure Codes E0691 & E0694 Update

Providers,

Effective date of service 6/1/07, the OVHA has determined that procedure codes E0691 and E0694 (ultraviolet light therapy) require prior authorization.

May 18, 2007

Memorial Day Schedule

Providers,

Please be aware that the offices of the OVHA and EDS will be closed for the Memorial Day holiday on Monday, May 28, 2007.

May 11, 2007

NPI Implementation Update

EDS will be able to process claims using NPI and taxonomy codes by the May 23, 2007 deadline. Every provider that needs a NPI must have one on file with EDS before the deadline. Nevertheless, a number of providers have expressed concerns that they will not be able to pass their claims using their NPI to EDS for a variety of reasons. Others are concerned about completing testing in time. Because of these problems in using the NPI, the OVHA has asked EDS to allow providers to use either the new NPI and Taxonomy codes combination or the old Medicaid ID number on both electronic and

paper claims beyond the 5/23/2007 deadline. This change assumes that all providers are making a good faith effort to make the system changes necessary to process NPI compliant claims. This flexibility in using either number will expire no later than May 23, 2008.

All providers that are required to get a NPI should have one by the May 23, 2007 deadline. Each provider should inform EDS of its new NPI number and taxonomy code prior to the deadline. This deadline has not been extended. Each provider required to use NPI is required to submit their enumerator letter to EDS for verification purposes.

Providers may begin testing claim processing with NPI at EDS not earlier than May 9, 2007. Further information on testing at EDS will be announced soon. Providers are reminded that the NPI technical specifications were posted at www.vtmedicaid.com.

For a 12 month period after the compliance date (i.e., through May 23, 2008), CMS will not impose penalties on covered entities that deploy contingency plans if they have made reasonable and diligent efforts to become compliant and, in the case of health plans (that are not small health plans), to facilitate the compliance of their trading partners. Further information regarding CMS' Contingency Guidelines can be found on their web site www.cms.hhs.gov.

CPT Cat. III codes 0141T, 0142T & 0143T

Pancreatic Islet Cell Transplantation

Autologous pancreatic islet cell transplantation is medically necessary and covered by the OVHA for patients undergoing near-total or total pancreatic resection (pancreatectomy) for severe, refractory chronic pancreatitis.

Documentation in the patient's records must substantiate the coverage criteria as stated here.

Effective immediately, the following three CPT Category III procedure codes are currently active for these procedures:

0141T: Pancreatic islet cell transplantation through portal vein, percutaneous

0142T: Pancreatic islet cell transplantation through portal vein, open

0143T: Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein

May 4, 2007

Revenue Code Update

Hospital Providers,

Effective date of receipt 6/4/07, VTMedicaid will no longer require the use of ICD-9 surgical procedure codes on Outpatient claims. The following additional revenue codes will require HCPCs on outpatient claims:

36X OR SVCS, All categories

480 CARDIOLOGY, GENERAL

49X AMBULATORY SURGICAL CARE, All categories

750 GASTROINTESTINAL SVCS, GENERAL

Note: this is a list of revenue codes that will require the submission of HCPCS codes in addition to those revenue codes that currently require HCPCS for outpatient processing. Please review the complete list of revenue codes posted on-line at: www.vtmedicaid.com

April 27, 2007

NPI Enumerator Letters Required

Providers,

The OVHA requires EDS to verify that all NPI numbers are accurately entered into our system. Therefore, EDS requires a copy of your enumerator letter for data verification purposes. Please write your current Medicaid ID number and the taxonomy code that you intend to bill with on the enumerator letter if that information is not already included. If there are multiple taxonomy codes listed on the letter, please circle the one that offers the broadest general description of your specialty.

Enumerator letters may be sent to EDS by:

- Email: VTNPIcommunications@eds.com
- FAX: 802-878-3440
- Mail: EDS, PO Box 888, Williston, VT 05495

Taxonomy Codes ARE NOT in any way related to your tax ID! Please do not send in your tax ID documentation.

To determine your taxonomy code please review the master taxonomy code list posted on the Washington Publishing website: www.wpc-edi.com Follow the links to *HIPAA Code Lists*, then *Health Care Provider Taxonomy Code Set*.

