



Vermont Medicaid Banner

Please share the information contained in the Banner with all staff members.
To access Full Banners, please visit: <http://vtmedicaid.com/#/bannerMain>

December 25, 2020 2021 E/M Code Guidelines

The coding guidelines have changed for the 2021 Evaluation and Management (E/M) codes.

Key elements of the E/M office-visit overhaul include:

- Eliminating history and physical exam as elements for code selection. While significant to both visit time and medical decision-making, these elements alone should not determine a visit’s code level.
- Allowing physicians to choose whether their documentation is based on medical decision-making or total time. This builds on the movement to better recognize the work involved in non-face-to-face services like care coordination.
- Changing medical decision-making criteria to move away from simply adding up tasks to instead focus on tasks that affect the management of a patient’s condition.

Vermont Medicaid does not have a specific policy or any guidance beyond what is available in the 2021 CPT code book.

Pharmacist Enrollment Required for Reimbursement of COVID-19 Vaccine Administration

The Department of Vermont Health Access (DVHA) is issuing this notice for pharmacies and pharmacists who will provide COVID-19 vaccines to Vermont Medicaid members. The federal PREP Act and/or Vermont law allows licensed pharmacists, and pharmacy technicians and pharmacy interns under the supervision of a licensed pharmacist, to administer COVID-19 vaccines. Any pharmacist who plans to administer or supervise administration of a COVID-19 vaccine must be enrolled with Vermont Medicaid for the pharmacy to be eligible for reimbursement for such vaccinations. Please enroll as soon as possible to assure that claims will process correctly. For full communication:

<https://dvha.vermont.gov/providers/pharmacy/pharmacy-programs-bulletins-and-advisories>

Provider Maintenance Updates

Providers are now required to maintain updates to their provider enrollment information in the Provider Management Module (PMM) as of 01.01.2021. If you are unable to update via the Provider Management Portal, a form will be required. Enrollment is no longer accepting emailed request to update a provider file as of 01.01.2021. Forms can be found at www.vtmedicaid.com/#/home > Provider Enrollment > Provider Enrollment and Data Maintenance Forms. Please scroll down to see form choices. If you are a provider needing to request access to PMM to maintain enrollment information, please fill out a Registration Form. Forms to submit can be found on the Home Page on the Vermont Medicaid Portal using www.vtmedicaid.com/#/home > Provider Enrollment Portal Registration > Registration Form.

Reconsideration and Timely Filing Reconsideration Webinar

Gainwell Technologies will be providing an overview on the Reconsideration Request and Timely Filing Reconsideration process via webinar on January 21, 2021. This overview will provide training on the criteria to support a Reconsideration or Timely Filing Request, as well as how to ensure your request is properly completed in order to avoid delays due to errors on the forms and/or supporting documentation. If you would like to join this webinar, please send an email to vtproviderreps@dxc.com, including your name, contact phone number and email address, by January 14, 2021. If you would like more information on the details of this webinar, please contact your Provider Relations Representative directly.

Closed for Christmas and New Year's Day

The DVHA and Gainwell offices will be closed on Friday, December 25, 2020 and again on Friday, January 1, 2021 in observance of Christmas and New Year's Day.

December 18, 2020

Current Gainwell Forms Are Required

Providers are required to use the most current form versions for any correspondence. Any forms with the old DXC logo will be returned as of 1/1/2021. All form submissions must be on the new Gainwell form after this date.

Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. All provider paperwork, including enrollment applications and forms, adjustment forms and refund forms, submitted on outdated versions, will be returned.

Providers are encouraged to always check for the most current forms on the Vermont Medicaid website. www.vtmedicaid.com/#/

EDI Translator Update

Providers: Vermont Medicaid will be updating its EDI translator late Spring of 2021. Please communicate with your trading partner to ensure they are ready to submit claims to Vermont Medicaid on your behalf once the update is complete. You can find additional information about the specific changes as well as an EDI FAQ document on the Vermont Medicaid website.

<http://www.vtmedicaid.com/assets/hipaaTools/EDIFAQs.pdf>

<http://www.vtmedicaid.com/assets/hipaaTools/NewTranslatorforVermont.pdf>

Please note: If you currently use the PES system, this change will have no impact on you.

Trading Partners: Gainwell development and testing continues but setbacks in both areas have been experienced. Recognizing the importance of the ongoing internal technical and testing work that is still required, the implementation timeline has been pushed into late spring of 2021. Trading Partners will be invited to participate in compliance testing in the UAT environment using the new translator prior to implementation.

If you have questions about this change, please contact the EDI Coordinator:
vtedicoordinator@dxc.com.

December 11, 2020

Code Determination and Coverage Inquiry

The Department of Vermont Health Access (DVHA) performs code reviews on a quarterly or annual basis depending on the type. Coverage reviews can be initiated with receipt of a written prior authorization (PA) request from a Vermont Medicaid enrolled provider for a Vermont Medicaid beneficiary. DVHA does not review request for coverage by a manufacturer, a manufacturer's representative, a Durable Medical Equipment vendor, or other third parties.

Refer to the Fee Schedule at <https://dvha.vermont.gov/providers/codesfee-schedules> for information on the code coverage and if the code requires a prior authorization. Questions about this policy can be directed to the DVHA Clinical Operations Unit at 802-879-5903.

Inpatient Census

Vermont hospitals, including in-network border hospitals, are not required to submit faxed daily census sheets to the Department of Vermont Health Access (DVHA) Clinical Operations Unit (COU). This requirement only applies when Vermont Medicaid is the primary payer. This requirement does not apply to Inpatient Rehabilitation stays, psychiatric unit and psychiatric hospital admissions. In addition, notification of patient discharge is required. Please see this information in the General Billing and Forms Manual, section 2.7 <http://www.vtmedicaid.com/#/manuals>.

Please note: Continue to use the File Transfer Protocol (FTP) for submitting information as required by other DVHA programs.

