Department of Vermont Health Access

July/August 2023 Advisory

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Dental Benefit Changes are being Implemented July 1, 2023

The Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA) will implement the following changes to the Medicaid dental benefit effective July 1, 2023. These changes are in response to statewide dental access challenges and are intended to expand access to dental care for all Vermont Medicaid members:

- The reimbursement rates for Medicaid-covered dental services have been updated to 75% of regional commercial dental rates. This reimbursement methodology change represents an approximate 50% increase in reimbursement for dental services provided to Vermont Medicaid members. The adult annual cap on dental expenditures has increased to $1,500 to coincide with the updated rates, also effective July 1, 2023. Medicaid members under the age of 21, and those who are pregnant or in the 12-month postpartum eligibility period, are not subject to the adult annual cap for dental services.

- Vermont Medicaid will cover emergency dental services for adults aged 21 and older after the annual $1,500 cap on expenditures has been met. Emergency dental services are those that treat acute pain, infection, or bleeding and can be delivered in a dental office rather than an emergency setting. Medically necessary emergency dental service codes will be covered under the dental benefit and no longer need approval by the Department for Children and Families General Assistance (GA) Voucher Program. Medicaid members under age 21, and those who are pregnant or in the 12-month postpartum period, are not subject to the annual cap.

  The KX modifier should be added for billing at the end of each emergency procedure code submitted for adult members after the annual cap has been met. The covered codes are listed in section 9 of the Dental Supplement. This will allow the claim to be paid after the cap has been met.

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- Vermont Medicaid will cover adult dental services without an annual cap on expenditures for Vermonters receiving services in the following programs: (1) The Department of Disabilities, Aging and Independent Living Developmental Disability Services (DDS) Waiver Program or (2) The Department of Mental Health Community Rehabilitation and Treatment (CRT) Waiver Program. In addition to waiving the annual cap, Vermont Medicaid provides coverage for medically necessary denture services for Medicaid members served by these programs. To find out whether Medicaid members you are treating are in these groups, call Gainwell Provider Services at 800-925-1706.

Detailed information is available in the updated Dental Supplement, https://dvha.vermont.gov/providers/manual.

Vermont Medicaid Telehealth Guidance

In March 2020, Vermont Medicaid implemented changes to Telehealth services to assure access to care during the federal COVID-19 Public Health Emergency (PHE) when patients were not able to travel to healthcare facilities. Telemedicine services continue to be covered by Vermont Medicaid as clinically appropriate when rendered via real-time audio and video.

As of July 1, 2023, Vermont Medicaid will continue allowing audio-only services for a defined list of codes beyond the end of the PHE. The list of codes mirrors the codes Medicare allows for audio-only services and includes additional codes that are clinically appropriate and align with correct coding guidelines. Medicaid will cover audio-only services with a V3 modifier to signify the service was completed via audio-only. The list of audio-only covered codes can be found at https://dvha.vermont.gov/providers/telehealth.

Vermont Medicaid will consider covering audio-only services that are not on the approved list when unforeseen circumstances necessitate a service is delivered audio-only. These flexibilities will continue through December 31, 2024. The Department of Vermont Health Access (DVHA) will review the services delivered via telehealth over the next year. DVHA encourages Medicaid providers and stakeholders to work with us on this review. Please contact Gainwell Provider Services at 800-925-1706 with feedback or questions.

Health Visit Guidelines for Children Entering Foster Care + Billing Tool

Vermont Medicaid is participating in a CMS-sponsored Learning Collaborative focused on improving the rate of comprehensive health visits for children and youth entering foster care. DVHA is partnering on this important topic with other state-wide stakeholders, including: the Department for Children and Families (DCF), the Vermont Department of Health (VDH), and the Vermont Child Health Improvement Program (VCHIP).

Like many other states, Vermont's data shows room for improvement, especially in visit rates for the later childhood and adolescent age cohorts. Our team is testing best practices related to communication, as well as successfully scheduling and coding these visits. To that end, we have developed a new billing tool for children/youth in foster care. **We ask that practices familiarize themselves with the Z-code highlighted on this tool.** Use of the foster child Z-code will enable Vermont Medicaid and our partners to make data-driven decisions about how to better serve this vulnerable population.