Billing Incontinence Supplies

DME Providers,

DME or supplies (e.g. incontinence products) provided at the pharmacy must be billed on the CMS 1500 claim form using correct coding according to HCPCs guidelines.

Please visit www.vtmedicaid.com for the following:

- Billing instructions for using the CMS 1500 billing form.
- The Fee Schedule for information on the rates for these codes.
- The (downloadable) Medical Necessity Form that is required when billing these supplies.

You can find information on Clinical Criteria on the Office of Vermont Health Access website at: <http://www.ovha.state.vt.us/> and then follow these links: Provider Services, Provider Services, Coverage Guidelines, DME.

If you should have any questions please call the EDS Help Desk at:

- In State: 800-925-1706
- Out of State: 802-878-7871

Clarification of Cotton-Tipped Applicators Banner Message of 3/16/07

DME Providers,

The only cotton-tipped applicators covered by the OVHA continue to be the wooden cotton-tipped applicators. Usage of the terms “Q-tips” and “cotton swabs” in the Banner message of 3/16/07 were misleading. These items continue to be non-reimbursable by the OVHA.

Wooden cotton-tipped applicators do not need prior authorization when medically necessary and supplied in quantities of 100 or less within a calendar month (per beneficiary).

A description of the dispensed item must be clearly noted on the CMS-1500 form for all claims billing miscellaneous procedure codes such as A4649.

We apologize for any inconvenience generated by this issue.

A0434 Rate Update

Providers,

Effective date of service 1/1/07 the rate for Medical and Surgical Code A0434 [Ambulance, specialty care transport] has been increased to \$223.43.

April 20, 2007

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.

Updated Technical Specifications for Electronic Transactions

Providers,

The Companion Guide and technical specifications for electronic transactions have been updated to accommodate NPI requirements for submitting claims to VTMedicaid. The updated files are available at: www.vtmedicaid.com under Downloads, HIPPA Tools.

It is essential that these new specifications be reviewed by all electronic billers not using the EDS supplied billing software - PES. Additional data elements are now required to ensure proper payment and these changes are identified in the technical specifications.

For additional information on electronic transactions please contact the EDI Coordinator at 802-879-4450, option 3.

Non-Covered Codes

Providers,

Effectively immediately the OVHA has made the following procedure codes non covered [PAC 9]:

C9232 [Injection, Idursulfase, 1 mg, item covered as a pharmacy benefit, must be billed by pharmacy]

J3590 [Unclassified Biologics]

J3490 [Unclassified Drugs]

Please visit: www.vtmedicaid.com for a complete list of non-covered codes.

April 13, 2007

New Procedure Codes Q4083-6

Effective date of service 1/1/2007, the OVHA has determined that the following HCPCs procedure codes may be used to bill approved medications injected into the knee joint to treat osteoarthritis of the knee:

Q4083 [Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose]

Q4084 [Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose]

Q4085 [Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose]

Q4086 [Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose]

QW Modifier Update

Providers,

Effective immediately, the OVHA has approved the QW modifier as informational only.

This modifier is to be used in accordance with correct coding guidelines as indicated in the CPT manual.

April 6, 2007

NPI/Taxonomy Use to allow for Medicare Crossover Claims

Vermont Medicaid claims processing will require the use of a Taxonomy code when the provider is required to bill using an NPI. We are aware that Medicare does not have this same requirement but will include the Taxonomy code, as submitted on the claim, on the cross over file. In order to assure proper automatic crossover and subsequent VT Medicaid processing of your claims you must also include your Taxonomy code on any claims sent to Medicare.

Nursing Home Update

Providers,

After consideration, the OVHA has reinstated the following policy effective immediately: Physicians nursing home visits are limited to 1 per week.

Interpreter Services & Resources

Providers enrolled with Vermont Medicaid are required to offer interpreter services under Title IV of the Civil Rights Act of 1964 and the Americans with Disabilities Act both of which are included in the VTMedicaid Provider Agreement contract.

Policy

- When the physician pays an interpreter to interpret for a beneficiary who does not speak the same language as the physician/staff, or to use sign language for interpretation with a hearing impaired beneficiary, the physician may bill procedure code T1013 at \$15.00 per every 15 minutes.
- Providers may not balance bill interpreter services.
- Federally Qualified Health Centers/Rural Health Center providers must bill interpreter services using T1013 with their non-FQHC/RHC numbers.
- Dentists also use procedure code T1013 on a professional claim form for interpreter services.

