



Vermont Medicaid Portal

Banner Page

[February 10, 2012](#)

Anesthesiology – Change in Unit Billing Reminder

This notification is to remind providers that the change in unit billing for anesthesiology services only applies to dates of service on or after January 1, 2012. Do not submit claims using the new unit billing guidelines for services rendered prior to January 1, 2012.

Providers submitting claims for dates of service prior to January 1, 2012 are directed to the CMS-1500 supplement's (<http://www.vtmedicaid.com/Downloads/manuals.html>) "Detailed Summary of Updates" for 1/1/2012 to view previously effective unit billing guidelines.

HPES will be recouping claims for dates of service prior to 01/01/12 reimbursed in January of 2012 with units billed greater than the allowed amount. Providers are instructed to then rebill the recouped claims following the billing guidelines in place prior to January 1, 2012.

Closed for the Holiday

The DVHA and HP Enterprise Services offices will be closed on Monday, February 20, 2012, in observance of Presidents' Day.

[February 3, 2012](#)

Termination of Non-Participating Enrollment Status

In accordance with Federal 42 CFR 455.410, Vermont Medicaid no longer allows the enrollment of non-participating providers. HPES will systematically contact all active non-participating providers to facilitate other enrollment options.

PES 2.25 Software Upgrade Claim Submission Changes

When submitting claims using PES software version 2.25 please be aware of the following changes.

- Billing provider zip codes must be updated to 9 digits. If the last 4 digits are not known please use zeros.
- For providers only - PO Boxes may no longer be used to specify a street address; please use a physical mailing address. Payments are made based on the payment address in our system; not the submitted address.
- Click on Tools then options; on the batch tab make sure the Communication/Numbers/Qualifiers Field is EM, FX or TE.

[January 27, 2012](#)

[2011 Annual Provider Survey](#)

HP Enterprise Services invites you to participate in the 2011 Annual Provider Survey! Your participation will assist HPES in assessing and enhancing the services we provide to the provider community. The 2011 survey is available at <http://vtmedicaid.com/Information/whatsnew.html>; this editable PDF can be saved to your computer, completed and returned by e-mail to vtadvisorycommunications@HP.com. Please return your survey by February 20th, 2012. Providers with no internet access can request a paper copy by contacting the HP Provider Help Desk at 802-878-7871 (out-of-state) or 800 0925-1706 (in-state).

Inpatient Admissions – POA Indicator Change

The inpatient claim present on admission (POA) indicator options have changed to the following: Y (Yes), N (No), U (Unknown), and W (Not Applicable).

Indicator option 1 (exempt from POA reporting) is no longer to be used. If exempt from POA reporting leave the field blank.

The POA indicator is the eighth digit and is required on all diagnosis codes listed on the UB 04 (principal field 67 and secondary field 67 A through Q). This is not required for the admit diagnosis (69). For electronic claims using the 837 Institutional, submit the POA indicator in HI01-9 of each appropriate HI segment.

A list of diagnosis codes that are exempt from requiring the POA indicator can be located at <https://vtmedicaid.com/Information/whatsnew.html>.

National Correct Coding Initiative (NCCI) Update

DVHA has implemented the NCCI - National Correct Coding Initiative. Starting with the remittance advice of January 27, 2012, providers can expect to see denials for claims that are not compliant with NCCI standards. CMS posts the updated Medicaid NCCI edit files on the Medicaid.gov website at the beginning of each calendar quarter.

In addition, this is a reminder that it is the DVHA's intent to conduct a post payment review for claims prior to the required date to ensure overpayments were not made. Providers affected by this post-payment review will be notified.

The Quickest Way to Check Eligibility Verification

The HPES Provider Services Unit time tested eligibility verification by averaging the time needed to check 5 eligibility requests via the HPES help desk, VRS and Provider Web Services and the results are out! Provider Web Service was clearly the winner; three times faster than the VRS and almost 6 times faster than calling the help desk. If you perform 10 eligibility calls a week using the web service rather than the help desk you would save over 2 hours a week.

- Calling the PSU Help Desk – 17 minutes
- Voice response System (VRS)/Malcolm – 10 minutes
- Provider Web Services – 3 minutes

January 20, 2012

Outpatient Electronic Claims and the Admission Hour

It has come to our attention that the admission hour is no longer allowed to be included on outpatient electronic claims. This information is used by HPES to differentiate and process recurring – same day/same beneficiary outpatient visits. In order to expedite the processing of this claim type, we recommend the admission hour is included in the NOTES field. If you are unable to submit this information in notes field, drop the claim to paper and enter the admission hour in Field Locator 13 of the UB-04 Claim Form.

Electronic Outpatient Claim Denials

Recently submitted electronic outpatient claims have been denied in error for admission date required. This error has been corrected in our system; claims denied on your 01/13/12 remittance advice for EOB 034 (admission date required) should be resubmitted for processing. HPES apologizes for any inconvenience this has caused.

OPPS and RBRVS Fee Schedule Update

The OPPS and RBRVS Fee Schedules have been updated effective January 1, 2012. Fee Schedules and payment methodology can be accessed from the Vermont Medicaid Portal at www.vtmedicaid.com/Downloads/manuals.html, or the DVHA VT Medicaid State Plan at <http://dvha.vermont.gov/administration/state-plan>.