Updating Provider Information is Required

Providers be sure you are keeping information up to date by utilizing the Provider Management Module Provider Portal. Changes specific to demographics, group affiliation, and address information can be updated using the portal. Failure to update provider information can result in denied claims, undeliverable correspondence or delayed claims' payment. If you do not have a Provider Management Module Provider Portal username and password, please follow this link to gain access.
<http://www.vtmedicaid.com/#/invitation>

Vermont Child Vaccine Program (VCVP) Enrollment Information

The Third Amendment to the PREP Act authorizes Licensed Pharmacists and Pharmacy Interns under supervision of a pharmacist, to order and administer vaccines to children aged 3-18. This Declaration preempts state law during the COVID-19 pandemic. Pharmacies who wish to provide and get reimbursed for administering vaccines to Medicaid-eligible children under the age of 19 must enroll in the Vermont Child Vaccine Program (VCVP) and follow PREP Act requirements. There are two enrollment options. You may choose to administer all ACIP-recommended childhood vaccines, or you may enroll as a specialty provider which allows you to offer only Influenza vaccines. Please read full communication for all

instructions: <https://dvha.vermont.gov/providers/pharmacy/pharmacy-programs-bulletins-and-advisories>.

Server Maintenance - December 13, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, December 13, 2020. 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.

December 4, 2020

Gainwell Help Desk Closed 12/3/2020 from 10-12

The Gainwell Help Desk will be closed from 10:00am to 12:00pm on December 3, 2020 for internal training.

November 27, 2020

Timely Filing Reconsideration Request Timeframe

The Department of Vermont Health Access and Gainwell would like to remind providers that, when you are submitting a Timely Filing Reconsideration Request, you have 90 days from your original timely filing denial. If your Timely Filing Reconsideration Request is received more than 90 days from your original timely filing denial, your request will be returned, and no further review will be conducted. Resubmitting your claim for a new timely filing denial will not result in your request being reviewed. It must be received within 90 days from your original timely filing denial. All timely filing guidelines and policies can be found at www.vtmedicaid.com.

Closed for Thanksgiving

The DVHA and Gainwell offices will be closed on Thursday, November 26, 2020 and on Friday, November 27, 2020 in observance of Thanksgiving.

November 13, 2020

Closed for Veterans Day

The DVHA and Gainwell offices will be closed on Wednesday, November 11, 2020 in observance of Veterans Day.

November 6, 2020

Server Maintenance - November 8, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, November 8, 2020. 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.

October 30, 2020

Provider Enrollment Accepting New Patients

This is a reminder for all providers, including groups, to review your provider listing and confirm whether you are accepting New Patients on Provider Lookup at <http://www.vtmedicaid.com/#/providerLookup>. Please use the Vermont Medicaid Provider Information Change Form for any updates to your service location. Additional service locations that need this update will require a separate form. Accepting new patients can be found in the Demographics section of the form. Be sure to fill out the required information that is marked with an asterisk *. Supplying your service location is necessary for the requested update.

October 23, 2020

Billing Reminder

The Department of Vermont Health Access and Gainwell Technologies would like to remind providers that, when submitting a claim that includes a provider with multiple VT Medicaid provider ID's associated to a single NPI, you are required to also include the taxonomy. This taxonomy should be associated to the VT Medicaid provider ID for which you want the services billed under. This information can be found in the VT Medicaid CMS1500 and UB04 Billing Guide, located at <http://vtmedicaid.com/assets/manuals/CMS1500UB04BillingGuide.pdf>.

The DVHA and Gainwell have noticed many providers submitting claims using the VT Medicaid provider ID in lieu of the taxonomy. Below are the guidelines on what is allowed when billing to VT Medicaid. If you have an NPI, you are required to submit your claim using that NPI. If you have multiple VT Medicaid Provider Numbers under one NPI, you are required to bill using an NPI and taxonomy. Providers who do not have an NPI and are enrolled with VT Medicaid as Atypical are the only providers allowed to bill using a VT Medicaid Provider ID.

Any claims submitted on or after 11/15/20, that are billed with a VT Medicaid Provider ID, and are not Atypical providers, will be returned.

Claim Submission Review and Accuracy

The DVHA and Gainwell would like to remind providers that it is vital to review the accuracy of the information on your claims prior to submission. It is also important to notify Gainwell of any changes to your organization that may affect your claims submission. The DVHA and Gainwell have seen an increased number of requests to retro terminate contracts for providers from the VT Medicaid program. When Gainwell receives a request to retro terminate a provider, a review is conducted in order to ensure no claims have processed since the requested date of termination. If a claim has been processed with a date of service after the requested termination date, Gainwell will recoup those services from the billing provider, as all providers on your claim (billing/attending/referring/ordering/prescribing) must be actively enrolled with VT Medicaid on the date of service. In order to avoid such recoups, please be sure to review your claims for accuracy before you submit them for processing and notify Gainwell in a timely manner when a provider has terminated from your group or practice. The Termination Notice form can be found at <http://vtmedicaid.com/assets/provEnroll/TerminationNotice.pdf>.

Revalidation Process Information

During the revalidation process, providers will not be able to add new service locations to their prepopulated revalidation application. If you are revalidating an existing service location, that revalidation is for that specific address only. If you have additional service locations to add to your group, you will be required to submit a new enrollment for those new locations. As a reminder,

providers must revalidate each service location every 5 years. You will receive notification of your upcoming revalidation 90 days prior. For more information on the revalidation process, please visit http://vtmedicaid.com/assets/provEnroll/DXC_VT_PMM_ProviderEnrollmentOnlineApplicationInstructions.pdf.

October 9, 2020

DXC Technology is now Gainwell Technologies

We are happy to announce that our DXC Technology state healthcare organization is now Gainwell Technologies. Providers and their staff are advised to adjust their systems to reflect this name change. During the next few months, providers will notice changes to correspondences, email addresses and the website as we start the process of changing our branding. You may have already heard the change when you called our offices. Our mailing addresses will remain the same. We thank the provider community for their patience during this transition and will continue to work hard to deliver the outstanding service to which you are accustomed.

Server Maintenance - October 11, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, October 11, 2020. 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.

October 2, 2020

Interprofessional Consultations Store and Forward

Effective July 1, 2020, Vermont Medicaid announced continued coverage and reimbursement for HCPCS G2010 and new coverage and reimbursement for interprofessional consultations when performed through store and forward technology (i.e. provider to provider store and forward CPT codes 99451 & 99452). Thus, providers are reminded that the allowed modifier for CPT codes 99451 & 99452 is modifier GQ (i.e. "through an asynchronous telecommunications system").

September 25, 2020

Changes to the Waived PA List

The Department of Vermont Health Access has reviewed and updated the "Waived Prior Authorization Codes" to better reflect the following waived services with the exception for items with the potential to cause imminent harm:

- Imaging Services and Durable Medical Equipment and Supplies — including continuous glucose monitors obtained from a pharmacy
- Dental Services including orthodontia

Please refer to the new list, found at <https://dvha.vermont.gov/COVID-19%20Prior%20Authorization%20Changes>.

