

Banner Pages for February 5th, 2010

OCR

We are currently implementing the Optical Character Reading (OCR) system. If you are an individual billing provider your last name should always be first in the billing provider name field. For more detailed information regarding OCR requirements, please refer to the August 2009 Advisory posted on the Vermont Medicaid website at: www.vtmedicaid.com under Downloads.

OCR (Dental Providers only)

Please be advised, due to the implementation of the Optical Character Reading (OCR) we ask that you enter in the amount paid by other insurance including, contract allowance if applicable, in field 32 (other fees) of the 2006 ADA Dental Claim Form. For more detailed information regarding OCR requirements, please refer to the August 2009 Advisory posted on the Vermont Medicaid website at: www.vtmedicaid.com under Downloads.

Patient Share Adjustments

Adjustment requests for nursing home claims that involve a DCF change to the patient share amount currently require manual handling for reprocessing. Please send an adjustment request form to: HP Enterprise Services, P.O. Box 888, Williston, VT 05495 Attn: Patient Share Adjustments to ensure proper handling of the request. HP is working on an enhancement to automate this process in the future. We apologize for any inconvenience this may cause in the interim.

www.vtmedicaid.com website updated periodically

Our www.vtmedicaid.com website is updated periodically. When visiting our website please make sure to hit the refresh button or F5 on your keyboard upon opening the site to ensure you are viewing the most recent information posted.

CLIA

Reminder: The implementation of the CLIA requirement was effective 12/01/2009. As of that date, any provider submitting claims for laboratory services are required to have a CLIA certificate on file with HP. The services being submitted must be covered by the certificate and within the effective dates. HP requires a copy of the most current CLIA certificate used by each individual provider, group or facility be sent directly to HP Enterprise Services, Provider Enrollment Unit, PO Box 888 Williston, VT 05495. Please be sure to include your NPI and Taxonomy Code(s) when mailing your copy to HP.

Additionally, Vermont Medicaid will utilize the QW modifier to indicate a CLIA waived following CMS guidelines for billing waived tests. To determine if your lab service requires a QW modifier please refer to the list published at: <http://www.cms.hhs.gov/CLIA/downloads/waivetbl.pdf>.

CLOSED FOR THE HOLIDAY

Please be advised, the OVHA and HP Enterprise Services offices will be closed on Monday, February 15th in observance of Presidents Day.

2009 Provider Annual Survey

HP Enterprise Services would like to invite providers to participate in the 2009 Provider Survey! You can help HP to enhance services and to better serve you and the provider community by responding to this survey by February 19th! Join us at www.vtmedicaid.com under Information to participate in our new online version of the Provider Survey! If you do not have access to the internet, request a paper copy by contacting the Help Desk at 802-878-7871 (In-state - 800-925-1706; Out-of-state - 802-878-7871) and one will be provided. All completed 2009 Surveys need to be returned to HP Enterprise Services by February 19th, 2010.

January 29th, 2010

Ladies First Extension for Late Claim Submissions

On February 1, 2010 Ladies First will be implementing a six-month timely filing limit based on date of service. To assist with this transition, any claims submitted after February 1st with a date of service prior to August 1, 2009 must be submitted to Ladies First. Ladies First will be paying all past bills manually. Please submit all late filing claims to Tanya Beaudoin, Vermont Department of Health, PO Box 70 Drawer 38, Burlington, VT 05402. Those claims should be submitted by April 30, 2010 for payment.

Submit all claims with dates of service on or after August 1st, 2009 to HP Enterprise Services within 6 months of Date of Service.

New Aid Categories

Please be advised, the Office of Vermont Health Access has issued two new aid categories that cover Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Nutritionist (NU), Autism Specialist (AU) services only for the following programs:

SH-Children with Special Health Needs (CSHN)

FI-Family Infant and Toddler Program (FITP)

A child can be covered by Vermont Medicaid, along with CSHN or FITP or by both programs. If the child has a Vermont Medicaid benefit, CSHN, and/or FITP the aid categories will be listed on the voice response system (VRS), the website www.vtmedicaid.com, or you can contact HP Enterprise Services' help desk at 1-800-925-1706. When SH and/or FI aid categories are the lone coverage listed the child is covered under CSHN or FITP for PT, OT, ST, NU, and AU services only.

January 22nd, 2010

CMS 1500 Medicare Attachment Summary Form

When submitting a CMS 1500 claim form with more than 6 details that Medicare had already paid as primary, you must complete an additional Medicare Attachment Summary Form for every 6 details. The number of details on the claim form(s) must match the number of details on the Medicare Attachment Summary Form(s). When submitting this type of multiple page CMS claim, the total Medicare paid amount should be recorded only once on page 1, field 3 of the Medicare Attachment Summary form.

The Vermont Prescription Monitoring System (VPMS) Presentation

Meika Zilberberg from the Vermont Department of Health will give a presentation on the Vermont Prescription Monitoring System (VPMS) on February 12, 2010 from 12:00PM – 1:00 PM at OVHA, in the large conference room, 312 Hurricane Lane, Williston, VT.

