



HP Enterprise Services

Town Hall Questions & HPES Response

Questions	Answers/Resolution 9/2/2011 NWMC, St. Albans
Aid Category VG states crossover benefit, we are unsure what this means?	Updated the aid category list published in the Provider Manual to include the following explanation of crossovers: crossovers are Medicare, co-insurance and deductible claims.
90460 & 61 are still denying	Generated a CSR and implemented. To date they should all be paying. Please contact our provider help desk if you have received any incorrect denials since 9/28/2011.
Processing claims with suffix on them continues to be an issue. Medicare crossover claims get denied due to the suffix being read as part of the last name, i.e., Smith SR.	Customer Service Request, to update the MMIS system, created and under review.
Will Medicaid be posting the MUEs? Are ours identical to Medicare's?	We will not be posting the VT specific MUEs. VT Medicaid is following the CMS list located at: http://www.cms.gov/apps/ama/license.asp?file=/MedicaidNC/CICoding/Downloads/MCD-MUE-PractitionerServices.zip . Claim specific denials can be appealed with DVHA.
Provider would like directions removed for the forms pages, i.e., Multiple Adjustment Form.	We will update the forms page on the Medicaid portal and remove the directions for completing the CMS-1500 and the UB-04 Summary Attachment Forms and post the directions in a separate link.
Questions	Answers/Resolution 8/26/2011, Springfield
Code 86618, Lyme Disease blood test, denied 091 - non-covered service.	This code is a quantitative test which is non-covered. CPT 86617 is a confirmatory covered test. If you believe that 86618 should be covered by Vermont Medicaid please write to the Vermonthipacontact@hp.com and request a review of your documentation. Please see the Provider Manual section 1.2.13 INDIVIDUAL CONSIDERATION/MANUAL PRICING for submission details.
Spend Down provider copies not available from DFC offices.	Research indicated NOD can be forwarded to provider at the provider's request. This is not in violation of HIPAA. The DVHA will provide notification to DCF.
Does CPT 90460 & 90461 have to be billed with the 59 modifier?	Modifier 59 is not necessary when billing for CPT 90460 & 90461.

Patient in a nursing home with Bankers Life insurance on file. Provider is unable to remove the insurance from the patient's file. Unsure where to go at this point. Claims to Bankers go unanswered because coverage ended in 2007. Will send TPL change form to the TPL unit to develop a process for these types of issues.

TPL advised that the written explanation will be considered for review to correct the primary insurance screens, if the request is accompanied by a completed TPL Change Request Form, located on the Forms page of the Medicaid web portal. Provider advised of patient file update.

Beneficiary carrier code for primary insurance must match what is in our patient file to process electronically. When they carrier code does not match; EOB 1408 is assigned to the denied claim. How do we verify beneficiaries other insurance carrier code?

Customer Service Request, to make changes to the MMIS, created and under review.