Provider Revalidation Required Every 5 Years

The Department of Vermont Health Access would like to remind everyone that all providers are required to revalidate with Vermont Medicaid every 5 years to continue participation in the network. Providers will receive notifications 90 days prior to the required revalidation date, with a reminder notification sent 45 days prior. These notifications will provide the information needed to revalidation through the

Provider Management Module. All providers can see their specific scheduled revalidation date by logging in to the Provider Management Module Provider Portal.

Failure to revalidate will result in termination of your enrollment in the Vermont Medicaid Program. For questions related to the revalidation process, please contact the Provider Services Help Desk at 800-925-1706 (Toll-Free In-State) or 802-878-7871 (Local and Out of State).

Electronic Data Interchange (EDI) Processing Time Frames

We would like to remind providers and Trading Partners that all EDI phone and email inquiries will be acknowledged within 2 business days. Multiple calls will not result in a quicker response. All EDI paperwork will be processed within 30 days. Please allow 30 days before calling for a status update. To confirm if paperwork has been received please email vtedicoordinator@dx.com.

If there is an urgent request, please contact your Provider Representative. This information can be found on the Vermont Medicaid website. <http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf>

September 11, 2020

Server Maintenance - September 13, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, September 13, 2020. 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.

September 4, 2020

Closed for Labor Day

The DVHA and DXC Technology offices will be closed on Monday, September 7, 2020 in observance of Labor Day.

Enrollment Related Calls Now Answered by the Provider Call Center

Effective 10/01/2020, all enrollment related provider calls will be answered by the Provider Call Center. The Call Center is available Monday-Friday, 8:00 am to 5:00 pm and can be reached at 800-925-1706 (Toll-free In-state) or 802-878-7871 (Local and Out-of-State).

As a reminder, the Call Center is available to assist providers with program eligibility questions, provide service limitation information, denied claim inquiries and other information not available through the Voice Response System or Vermont Medicaid website. This will now include enrollment inquiries that cannot be resolved by accessing the information provided within the Provider Management Module and/or Provider Portal.

If you need assistance using the Provider Management Module, please contact the Provider Relations Representative for your area. Contact information for your Provider Rep can be found at <http://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>.

Buprenorphine/Naloxone Combination Tablets Moving to Preferred Status Effective 8/21/2020

Due to recent changes in the Medicaid net cost of Medication Assisted Treatment (MAT) drugs, the Department of Vermont Health Access (DVHA) is making some immediate changes to the Preferred Drug

List (PDL). Effective 8/21/20, generic buprenorphine/naloxone combination tablets will be moving to preferred status and will be co-preferred with Suboxone® Film.

Please review the full communication at <https://dvha.vermont.gov/providers/pharmacy/pharmacy-programs-bulletins-and-advisories>.

EDI Translator Reminder

Providers: As a reminder, Vermont Medicaid will be updating its EDI translator in the Fall of 2020. Please communicate with your trading partner to ensure they are ready to submit claims to Vermont Medicaid on your behalf once the update is complete. You can find additional information about the specific changes as well as an EDI FAQ document on the Vermont Medicaid website.

<http://www.vtmedicaid.com/assets/hipaaTools/EDIFAQs.pdf>

<http://www.vtmedicaid.com/assets/hipaaTools/NewTranslatorforVermont.pdf>

Trading Partners: DXC intends to provide an opportunity for compliance test in the UAT environment using the new translator. More information on the test process will be made available in September.

Please note: If you currently use the PES system, this change will have no impact on you.

If you have questions about this change please contact the EDI Coordinator: vtedicoordinator@dx.com.

August 21, 2020

Closed for Bennington Battle Day

The DVHA and DXC Technology offices will be closed on Monday, August 17, 2020 in observance of Bennington Battle Day.

Timely Filing Attachments Reminder

Providers are reminded to reference the General Billing and Forms Manual for guidance on what attachments should be submitted to prove timely filing.

If a claim was adjusted or recouped, a paper claim must be submitted with a note in Field 19 on the CMS 1500 form or Field 80 on the UB-04 form stating, "adjusted claim". Claims must be received within 180 days from the adjusted/recouped date.

If a corrected claim is being submitted within 180 days from the initial denial and any of the following has changed a paper claim must be submitted with the original RA and a note in Field 19 on the CMS 1500 form or Field 80 on the UB-04 form stating, "corrected claim" as well as a written note on the original RA explaining the change. If none of the below has changed an electronic claim should be submitted.

- Member UID
- Billing Provider ID
- Procedure Code
- From or To Date of Service

August 14, 2020

Masks On Vermont

In our ongoing effort to help protect the health and safety of Vermonters, the Vermont Department of Health has additional information to help prevent COVID-19 transmission. The following link will take you

to posters created for the Masks On Vermont campaign:
<http://www.vtmedicaid.com/assets/covid/AHSCO%20MaskCampaign.pdf>.

For additional guidance from the FDA about hand sanitizers please click here:
<https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol#products>.

August 7, 2020

DVHA Announces Changes to its Review Process for High Dollar Inpatient Stays Effective 9/1/2020

DVHA clinical staff complete review of high dollar inpatient medical and behavioral health inpatient (IP) claims to ensure the appropriate use of health care services and medical necessity. Effective 9/1/2020, IP claims with billed amounts of \$300k or greater will require an accompanying service authorization form be submitted by the facility to DVHA along with clinical documentation to support billed level of care. Please note: this will be required prior to the facility submitting the claim to fiscal agent, DXC. It is the responsibility of the provider to furnish documentation that supports the billed level of care for both ACO and non-ACO attributed members. More information about this new service authorization form and required clinical documentation to follow in future communications. Details can currently be found in the General Billing and Forms Provider Manual at <http://www.vtmedicaid.com/#/manuals>.

Server Maintenance - August 9, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, August 9, 2020. 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.

July 31, 2020

Clinical Laboratory Fee Schedule

Effective 8/1/2020, to align with Medicare, DVHA will be updating their Clinical Laboratory fee schedule that was released on July 1st, 2020. HCPCS codes G2023, G2024, U0003 and U0004 will be updated to match Medicare's allowed amount. For more information follow this link:
<https://www.cms.gov/httpswwwcmsgovmedicaremedicare-fee-service-paymentclinicallabfeeschedclinical-laboratory-fee/20clabq3>.