AAP guidelines indicate that children/youth should be scheduled for a comprehensive health assessment within 30 days of entering foster care, regardless of proximity to their last visit. Additional health supervision visits are also recommended. The Z-code highlighted on this tool may be used for a secondary diagnosis for all encounters and has been tested to ensure provider reimbursement.

Physical and Occupational Therapy Evaluations and Time-based Therapy

The Special Investigations Unit (SIU)
The Special Investigations Unit (SIU) conducts routine desk provider audits. The audits only request a small sample of records from a provider to minimize administrative burden to produce large amounts of medical records. The SIU reviews the records to determine if they contain the necessary information to substantiate what was billed to VT Medicaid. The goal of these audits is to recoup the overpayments identified and educate providers about any identified deficiencies and improper billing practices to avoid recoupments of future claims. Below is a snapshot of a recent audit. If there are any questions, please contact the SIU at 802-241-9210.

Review Criteria:
Physical Medicine and Rehabilitation Therapeutic Procedures; 97530, 97535, 97161, 97162, 97163, 97164 and 97167

Results:
A total of 14 providers (representing 256 claims) were reviewed for the time period 2019-2022. Out of the 256 reviewed, 212 were determined to be deficient. A breakdown of the discrepancies is identified below.

Overall error rate - 83% (212 out of 256)

- Documentation lacks specific details of the therapies performed - 51%
- Missing treatment times required for billing time-based codes - 31%
- Documentation better supported use of more appropriate code(s) - 27%
- Documentation for evaluations did not support level of service billed - 11%
- Missing provider signature - 10%
- Missing documentation for specific dates of service - 6%
- Missing type of service provided - 6%
- Re-evaluations did not meet documentation requirements - 4%
- Illegible hand-written notes - 4%
- Billing for more units than what is documented- 1%

Providers are encouraged to review the Educational Resources listed below:

- American Medical Association Current Procedural Terminology (CPT) Guidelines (2019-2022)
- Vermont Medicaid Physical Therapy/Occupational Therapy/Speech Language Therapy Supplement Policy
- Vermont Medicaid Provider Manual-3.8.2 All Other Time-based Procedure Codes Billing Guidelines and 5.4 Documentation of Services
- Centers for Medicare and Medicaid Local Coverage Determination Article - Billing and Coding: Outpatient Physical and Occupational Therapy Services (A56566) (cms.gov)

Tobacco Cessation Coding & Billing

Vermont Medicaid has covered tobacco use cessation treatment since January 1, 2014. Coverage includes up to 16 face-to-face tobacco cessation counseling sessions per calendar year for eligible members of any age who use tobacco (adult and youth cessation). Group tobacco treatment is also covered. All FDA-approved nicotine replacement therapy is available to Medicaid members for use alone or paired with counseling.

This coverage applies to brief or intermediate counseling, in person or during a telehealth session, and when furnished by (or under the direction of) a physician or by any other health care professional who is legally authorized to furnish such services under state law and licensure. Medicaid also covers "Qualified" Tobacco Cessation Counselors (this designation requires at least eight hours of training in tobacco cessation services from an accredited institute of higher education).

Individual Tobacco Cessation Treatment Codes:

- 99406 - Smoking and tobacco use cessation counseling visit; immediate greater than 3 minutes up to 10 minutes
- 99407 - Smoking and tobacco use cessation counseling visit; intensive greater than 10 minutes
- D1320 - Smoking and tobacco use cessation counseling visit for dental health care providers; for the control and prevention of oral disease
- Group Tobacco Cessation Treatment Code:
- 99407HQ - Smoking and tobacco use cessation counseling visit; intensive greater than 10 minutes, group setting

Coverage for face-to-face and telehealth counseling for tobacco treatment is available for all Vermont Medicaid members. Counseling can be provided by any health professional. Tobacco cessation codes listed above are not restricted by provider type. The codes specify who is allowed to deliver the service and the place of service. Places that are not covered for reimbursement for tobacco counseling include homes, schools, homeless shelters, assisted living, group homes, well child clinics, community, urgent care, in-patient, in-patient psychiatry, psychiatric facility, and residential care settings. These settings may cover tobacco treatment through other payment systems.