For further information on interpreter services please review the Interpreter Services & Resources FAQ page posted at: www.vtmedicaid.com under "Information".

30420, 14060, and 38206 Coding Updates

Providers,

Effective date of service (30 days from notification) the OVHA has determined that:

CPT code 30420 [RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR] requires prior authorization,

and

the following ICD-9 surgical codes no longer require prior authorization:

14060 [ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT UP TO 10 SQ CM]

38206 [BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS]

HPV Procedure Limitations

Providers,

Effective date of service 1/1/06, Procedure Code 90649 [HUMAN PAPILLOMA VIRUS (HPV) VACCINE, FOR INTRAMUSCULAR USE] is limited to:

1 0.5ml syringe per dispensing, and 3 total doses (1.5ml total) per patient per lifetime for females between the ages 9-26.

March 30, 2007

NPI-Updated Claim Forms Deadline

Providers,

Please be aware that as of 5/23/07, when you submit paper claims it is mandatory that you use the new claim forms updated to accommodate NPI. Claims submitted on old forms after 5/23/07 will be returned. Billing instructions for completing the updated forms can be found at: www.vtmedicaid.com

March 23, 2007

Oximeter Purchase

Providers,

HCPCS code E0445 (with no modifiers) represents the purchase of a spot check oximeter. When medically justified per the OVHA Coverage Guidelines (found at: www.ovha.state.vt.us> follow the links to: Provider Services> Provider Services> Coverage Guidelines> DME), payment can be made for the purchase of a spot check oximeter. Oximeter purchase is limited to one oximeter in 3 years per beneficiary. Prior authorization is required if a second oximeter is needed prior to the 3 year limit.

Providers are reminded to review the OVHA website for coverage guidelines. Documentation that the beneficiary's need meets coverage guidelines is required to be maintained in the patient's medical records.

K0898 Pricing Update

DME Providers,

Effective DOS 4/16/07, the OVHA has determined K0898 [power wheelchair] to be manually priced according to DME payment and pricing policy detailed in the DME Supplement found on-line at: www.vtmedicaid.com

March 9, 2007

Cotton-tipped Applicators

Providers,

Cotton tipped applicators (Q-tips, cotton swabs) do not require prior authorization when medically necessary and when supplied in allowed quantities (1 unit, which is one box or bag of 100 swabs, per patient per calendar month). Providers are reminded to clearly note a description of the item(s) billed in box 19 on the CMS 1500 claim form.

Submit Your NPI NOW!

The deadline for NPI is fast approaching. Providers must understand that the processing of your claims will be delayed if EDS has not received your NPI information well before May 23, 2007. Tentative testing of NPI data in the VTMedicaid system begins April 17, 2007. It is to your benefit then that you get your NPI information to EDS by **April 1** to insure adequate time for data entry.

We want to stress the urgency of this request and emphasize again that the processing of your claims will be delayed without your NPI data.

Please visit the VTMedicaid website at www.vtmedicaid.com for further information on attaining and submitting your NPI or call the EDS Help Desk at: 800-925-1706 or 802-878-7871

Medicaid 101 Workshop

EDS will hold a Medicaid 101 workshop for new billers or as a refresher course for anyone that would like to attend. The workshop will be held on March 15, 2007 from 1 to 3 PM in the large conference room at the Office of Vermont Health Access in Williston. Please call Wendy Haskell at 802-857-2963 to reserve your seat.

Breast Pump Updates and Clarification

The following are currently in effect for dates of service 01/01/2006 and beyond:

E0602-Breast pump, manual, any type. This code is for purchase only, prior authorization is not needed and it may be billed with infant or mother member ID.

E0603-Breast pump, electric (AC and/or DC), any type. This code is covered for rental only (requires RR modifier), prior authorization is needed after 3 months and it may be billed with the infant or mother member ID.

E0604-Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and or DC). This code is covered for rental only (requires RR modifier), prior authorization is needed after 3 months and it may be billed with the infant or mother member ID.