Diagnosis Not Allowed When Primary

In response to recent Provider Reconsideration Requests, DVHA and DXC worked together to complete a review of the diagnosis codes that are not allowed when billed as the primary diagnosis. 197 diagnosis codes (many starting with "C" or "O") have been removed from the list and will now be accepted if billed as the primary diagnosis. Many of the codes not allowed as the primary diagnosis are not allowed due to a lack of specificity. Billers and/or coders are reminded that if the clinical documentation lacks specificity, they must question the provider in order to submit an appropriate and more specific diagnosis code. The list of codes can be found here: <https://dvha.vermont.gov/providers/codesfee-schedules/icd-10-cm-diagnosis-codes-not-accepted/2020-cm-not-accepted-codes>

Long Term Interim Billing Admissions

Effective 09/01/2020: For voluntary, involuntary or CRT inpatient mental health or detoxification admissions for adults and children using revenue code 124, 199, or 190 (does not pertain to DMH Level 1).

Inpatient acute care hospitals that have a long-term patient may bill interim claims in at least 60-day intervals. After billing for the first segment of an interim billing admission, each subsequent claim must show the cumulative number of previously billed days represented by # of units of value code 75. Each claim must include all applicable diagnoses and procedures. Any subsequent interim billing claims without value code 75 for previously billed days will be denied. All three claims should have the same admit date; only the from and to dates will change.

For additional information and billing instructions, please see page 96 of the provider manual:
<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Forms/GeneralBillingFormsManual.pdf>

July 17, 2020

Provider Help Desk Inquiry Limit

In an effort to provide the best customer service to the provider community, DXC Technology, along with the Department of Vermont Health Access, will be limiting all Provider Help Desk inquiries to five (5) per call. This policy is being implemented in order to ensure that all providers have the opportunity to have their inquiry acknowledged in a timely manner. DXC and the DVHA would like to remind providers that eligibility and claims status requests can be resolved using the Web Portal at www.vtmedicaid.com. You can also utilize the VRS (Voice Response System) to check eligibility.

If you are not using these automated options, please contact the Provider Help Desk for instructions to sign up.

Provider Help Desk Claim Status/Suspended Claim Inquiries

The Provider Help Desk Call Center Agents are available to assist providers with program eligibility questions, provide service limitation information, denied claim inquiries and other information not available through the Voice Response System (VRS) or Vermont Medicaid website.

DXC Technology and the Department of Vermont Health Access would like to remind providers that claims status can be monitored by reviewing your weekly Remittance Advice. Your Remittance Advice will give you information regarding if a claim is approved, denied, or suspending for further review. You can also access this information by using the Web Portal located at www.vtmedicaid.com. If you do not have access to your Remittance Advice, or the Web Portal, please contact the Provider Help Desk for instructions on how to sign up.

The Provider services staff need to give priority to assisting providers who have claims payments problems. Providers calling to obtain claims status will be instructed to refer to their Remittance Advice or the Web Portal for this information. Current suspended claims volume is very low, which is resulting in quick processing of those suspended claims. If you see that your claim is in suspense please wait to contact the Provider Help Desk regarding this claim until it is processed.

Primary Care Providers Should Review Complete Individual Education Plans (IEPs) for Medical Necessity

Primary Care practices who review children's IEPs should always ensure the entire IEP is received for review. Very important information can often be found within the body of the IEP that will clarify issues regarding medical necessity or may be of value to the provider in understanding how a child's medical conditions affect their ability to do well in school. DVHA requires that the entire IEP be sent to the primary care practice; there may be audits to ensure compliance. If the primary care practice only receives the Service Delivery Page and the Physician Authorization (PA) Page, please contact the

Medicaid clerk listed on the top right corner of the PA page and request the entire document. Do not bill Medicaid if the complete IEP has not been received and reviewed.

July 3, 2020

Closed for Independence Day

The DVHA and DXC Technology offices will be closed on Friday, July 3, 2020 in observance of Independence Day.

June 26, 2020

Provider Reconsideration Process Improvements

DXC Technology and the Department of Vermont Health Access are seeing an increased number of Reconsideration Requests sent in for corrected claims. This increase is causing an increase in the overall processing time of Reconsiderations as well as delaying the processing of corrected claims.

We would like to remind all providers that DVHA will review a Reconsideration Request regarding Improper Payments (*claims that paid differently than expected*) and/or Coding Errors (*place of service, modifiers, diagnosis and provider type/specialty*) only. Any corrected claims (*claims that have been corrected due to a denial or required more documentation to process*) sent through the Reconsideration Request Process will be returned with no action taken.

Providers sending in a request for reconsideration regarding a claim payment/denial must use the latest version of the Reconsideration Request Form located on our website. Requests must be submitted within 90 calendar days after the DVHA gives notice to the provider of its decision. For more information please refer to section 1.2.11 of the General Provider Manual, located at www.vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf, for complete instructions.

Timely Filing Attachments

Providers are reminded to reference the General Billing and Forms Manual for guidance on what attachments should be submitted to prove timely filing.

If a claim was adjusted or recouped, a paper claim must be submitted with a note in Field 19 on the CMS 1500 form or Field 80 on the UB-04 form stating, "*adjusted claim*". Claims must be received within 180 days from the adjusted/recouped date.

If a corrected claim is being submitted within 180 days from the initial denial and any of the following has changed a paper claim must be submitted with the original RA and a note in Field 19 on the CMS 1500 form or Field 80 on the UB-04 form stating, "*corrected claim*" as well as a written note on the original RA explaining the change. If none of the below has changed an electronic claim should be submitted.

- Member UID
- Billing Provider ID
- Procedure Code
- From or To Date of Service

June 19, 2020

COVID-19 Personal Protective Equipment (PPE) and Billing Medicaid Members

The cost of PPE is not eligible for Medicaid reimbursement and any costs associated with the purchase of PPE may not be charged to Medicaid members. PPE are considered supplies that are incidental to a provider's practice and may not be billed separately. Providers are required to submit claims for all Medicaid covered services and may not request payment from a Medicaid enrolled individual at the time of service. Vermont Medicaid cannot reimburse the member for services.

To ensure access to care for Vermont Medicaid members, the Agency of Human Services has offered financial opportunities for providers and has developed a proposal for health care provider stabilization. As more information will be forthcoming, providers should visit <https://dvha.vermont.gov/covid-19> for the most up-to-date information.