The VT Medicaid State Plan (State Plan) is also a source of reference for payment methodology/rate updates. The State Plan is a guiding document for changes applicable to Vermont's Medicaid population; which also includes the populations for Children's Health Insurance Program (CHIP) and the Choices for Care program which are not covered by the Global Commitment (GC) to Health Waiver. This announcement also applies to the GC population, where changes to payment methodology effects the GC population, which is being made pursuant to the flexibility authorized under the GC Waiver, specific to Sections 1902(a)(13) and 1902(a)(30) of the Social Security Act, which allows the State, through the DVHA, to establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State plan. The GC Waiver can be viewed at: <http://dvha.vermont.gov/administration/2011-global-commitment-to-health-documents>

EDI Server Maintenance to be Performed

EDI server maintenance is scheduled for Sunday, January 22, 2012, between the hours 12:00 am and 8:00 am. During this time, all Provider Web Services will be unavailable.

Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 802-878-7871, option 1 and then option 1 again.

HCPCS G0396 & G0397

Effective February 20, 2012, HCPCS codes G0396 & G0397 are no longer eligible for reimbursement by Vermont Medicaid. CPT codes 99408 & 99409 have been activated for Alcohol & Substance Abuse Drug Screening services.

Direct Medicaid Beneficiaries to Maximus Member Services

The HP Enterprise Services provider help desk is not authorized to assist beneficiaries. Please direct all Vermont Medicaid beneficiaries requiring assistance to call Maximus Member Services at 800-250-8427.

January 13, 2012

Anesthesiology – Change in Unit Billing Revised

DVHA is retracting this sentence, from its September 30, 2011 notice, "CPT codes 01961, 01967, 01968 and 01969 will be fee for service with a unit limit of one".

Effective date of service January 1, 2012, the payment methodology for all active anesthesia codes has been updated. All anesthesia codes will now be priced under the Level III pricing action code (PAC) A methodology. In addition, anesthesia CPT codes will be billed in minutes, one unit = 1 minute, with a cap unit limit of 600 minutes; except for CPT codes 00211 and 00567 the unit limit is 480 and CPT code 01967 the unit limit is 360.

The DVHA payment methodology for anesthesia services under Level III PAC A pricing is the Medicare payment formula of (units of service + base unit) multiplied by a conversion factor. The units of service billed are based on Medicare billing requirements. The base unit values used by DVHA are those put in place by Medicare effective January 1, 2012. For ongoing updates, the DVHA will follow Medicare's update schedule each January 1.

UID Number Required on GA Voucher

Claims submitted for GA voucher services must be submitted with the Medicaid assigned Unique ID Number. The UID number can be accessed via web site eligibility (www.vtmedicaid.com/secure/logon.do) or the Voice Response System by dialing 802-878-7871, option 1 and then option 1 again.

Vision Clarification – Fitting of Spectacles

In line with current DVHA policy related to dates of service, providers may bill eyeglass fitting fees on the day they order the glasses.

Ethyl Glucuronide Urine Testing

Effective February 13, 2012, Ethyl Glucuronide (ETG - urine testing) is not reimbursable by Vermont Medicaid. At this time, the FDA and Substance Abuse and Mental Health Service Administration (SAMHSA) have concerns regarding the validity of test results. Any alcohol product absorbed through the skin, ingested food products or medications with minute quantities of alcohol may give a false positive result, thus leading to the inappropriate interpretation.

The Banner Page dated 9/4/2009 (<http://www.vtmedicaid.com/Information/whatsnew.html>) included notification that urine toxicology for ethanol was no longer a covered service. To further clarify, urine toxicology testing for the presence of ethanol and/or its metabolites will no longer be covered. From this point forward, generic CPT codes for toxicology testing for both qualitative and quantitative measures will be monitored and any overpayments will be recouped.

Alcohol & Substance Abuse Drug Screening

Effective date of service January 1, 2012, Vermont Medicaid is activating CPT codes 99408 & 99409. The codes are activated for primary care physicians when billing for alcohol and substance abuse screening and intervention services by structured assessment tools (e.g., AUDIT, DAST, ASSIST) for appropriate patients age 13 years or older. Neither code is designated for use in tobacco screening and intervention services. Vermont Medicaid will cover one structured screening with brief intervention annually. CPT codes 99408 & 99409 are time-based codes limited to one billed unit per occurrence and are mutually exclusive. Each code can be used in tandem with an evaluation and management (E&M) code such as a physician office visit.

January 6, 2012

Therapy Services Provider Reminder

Providers of Therapy services are reminded that:

- Medicaid does not cover any treatments or any portions of a treatment, when the efficacy and/or safety of that treatment is not sufficiently supported in current, peer reviewed medical literature.
- All treatment must demonstrate medical necessity.
- Per National Correct Coding regulations, treatment must be billed under the most specific code. Billing a non-covered service under a less specific code in order to obtain coverage could constitute fraud and could expose the provider to recoupment and fraud investigation.
- Examples of treatment that do not have sufficient support in current medical literature at this time include, but are not limited to: sensory integration therapy, craniosacral therapy, myofascial release therapy, visceral manipulation therapy, auditory integration training, and facilitated communication.