Prior Authorization is not required for the first 3 months for E0603 and E0604, however providers and suppliers are responsible to ensure that medical necessity is met and should refer to the Coverage Guidelines for Electric Breast Pumps posted on the OVHA website:

<http://ovha.vermont.gov/provider-services/provider/coverage-guidelines/>

Retrospective review may be performed and if the item is found to be not medically necessary claim recoupment may be done.

Please submit claims to EDS that were denied for issues related to gender/age mismatch or E0604 not being covered. Do not send these to the OVHA for override.

UB-04 Form Updated for NPI

As of March 1, 2007 EDS will be accepting the new updated UB-04 billing form which has been updated to accommodate the National Provider Identification number. Until EDS accepts NPI numbers, please follow the instructions in the UB-04 manual when filling out the new UB-04 form.

The UB-04 manual can be located at www.vtmedicaid.com under downloads/manuals/UB- 04.

February 23, 2007

Submit Your NPI NOW!

The deadline for NPI is fast approaching. Providers must understand that the processing of your claims will be delayed if EDS has not received your NPI information well before May 23, 2007. Tentative testing of NPI data in the VTMedicaid system begins April 17, 2007. It is to your benefit then that you get your NPI information to EDS by April 1 to insure adequate time for data entry.

We want to stress the urgency of this request and emphasize again that the processing of your claims will be delayed without your NPI data.

Please visit the VTMedicaid website at www.vtmedicaid.com for further information on attaining and submitting your NPI or call the EDS Help Desk at: 800-925-1706 or 802-878-7871.

February 16, 2007

EDS Provider Representatives

The following provider representatives are assigned to various counties or providers for assistance with billing questions or concerns and should be contacted if there is a persistent concern:

- Danielle Dragon: Lamoille, Washington and Orange (802) 857- 2956
- Carrie Germaine: FAHC and DHMC (802) 857-2964
- Wendy Haskell: Franklin, Orleans, Caledonia and Essex (802) 857-2963
- Betty Parent: Rutland, Windsor, Bennington and Windham (802) 857-2959
- Deb Safford: Chittenden, Addison and Grand Isle (802) 857-2957

To expedite resolution of basic questions or concerns contact the Help Desk by calling: (800) 925-1706 or (802) 878-7871

Procedure Code 99213 Adjustment

EDS recently adjusted claims for procedure code 99213 and failed to notify providers of this adjustment. Providers were paid \$80.45 for this code when they should have been paid \$51.29. EDS updated this file on 1/19/07. Claims paid at the incorrect amount for dates of service 1/1/07-1/19/07 have been adjusted on the 2/2/07 RA.

We apologize for the inconvenience this has caused.

February 2, 2007

EDS Provider Satisfaction Survey

EDS would like to thank the providers who responded to the recent EDS provider satisfaction survey. 93% of the respondents ranked EDS' overall performance as the fiscal agent for the Vermont Medicaid Program as satisfactory or very satisfactory. We appreciate your participation and the constructive feedback offered.

Congratulations to Grace Cottage Hospital business office for winning the free pizza party!

Holiday Schedule

Providers,

The OVHA and EDS offices will be closed on Monday, February 19th, 2007 for President's Day.

REMINDERS!

Banner Pages by Email

Providers can now receive the weekly VTMedicaid communications (Banner Pages) via email. This is the fastest way to receive VTMedicaid program and policy updates.

Providers interested in receiving banner notifications via email should send their request to: VTmedicaidbanners@eds.com

In addition to appearing on the weekly remittance advice report, banner notifications are also posted on-line at: www.vtmedicaid.com under Information.

VTMedicaid Now Accepting NPI Numbers!

Providers may begin submitting their NPI numbers to VTMedicaid by using the Excel data collection form now posted at:

<http://www.vtmedicaid.com/Information/whatsnew.html>

Please be sure to read the instructions included with the form.

For further information on NPI please refer to the NPI FAQ posted at:

<http://www.vtmedicaid.com/Information/whatsnew.html> or visit the CMS web site: www.cms.hhs.gov/NationalProvIdentStand.

January 26, 2007

Procedure Code A4385 & A4404 Clarification

Providers,

We have noticed an increase in the number of DME providers using the incorrect procedure code for Ostomy rings. The correct HCPCS procedure code for Ostomy rings is A4404.

Many providers have been using procedure code A4385 but this is not a correct code for this procedure.