June 12, 2020

Additional Codes Added to the 10 Day Overlap List

Non-sterile gloves A4927 and Incontinence supplies A4320-A4360 will be added to the current allowable codes to be billed with a 10-day overlap.

Server Maintenance - June 14, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, June 14, 2020. 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.

May 29, 2020

Provider Representative Contact Information Update

Effective immediately, the following changes have been made to the areas of coverage for our provider representatives. Unless otherwise specified, hospitals and facilities are to use the representatives for their county:

- Margaret Haskins (802.857.2963; Margaret.Haskins@dxc.com)
 - UVMHC, DHMC, Rutland Regional, Brattleboro Retreat
- Rachael Ploof (802.857.2911; Rachael.Ploof@dxc.com)
 - Grand Isle, Franklin, Lamoille, Orleans, Essex, Caledonia.
- Misty Griffith (802.857.2965; Misty.Griffith@dxc.com)
 - Rutland, Windsor, Bennington, Windham.
- Jessica Saltus (802.857.2908; Jessica.Saltus@dxc.com)
 - Addison, Orange, Washington, Chittenden.
- vtproviderreps@dxc.com: Out of State Hospitals and Providers.

A detailed map, including Provider Representative Contact information and territory, is available at: <http://vtmedicaid.com/#/manuals>.

CMS Approval of CS Modifier for Medicare Should Not be Used on Vermont Medicaid Primary Claims

Vermont Medicaid will not be accepting the CS modifier on Medicaid Primary claims but will accept it on Medicare crossover claims. Any Medicaid primary claims submitted with the CS modifier will be denied and may be rebilled if appropriate.

EDI Translator for Electronic Claims Update

Vermont Medicaid will be updating its EDI translator in the Fall of 2020. This will result in some changes to the requirements for electronic claims being submitted to VT Medicaid. The new translator follows the HIPAA X12N standards more strictly than the current translator. Preliminary testing shows that most Trading Partners already meet these stricter standards, however, some trading partners will have to modify their code. A survey has been sent to all trading partners to assess their readiness.

Please communicate with your trading partner to ensure they are ready to submit claims to Vermont Medicaid on your behalf once the update is complete.

For additional information about the specific changes please follow this link and select New Translator for Vermont. <http://www.vtmedicaid.com/#/hipaaTools>

May 22, 2020

Attention Pharmacies and Prescribers

Effective 5/1/2020, DVHA is extending all existing drug prior authorizations (PAs) for an additional six months past their current expiration date. This will include both drugs picked up in a pharmacy and physician-administered drugs. This includes all drugs except those that are not clinically appropriate to extend. Application of these extensions will be evaluated each month throughout the COVID-19 emergency. This will not affect new PA requests, only renewals.

Please see the full communication at

https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/COVID19%20UPDATE_PA%20Extensions.pdf.

CS Modifier for Medicare Crossover Claims

Vermont Medicaid is not requiring the use of the CS modifier on any claims but will accept it on Medicare crossover claims.

CMS now waives cost-sharing (coinsurance and deductible amounts) under Medicare Part B for Medicare patients for certain COVID-19 testing-related services. CMS outlines the use of CS modifier at <https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-10-mlnc-se>. Medicare patients should not be charged any co-insurance and/or deductible amounts for those services.

Timely Filing Update for Retroactive Enrollment

For claims received on or after 7/1/2020 the timely filing limit for providers granted retroactive enrollment will be 12-months from the date of service. Previously the filing limit was 12-months from the date of service or 45-days from the date retroactive enrollment was granted. This change is being made to align with federal regulations. Please note Medicaid provider enrollment currently takes on average 23-30 days. Enrollment applications can be expedited if needed by contacting vtproviderenrollment@dxc.com.

Utilize Email for Enrollment Updates

We recommend that you select email as your preferred method of communication when enrolling with Vermont Medicaid. You will receive enrollment notices quicker by email than by mail, resulting in faster enrollments. Enrollment notices you can receive via email include any requests for additional information needed to complete an enrollment, the welcome letter confirming enrollment, and future revalidation requests.

To update your current method of communication, please log on to your Provider Management Module Provider Portal account to change it. If you do not currently have your Provider Portal account set up, please visit www.vtmedicaid.com/#/invitation for information on creating a Provider Portal account in the Provider Management Module, or you can call the enrollment department at 802-879-4450, option 4 for more information.

Closed for Memorial Day

The DVHA and DXC Technology offices will be closed on Monday, May 25, 2020 in observance of Memorial Day.

May 15, 2020

Addition to the Imminent Harm List

The Department of Vermont Health Access will add HCPCS codes E8000, E8001, and E8002 to the Imminent Harm List for any services delivered on or after June 1, 2020. Unfortunately, these codes were inadvertently left off the list before the COVID emergency response. While DVHA is making every effort to decrease provider burden, the incorrect provision of these devices can cause imminent harm, including falls. It is vital that vulnerable VT Medicaid members be protected from injury, especially during this extraordinary time. This will apply to both the ACO and non-ACO populations. The Imminent Harm list currently can be found at <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria>.

DMEPOS Date Span Billing

The Department of Vermont Health Access (DVHA) will allow DMEPOS & Pharmacy providers to bill a three-month date span for medical claims. This change will be retroactive and apply to claims regardless of date of service. Timely filing guidelines still apply and must be followed.

May 8, 2020

COVID-19 & Breast Pumps

In an effort to enable eligible mothers to receive breast pumps as soon as possible postpartum, The Department of Vermont Health Access (DVHA) would like to encourage providers in hospitals to give mothers a prescription prior to being released from the hospital. Information can be found at <https://dvha.vermont.gov/covid-19>. DVHA has also updated the Clinical Criteria to include mothers that must temporarily pump and/or discard related to COVID-19. Please review updated Clinical Criteria found at <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment>.

COVID-19 Related Sustained Monthly Retainer Payment Program Information

Effective April 27, 2020, the Agency of Human Services is implementing an optional, temporary payment model for Vermont Medicaid that combines fee-for-service reimbursement with prospective monthly payments. Interested provider organizations must opt into the program to receive payments. The deadline for requesting prospective payments in May is May 5, 2020. The deadline for requesting

prospective payments in June is May 19, 2020. Providers only need to opt in once. Further information and the request form can be found at the COVID-19 page on DVHA's website:

<https://dvha.vermont.gov/covid-19>.