This presentation is open to all physicians, dentists and pharmacists. The VPMS maintains a database of all controlled drugs (Schedule II, III, and IV) sold in Vermont. The VPMS tracks how the drug was paid for – Medicaid, Medicare, third party insurance, or cash – and informs providers of all controlled medications a patient/client has received from all doctors. This information can help providers work to effectively manage their patients' treatment.

Please join us for this informative and important presentation. If you have any questions, please call Meika Zilberberg at 802/652-4147 or Kyle Mooney at 802/879-5923.

January 15th, 2010

Maximum of One Dispensing Fee per Month for Maintenance Drugs Not Subject to the 90-Day Refill Requirement.

As a reminder, select maintenance drugs are required to be refilled in increments of 90 days. As always, other maintenance drugs not requiring a 90-day refill must be refilled in increments of 30 days unless the prescriber has clearly identified extenuating circumstances that justify a more frequent refill. In those rare cases where extenuating circumstances occur, please remember that only one dispensing fee per month may be billed to the Medicaid program.

CLOSED FOR THE HOLIDAY

Please be advised, the OVHA and HP Enterprise Services will be closed on Monday, January 18th in observance of Martin Luther King Jr.'s Birthday.

Billing Provider Name Field (Clarification)

Due to the Optical Character Reading (OCR) system requirements, if you are an individual billing provider your last name should always be first in the billing provider name field. For more detailed information regarding OCR requirements, please refer to the August 2009 Advisory posted on the Vermont Medicaid website at: www.vtmedicaid.com under Downloads.

January 8th, 2010

Acupuncture, not a Medicaid covered service

This serves as a reminder that Acupuncture is not a Medicaid covered service.

Urine Toxicology Screen Coverage (80101)

The following is a clarification on the Urine Toxicology Screen Coverage banner page published on 9/4/2009. As of October 4th, 2009 Vermont Medicaid restricted its coverage for the urine toxicology screen (CPT code 80101) to nine units. Vermont Medicaid will no longer cover the following substances utilizing the urine drug screen: Propoxyphene, LSD, PCP and Ethanol. Alternative methods such as a breathalyzer can be utilized for Ethanol testing.

In addition, practitioners ordering urine toxicology screens are being asked to tailor their requests to address the needs of each beneficiary individually, testing only for those substances that are relevant to their specific care. OVHA will not penalize providers for not ordering a urine drug screen panel. CLIA waived rapid drug screens are a more cost effective and accurate mechanism for testing and may improve compliance with immediate results. Please contact Carol Drawbough with the Vermont Department of Health at 802-862-7240, to become a CLIA waived provider and for inquiries on what tests are approved CLIA waived tests as required by CMS. Remember if utilizing a CLIA waived test it is necessary for the provider to report on the claim the "QW" modifier, identifying the test utilized was a CLIA waived test. (www.vtmedicaid.com).

Providers Can Now Verify Ladies First Eligibility

Eligibility Verification

The VermontAIM Eligibility Verification System (EVS) now includes Ladies First member information for providers. This automated system provides eligibility status information clearly, concisely and rapidly 24 hours a day, seven days a week. All three functions of EVS; point-of-sale devices [key-in option ONLY], the Vermont Medicaid website, and voice response (in state toll free 1-800-925-1706 or out of state 1-802-878-7871), are complete and ready to be utilized. Ladies First encourages all providers to take full advantage of this system to verify a patient's eligibility status before services are rendered. This system offers the following functionality:

- Is available 24 hours every day except for routine maintenance
- Responds with rapid verification information
- Substantially minimizes the risk of non-payment for services rendered to ineligible patients
- Decreases the number of claim re-submissions due to inaccurate eligibility information

Providers can verify eligibility for the current date, up to, one year prior. Providers can rely on the accuracy of the EVS response, for up to nine days beyond the date of the coverage inquiry. 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 member must be eligible on the date of service and the service provided must be a covered service by the Ladies First program.

If for any reason you are unable to use the EVS system, you may call the Ladies First provider support line to verify eligibility at 1-800-510-2282.

Billing the Ladies First Member

If the provider bills Ladies First for a service or item, the provider may not bill the patient for any reason except the following:

- If the HP system reports that a member has other insurance, the provider must bill the service or item to the other medical insurance prior to billing Ladies First
- Ladies First is the payer of last resort

Timely Filing

Ladies First will be implementing a six-month timely filing limit, effective for all dates of service, February 1st, 2010 and thereafter. All claims must be submitted to HP Enterprise Services for processing prior to the six-month filing limit.

The following exceptions apply:

1. Claims billed to a primary payer must be filed within 24 months from the date of service.
2. HP Enterprise Services denied a claim within the timely filing limit, for a reason other than exceeding the time limit. A copy of the remittance advice showing the denial must be attached to each claim.

Ladies First will consider paying an untimely claim in unusual circumstances. An exception request can be made by sending the claim and a detailed explanation of why an exception should be granted to the Director, Ladies First, PO Box 70, Burlington, Vermont 05402.

Procedures (D7310, D7311, & D7320) are limited to four (4) quadrants per beneficiary per 365 days.