Scheduled System Maintenance

Providers,

POS swipe card eligibility transactions, PES interactive eligibility transactions and PES claim status transactions will be unavailable on February 18, 2007 from 1:00 am EST to 6:00 am EST due to scheduled system maintenance.

During this period providers may use Malcolm to check eligibility and VTMedicaid on-line transaction services to check claim status.

January 19, 2007

Ladies First Billing Updates

Ladies First providers,

Please follow these updated billing instructions that are required to accommodate NPI:

On the 837 Institutional transaction and the UB-92 claim form please populate a condition code field (boxes 24-30) with a value of 'A3' to indicate a Ladies First claim.

On the 837 Professional transaction please populate the special program code with a value of '03' to indicate a Ladies First claim.

On the HCFA 1500 claim form please populate the ESPDT/Family Planning box [24.H] with a value of '5' to indicate a Ladies First claim.

Code E0784 Update

Providers,

Effective date of service 1/1/07, the limits for Procedure Code E0784 (External ambulatory infusion pump, insulin) have been changed to 1 per 4 years. The previous limit was 1 per 8 years.

Codes 43770,43886-8 Updates

Providers,

Effective date of service 2/12/07 procedure code 43770 [Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)] requires prior authorization.

The following procedure codes do NOT require prior authorization.

43886 [Gastric restrictive procedure , open; revision of subcutaneous port component only],

43887 [;removal of subcutaneous port component only],

43888 [;removal and replacement of subcutaneous port component only]

Procedure Code S8190 Update

Providers,

Effective date of service 2/12/07, procedure code S8190 [electronic spirometer] requires prior authorization.

Therapy Rates Update

Providers,

The following speech, occupational, and physical therapy revenue and CPT codes will not be reimbursed when any of the diagnoses codes listed below are used as the primary diagnosis. They may be used as a secondary diagnosis.

Revenue Codes : 420, 430, 440

Procedure Codes: 97001-97750 & 92506-92507

Diagnosis Codes:

- 309-309.4 [Adjustment Reactions]
- 312 [Disturbance of conduct NEC]
- 313.1-313.8, 313.83-313.9 [Disturbance of emotions specific to childhood and adolescence]
- 315-315.9 [Specific delays in development (“excludes that due to a neurological disorder 320-389.9”)]
- 719.5 [Stiffness of joint, NEC]
- 780.7 [Malaise and fatigue]
- 780.79 [Other malaise and fatigue (“weakness, generalized”)]
- 783.42 [Delayed milestones]
- 784.4 [Voice disturbance, unspecified]
- 784.49 [Voice disturbance, other (“...hoarseness, hypernasality, hyponasality”)]
- 784.60 [Symbolic dysfunction, unspecified]
- 799.3 [Debility, unspecified]
- 799.8 [Other ill-defined condition]
- 799.9 [Other unknown and unspecified cause]
- V60-V60.9 [Housing, household, and economic circumstances]
- V61-V61.9 [Other family circumstances]
- V62-V62.9 [Other psychosocial circumstances]
- V69-V69.9 [Problems related to lifestyle]

The following explanation of benefits will appear on the Remittance Advice report:

“Primary dx code does not demonstrate the med necessity for PT, OT, or ST treatment.”

VTMedicaid Now Accepting NPI Numbers!

Providers may begin submitting their NPI numbers to VTMedicaid by using the Excel data collection form now posted at:

<http://www.vtmedicaid.com/Information/whatsnew.html>

Please be sure to read the instructions included with the form.

For further information on NPI please refer to the NPI FAQ posted at:

<http://www.vtmedicaid.com/Information/whatsnew.html> or visit the CMS web site: www.cms.hhs.gov/NationalProvIdentStand.

Banner Pages by Email

Providers can now receive the weekly VTMedicaid communications (Banner Pages) via email. This is the fastest way to receive VTMedicaid program and policy updates.

Providers interested in receiving banner notifications via email should send their request to: VTmedicaidbanners@eds.com

In addition to appearing on the weekly remittance advice report, banner notifications are also posted on-line at: www.vtmedicaid.com under Information.

January 12, 2007

CPT Code Update – Correction

Providers,

The previous notification regarding rate changes to E & M codes that was sent on 12/22/06 and posted again on the 1/5/07 RA contained incorrect rate information. This notification is a correction. We apologize for any inconvenience this has caused.