WIC Online Referral Form – New!

Are you a health care provider for pregnant or postpartum Vermonters, or infants and children up to age 5? Vermont WIC encourages providers to (re)assess and refer for WIC services as family financial circumstances may be changing related to the COVID-19 pandemic. WIC is maintaining services during COVID-19 and provides nutrition counseling, breastfeeding support and healthy foods free for Vermont families who qualify.

To make referrals easier than ever, Vermont WIC recently launched an online provider referral form, posted on our [Resources for Health Professionals](#) webpage. Once your referral is submitted, local WIC staff follow-up with the family by telephone and determine WIC eligibility and if eligible, schedule an enrollment appointment. All WIC appointments are currently being done by phone.

If unable to access the online referral form, please contact wic@vermont.gov for assistance.

For more program updates go to www.healthvermont.gov/wic.

Server Maintenance - May 10, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, May 10, 2020. 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.

April 24, 2020

Provider Management Module Upgrade

The Department of Vermont Health Access, along with DXC Technology are excited to announce an upgrade has been implemented for the Provider Management Module. The Provider Management Module was implemented in the spring of 2019 and has been successful in allowing providers to enroll with VT Medicaid online, and to maintain their own enrollment record by using the online Provider Portal. Since the original implementation of the module, we have listened to your feedback and upgraded the system to make changes that will improve the overall enrollment experience. New training materials, including updated online training videos, are now available at <http://www.vtmedicaid.com/#/home> under the Provider Enrollment tab. If you have any questions regarding any changes you are seeing within the Provider Management Module, please reach out to the enrollment department at 802-879-4450, option 4.

April 10, 2020

Prior Authorizations End Dates - COVID-19 - Clarification

DVHA would like to clarify the banner posted on Friday 4.3.2020 regarding the extension of existing prior authorizations (PA). DVHA has extended existing PAs for certain clinical services set to exhaust immediately for an additional six months. We continue to evaluate the need for extensions of prior authorizations for clinical services and drugs approved prior to the state of emergency related to COVID-19. The original approval period may be extended for these services. Please monitor the banner page for updates.

Reminder - Telemedicine POS 02 and GT Modifier

When billing for Telemedicine services, professional claims (CMS-1500) should be billed using place of service 02. For facility claims (UB-04), GT modifier should be used to indicate that the service was performed via interactive audio and video telecommunication. The GT modifier is not, however, allowed in combination with the code used for the originating site facility fee. The GT modifier should only be used on facility claims and should not be used on professional claims.

The DVHA Website has a New Look!

The Department of Vermont Health Access is excited to announce our website has gone live on a new platform! The home URL address has remained the same as www.dvha.vermont.gov. We have undergone an extensive process of meeting with website users, cleaning up the content, migrating it to the new platform, and creating the overall new design. Some pages on the site have moved so make sure to visit our website and bookmark any new pages. If you have any questions or comments about the new site, feel free to reach out to us by clicking on the Contact button at the top of the site.

Third Party Liability (TPL) Change Requests

Please note that the DXC Technology TPL Unit has 30 days to process all requests and will process them in the order in which they are received. Sending a second request within 30 days of sending the first request will not result in the request being completed sooner.

Be sure to complete the TPL Change Request in its entirety. This will make it easier and faster for the DXC TPL Unit to update the requested information. This is an important process to keep members accounts current and allows claims process correctly.

We are happy to reprocess claims when sent with the change forms. Please remember it must be on the proper form. We cannot process photocopied claim forms.

These are a few things that need to be kept in mind when filling out the change request forms.

Server Maintenance - April 12, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 12, 2020. 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.

April 3, 2020

COVID-19 Emergency Changes to ACO Prior Authorization Waiver

For the duration of the COVID-19 viral pandemic, physician-administered drugs will continue to qualify for the ACO Prior Authorization Waiver for ACO-attributed Medicaid members. Any changes to reinstate prior authorization requirements for physician-administered drugs are hereby postponed for the duration of the COVID-19 state of emergency, in an effort to reduce provider administrative burden during this time.

Telemedicine Reimbursement Correction

Please note as of March 24, 2020, Vermont Medicaid has corrected the reimbursement for Telemedicine 02 place of service. Claims were being reimbursed at a facility rate rather than the non-facility rate as intended. Our goal was to pay for telemedicine services at the same rate as a face-to-face visit in the

office 11 place of service. We apologize for the error and we will be adjusting any claims for dates of service on or after March 13, 2020 that were submitted before we implemented the correction. Additional information can be found at <https://dvha.vermont.gov/covid-19>.

Long Term Care Cases

DVHA is extending the review period for active LTC Medicaid cases which are scheduled for a review in March, April or May 2020. The reviews are now rescheduled as follows: March 2020 reviews extended to June 30, 2020; April 2020 reviews extended to July 31, 2020 and the May 2020 reviews extended to August 31, 2020. We are extending the review period for those three months for all active LTC Medicaid cases whether or not the client returned their LTC review application.

All Provider questions and concerns should be sent via EMAIL to the DVHA LTC Management Team at: AHS.DVHALTCMGMT@vermont.gov

HEDIS Audit - Correction

Correction: HEDIS hybrid record retrieval started on March 4, 2020. Cotiviti is the medical record retrieval contractor for VT Medicaid. Providers are required to participate (at no cost) as stated in your signed Provider Enrollment Agreement: During the State of Vermont State of Emergency for COVID 19 The Department of Vermont Health Access (DVHA) will **not** enforce a 10% withholding of all VT Medicaid payments for providers that do not submit the required medical records within five (5) business days. We encourage you to submit records timely. Information can be found at <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 27, 2020

Stay Informed and Protect Your Health from COVID-19

For up-to-date guidance regarding COVID-19, click here: <https://dvha.vermont.gov/covid-19>

STATE OF EMERGENCY DECLARED, COMMUNITY MITIGATION STRATEGIES IN RESPONSE TO COVID-19

For more information about Governor Phil Scott's executive order to declare a state of emergency in Vermont in response to COVID-19, commonly known as the new coronavirus.

<https://dvha.vermont.gov/news/state-emergency-declared-community-mitigation-strategies-response-covid-19>

COVID-19 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. The state of Vermont has implemented the following in the wake of 2019 Novel Coronavirus Disease (COVID-19). 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.