Visit the Vermont Medicaid Fee Schedule for reimbursement information: http://vtmedicaid.com/#/fee-Schedule

Stay Informed!

DVHA and Vermont Medicaid made a number of changes during the pandemic to help Vermonters maintain health insurance and access health care. To view the previous changes, visit DVHA's COVID-19 webpage. Some of these changes were tied to the federal declaration of a COVID-19 public health emergency. The federal government ended the COVID-19 public health emergency effective May 11, 2023. This article contains information about what is changing in Vermont Medicaid.

Cost-sharing
Co-pays: Vermont Medicaid includes co-pays for hospital outpatient services and certain prescription drugs. This cost-sharing has been reinstated. For further details visit the Global Commitment Register Medicaid Copay Changes webpage.

Premiums: Vermont Medicaid includes monthly premiums that Vermonters pay for Dr. Dynasaur. Dr. Dynasaur premium billing will remain suspended until at least the spring of 2024.

Eligibility and Enrollment
Vermont Medicaid renewals were paused during the pandemic. Renewals have resumed as of April 2023. For further information visit DVHA's Medicaid Renewals Restart webpage.

Coverage
Telehealth: Coverage of telehealth services, including audio-only or telephonic services, will remain in effect until July 1, 2023. Vermont Medicaid is reviewing the list of telephone-only services to identify those that will continue through December 31, 2024. Telephone-only services must be medically necessary and clinically appropriate for delivery through audio-only means. Public notice will be provided before changes are implemented. Check back for further updates.

COVID-19 vaccines, testing, and treatment: Medicaid members will not pay any copays for services, drugs, testing, and vaccines, related to the treatment and prevention of COVID-19 through September 30, 2024. Vermont Medicaid will maintain coverage of COVID-19 services as medically necessary following the end of this mandatory coverage period. For further details visit the Global Commitment Register COVID-19 Vaccines, Testing, and Treatment webpage.

Clinical
During the public health emergency, DVHA implemented several changes to prior authorization requirements and processes. As the public health emergency comes to an official close on May 11, 2023, please reference all prior authorization requirements on the DVHA fee schedule, including the new prior authorization requirements effective January 1, 2023 for the entire Medicaid population. Please contact your Provider Representative if you have questions at 800-925-1706.

Provider Information
The national emergency declaration enabled CMS to grant state and territorial Medicaid agencies a wider range of flexibilities under Section 1135 waivers for Provider Enrollment. As of May 11, 2023, with the ending of the federal emergency, the following requirements will no longer be waived by the State of Vermont:

1. Temporarily waive provider enrollment requirements to ensure a sufficient number of providers are available to serve Medicaid enrollees. Such requirements include the payment of application fees, criminal background checks, or site visits.
2. Temporarily cease the revalidation of providers who are located in-state or otherwise directly impacted by a disaster.
3. Temporarily waive requirements that physicians and other health care professionals be licensed in the state or territory in which they are providing services, so long as they have equivalent licensing in another state. For further information please refer to the Office of Professional Regulation and the Vermont Medical Board websites.

Additional Resources
Current COVID-19 testing access and guidance
For more information about COVID-19 in Vermont, visit the Vermont Department of Health's COVID-19 website.

Stay Connected with Primary Care Provider (PCP) tips

The word "primary" means first. Your PCP is who you call first when you need medical care. Your PCP will provide most of your health care and work with you to schedule specialty care when you need it. If your PCP is new to you, ask your old PCP to send your medical records to your new PCP. Call your new PCP to say that the records are coming. It is important for your PCP to have your medical records. To locate a Vermont Medicaid participating PCP, please visit the Vermont Medicaid Provider Lookup.

Check the Vermont Department of Health website for general health tips

For more information and tools on how you can keep yourself healthy, visit the Vermont Department of Health's website.

Provider Resources

Provider Manuals: http://www.vtmedicaid.com/#/manuals
Provider Resources: http://www.vtmedicaid.com/#/resources
VT Medicaid Banner: http://www.vtmedicaid.com/#/bannerMain
Provider Enrollment Resources: http://www.vtmedicaid.com/#/provEnrollDataMaint

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