In the last legislative session, the OVHA was appropriated over \$2 million to increase pricing for E&M codes to Medicare 2006 fee levels subject to the availability of funds. 54 E&M codes will be converted to the Resource Based Relative Value System payment method. Seven of the codes will be reduced from current pricing to the 2006 Medicare level (using a coefficient of \$37.8975) and the remaining codes will be increased to the 2006 Medicare level.

Please be aware that EPSDT, PCPlus, and Psychiatric fee enhancements will no longer be paid on the codes that move to RVRBS.

The new codes and rates, as corrected, can be found at www.vtmedicaid.com in the download section.

Updated Instructions for 2006 ADA Dental Claim Form

The ADA has issued this new billing form to accommodate the National Provider Identification number. The changes made to the form are minimal and the instructions for filling out the new form locators are given below. VTMedicaid began accepting this new claim form on 1/1/07 but providers must not use NPI and Taxonomy codes before the NPI deadline 5/23/2007. Prior to 5/23/07, the VTMedicaid billing and attending provider numbers must be used.

After 5/23/2007, Dental Form 2006 will replace all dental claim forms previously used.

FL49. Billing Provider NPI Number **(Do not use before 5/23/2007)**

If using NPI numbers, enter the billing provider NPI number. Use your group provider NPI number if you are a provider in a group practice. Use your individual NPI number if you are not a provider in a group practice.

FL52A Billing Provider ID***(Do not use box 52A to indicate a taxonomy code before 5/23/07)**

If you are a group practice using NPI numbers, use box 52A for the taxonomy code for the group practice. If you are not a provider in a group practice and you are using NPI numbers, use box 52A for the taxonomy code for the attending dentist who performed the service.

If not using NPI numbers, enter the Vermont Medicaid billing provider ID in box 52A. Use your Vermont Medicaid group provider number if you are a provider in a group practice. Use your Vermont Medicaid individual provider number if you are not a provider in a group practice.

FL54. Attending Provider NPI number **(Do not use before 5/23/2007)**

Enter the Attending Provider NPI number. Use the NPI number of the attending dentist who performed the service.

FL56A Taxonomy Code **(Do not use before 5/23/2007)**

If you are using NPI numbers, use box 56A for the taxonomy code of the attending dentist who performed the service.

FL58 Attending Provider ID

Enter the Vermont Medicaid Attending Provider ID number. Use the provider number of the attending dentist who performed the service.

January 5, 2007

January Holiday Schedule

Providers,

The OVHA and EDS offices will be closed on January 15, 2007 in honor of Martin Luther King, Jr. Day.

Prescription Coverage Update

Effective January 1, 2007 members of the Vermont Medicaid program who are of the ages 18, 19 and 20 will no longer be charged a co-payment for prescriptions.

2007 Dental Benefits Update

Dental Providers,

An incorrect notification regarding a reduction of adult dental limits (dated 2006) was inadvertently posted on the RA dated 12/29/2006.

The following information is correct:

Effective January 1, 2007, the Adult Program annual maximum benefit will be increased to \$495 per calendar year. In addition, the Adult Program 6% fee reduction will be eliminated for services provided on or after January 1, 2007. An updated OVHA Dental Procedure/Fee Schedule outlining these changes will be mailed to you in the near future.

[The following two banner messages were distributed to providers via email and posted on the VTMedicaid website on 12/21/06.]

Inpatient Per Diem Rates Update

Providers,

A 2006 legislative appropriation increased Vermont Medicaid's payment to hospitals. As a result, inpatient per diem rates will be increased effective date of service 1/1/07. Providers should have already received a notification letter from the OVHA listing the per diem rate increases.

CPT Code Update

In the last legislative session, the OVHA was appropriated over \$2 million to increase pricing for E&M codes to Medicare 2006 fee levels subject to the availability of funds. 76 E&M codes will be converted to the Resource Based Relative Value System payment method. Seven of the codes will be reduced from current pricing to the 2006 Medicare level (using a coefficient of \$37.8975) and the remaining codes will be increased and use a unique Medicaid coefficient of \$34.8100.

Please be aware that EPSDT, PCPlus, and Psychiatric programs will no longer receive enhancements.

The new rates can be found at www.vtmedicaid.com in the download section.