HEDIS Audit Reminder

HEDIS hybrid record retrieval started on March 4, 2020. Cotiviti is the medical record retrieval contractor for VT Medicaid. Providers are required to participate (at no cost) as stated in your signed Provider Enrollment Agreement: Article VI. Audit Inspection. The Department of Vermont Health Access

(DVHA) will enforce a 10% withholding of all VT Medicaid payments for all providers that do not submit the required medical records within five (5) business days (at no cost). You may be contacted if you do not submit record timely. Information can be found at:
<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 20, 2020

Ambulatory Surgical Center (ASC) Billing Guidance

Ambulatory Surgery Centers (ASC) services should be billed using the following guidance:

- Physician services: Should be submitted on the CMS-1500 claim form using place of service 24. According to our RBRVS payment methodology, the physician will be paid at the facility rate for the billed procedure(s).
- ASC Facility services: Should also be submitted on the CMS-1500 claim form using place of service 24. Modifier SG should be appended to every code billed on the ASC facility claim. According to our RBRVS payment methodology, the ASC facility will also be paid at the facility rate for the billed procedure(s).

SG modifier should only be used on ASC facility claims (provider type T03). If multiple surgical procedures are performed on the same day for the same beneficiary, our multiple surgery payment reduction will apply.

Changes to ACO Prior Authorization Waiver

For dates of service April 1, 2020 onward, physician-administered drugs for Medicaid members will no longer qualify for a waiver of prior authorization for ACO-attributed members. Any claims submitted for the above services with dates of service on or after April 1, 2020 must have an associated prior authorization from DVHA. Prior to this, members attributed to the Vermont Medicaid Next Generation ACO program qualified for a prior authorization waiver for these services. This banner serves to notify providers that these services no longer qualify for the PA waiver, and providers must now receive prior authorization for all Medicaid members for these services.

DME Rental Supplies Update

Effective for dates of service on or after 5/1/2020 the Department of Vermont Health Access (DVHA) will no longer allow the billing of the following codes on the same date of service. This change assures compliance with the CMS National Correct Coding Initiative (NCCI) as these code combinations have procedure-to-procedure (PTP) edits in place.

A full list of Medicaid NCCI edit files can be found here: <https://www.medicare.gov/medicaid/program-integrity/national-correct-coding-initiative-medicare/index.html>

NCCI PTP Code Pair Edits:

E0445 & A4606

E0465 & A4618

E0466 & A4618

HEDIS Audit Reminder

Providers are reminded that the SFY2020 HEDIS Hybrid Measure Medical Record Review (MRR) audit is underway and record retrieval began 03/04/2020. The Social Security Act (Section 1139B) requires the Secretary of HHS to identify and publish a core set of health care quality measures for adult Medicaid enrollees. VT Medicaid runs the full set of HEDIS administrative measures, and in 2020 is producing 5 hybrid measures. Hybrid measures combine administrative claims data with data abstracted from member records during a medical record review.

The 5 hybrid measures are:

- Adult BMI Assessment (ABA)
- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)
- Prenatal & Postpartum Care (PPC)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Additional information can be found at <https://dvha.vermont.gov/for-providers/hedis-hybrid-measure-medical-record-review-mrr>

March 13, 2020

COVID-19: DVHA Reminder to Consider the Use of TeleHealth

Telemedicine: Basic Information for Medicaid Providers

PLEASE SEE THE FULL INSTRUCTIONS AND POWERPOINT AT THE FOLLOWING LINK:

<https://dvha.vermont.gov/providers/telehealth>

The law: VT Law now allows any medical provider to bill for telemedicine services, provided that the type of service is amenable to telemedicine.

Utility: Telemedicine is useful for:

- Avoidance of contagion
- Individuals who are too ill or too medically fragile to allow a clinic visit
- Individuals who need a check-in
- Individuals whose behavior/condition affects their ability to allow a clinic visit
- Bad weather situations
- It might be non-useful or inappropriate for:
- Individuals who require in-person direct hands-on care

Platforms: Any platform used must be end-to-end HIPAA-compliant (encrypted). Social media sites and business-type sites are generally NOT HIPAA-compliant.

Financials: There is no different fee for a telemedicine visit as compared to a clinic visit.

Billing: If you bill with a HCFA 1500 form, use the usual procedure codes but use the place of service 02 on your claims. If you use the UB04, use the GT modifier with your billing codes.

Documentation: Document that the visit was done via telemedicine. Specify who is present on both sides of the interaction. VT Medicaid recommends that you have a consent form that includes telemedicine.

Location: The provider must be licensed in the state where the member is receiving the treatment.

March 6, 2020

Provider Representative Contact Information Update

Effective immediately, the following changes have been made to the areas of coverage for our provider representatives. Unless otherwise specified, hospitals and facilities are to use the representatives for their county:

- **Margaret Haskins** (802.857.2963; Margaret.Haskins@dxc.com): Grand Isle, Franklin, Lamoille, Orleans, Essex, Caledonia, UVMHC, DHMC, Rutland Regional, Brattleboro Retreat.
- **Misty Griffith** (802.857.2965; Misty.Griffith@dxc.com): Rutland, Windsor, Bennington, Windham.
- **Jessica Saltus** (Jessica.Saltus@dxc.com): Addison, Orange, Washington, Chittenden.
- **Call Center** (802.878.7871): Out of State Hospitals and Providers.

A detailed map, including Provider Representative Contact information and territory, is available at: <http://vtmedicaid.com/#/manuals>.

Update: Detailed Written Order (DWO) Changed to Standard Written Orders (SWO)

Updated language from original 2/21/2020 banner page.

Effective with dates of service on or after January 1, 2020, DVHA will allow the use of the Standard Written Order (SWO) for DME and supplies when Medicare also allows the use of the SWO. This will allow the DVHA to more closely align with Medicare. Details about the SWO can be found at:

<https://med.noridianmedicare.com/web/jadme/topics/documentation/standard-written-order>

Server Maintenance - March 8, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 8, 2020. 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.

February 28, 2020

Home Sleep Study Code Update

Effective date of service 4/1/2020, please use the appropriate CPT codes for unattended sleep studies and not G0398 and G0399. These two codes will be changed to non-covered.

Reconsideration Request Timeline Change

The Department of Vermont Health Access (DVHA) has extended the timeline for provider reconsideration requests from 30 calendar days to 90 calendar days for submission, effective 3/1/2020. The new timeline states, a request for review must be made no later than 90 calendar days after the DVHA gives notice to the provider of its original decision. Requests after 90 days will be returned with no action taken. For more information on the requirements for submitting Provider Inquiry Forms or Reconsideration Requests, please refer to the General Provider Manual, section 1.2.11:

<http://www.vtmedicaid.com/#/manuals>.

February 21, 2020

Timely Filing Clarification and Updated Request Form

Reminder: Effective 02/01/2020, only a single timely filing reconsideration request form will be accepted for a single date of service. Requests are reviewed on a case by case basis. The multiple claims timely filing reconsideration will no longer be accepted.

Please see the updated form found here: <http://www.vtmedicaid.com/#/forms>.

Effective 02/01/2020, any old versions of the timely filing reconsideration request forms will no longer be accepted and will be returned to the provider.

Updates to the timely filing guidelines language have been made. Clarification on situations that do not constitute a timely filing override as well as when to submit paper attachments has been added to the manual. Please see the updated language found here, in Section 3.3:
<http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>

For additional information see the timely filing FAQs document found here:
<http://www.vtmedicaid.com/assets/resources/TimelyFilingFAQ.pdf>

Use of a Detailed Written Order (DWO) for Durable Medical Equipment (DME) and Supplies

The Department of VT Health Access (DVHA) will allow the use of the Detailed Written Order for DME and supplies. This will allow the DVHA to more closely align with Medicare. Details about the DWO can be found at: <https://med.noridianmedicare.com/web/jddme/topics/documentation/detailed-written-orders>.

February 14, 2020

Closed for Presidents' Day

The DVHA and DXC Technology offices will be closed on Monday, February 17, 2020 in observance of Presidents' Day.

February 7, 2020

2020 You First (formerly Ladies First) Fee Schedule

The 2020 You First (formerly Ladies First) Fee Schedule has been added to the Vermont Medicaid Fee Schedule page. Providers are encouraged to review the fee schedule. If you don't see a diagnosis code on the list, call a You First billing specialist at 800-508-2222 for claim review and possible manual payment.

Server Maintenance - February 9, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 9, 2020. 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.

January 24, 2020

Adult Dental Benefit Changes for January 1, 2020

The following changes are being made to the Medicaid adult dental benefit effective January 1, 2020.

- Increasing the annual maximum dollar limit on adult dental services from \$510 to \$1,000. This applies to Medicaid beneficiaries who are age 21 and older who are not pregnant.
- Allowing up to two visits for preventive services per calendar year that do not count towards the \$1000 annual maximum dollar limit.
 - Preventive services codes include: D1110 Prophylaxis – Adult “cleaning”, D1206 Topical Fluoride Varnish, D1208 Topical Application of Fluoride, D1320 Tobacco Counseling for the Control and Prevention of Oral Disease, and D0120 Periodic Oral Exam.

A copayment does not apply when a visit only includes the above codes. For additional language, please see <https://dvha.vermont.gov/for-providers/dental-1>.

Electronic Funds Transfer (EFT)

When completing your re-validation, the EFT section has an option for YES or NO. If you have an active EFT and would like to keep it, you want to answer YES, and fill out the information to keep it active. If you say NO, and you have an active EFT, your payment will be switched back to check form until new EFT information is received and the testing process is complete.

HEDIS Audit Reminder

Providers are reminded that the SFY2020 HEDIS Hybrid Measure Medical Record Review (MRR) audit is underway and record retrieval will begin 03/02/2020.

Cotiviti is the medical record retrieval contractor for VT Medicaid and will contact selected providers and request medical records to support the Medical Record Review (MRR). For additional information please visit: <https://dvha.vermont.gov/for-providers/hedis-hybrid-measure-medical-record-review-mrr> Please note that providers are required to participate (at no cost) as stated in your signed Provider Enrollment Agreement: Article VI. Audit Inspection. The Department of Vermont Health Access (DVHA) will enforce a 10% withholding of all VT Medicaid payments for all providers that do not submit the required medical records within five (5) business days (at no cost).

Provider Representative Contact Information Update

Effective immediately, the following changes have been made to the areas of coverage for our provider representatives. Unless otherwise specified, hospitals and facilities are to use the representatives for their county:

- Margaret Haskins (802.857.2963; Margaret.Haskins@dxc.com): Grand Isle, Franklin, Orleans, Essex, Chittenden, Caledonia, UVMHC.
- Nora Williams (802.857.2957; Nora.L.Williams@dxc.com): Rutland, Bennington, Windham, Addison, DHMC.
- Misty Griffith (802.857.2965; Misty.Griffith@dxc.com): Lamoille, Windsor, Washington, Orange, Out of State.

A detailed map, including Provider Representative Contact information and territory, is available at: <http://vtmedicaid.com/#/manuals>.

January 17, 2020

External Ambulatory Infusion Pump (E0784) Will Be Rental Only

The Department of Vermont Health Access (DVHA) will no longer allow a purchase option for HCPCS E0784 (External ambulatory infusion pump, insulin). Effective for dates of service on or after 3/1/2020 this code will be rental only. E0784 is a capped rental item and will be paid in 10 monthly installments.

Hi-Tech Nurse Information

The Department of Vermont Health Access would like to remind all Hi-Tech Nurses that nursing services provided by a parent or legal guardian may not exceed 12 hours per day, with a maximum of 40 hours per week. Any authorized hours beyond 40 hours per week may be provided through a home health agency or another nurse enrolled with Vermont Medicaid.

Prior Authorization Change Members Under 21

Department of Vermont Health Access is changing the Prior Authorization requirements effective 1/1/2020 for beneficiaries under the age of 21 from 'beyond eight therapy visits per discipline' to 'beyond

eight therapy visits per discipline per calendar year'. Additional information can be found at http://www.vtmedicaid.com/assets/manuals/PT_OT_STSupplement.pdf.

Closed for Martin Luther King Jr Day

The DVHA and DXC Technology offices will be closed on Monday, January 20, 2020, in observance of Martin Luther King Jr Day.

January 10, 2020

Oxygen and Oximeter Guidance

Oxygen: VT Medicaid criteria will follow the current Medicare Guidelines as outlined under LCD33797 effective 1/1/2020.

<https://med.noridianmedicare.com/documents/2230703/7218263/Oxygen+and+Oxygen+Equipment+LCD+and+PA>

Exceptions: Per Medicare - if the beneficiary elects not to receive new equipment after the end of the 5-year reasonable useful lifetime and if the supplier transfers title of the equipment to the beneficiary, accessories, maintenance, and repairs are statutorily non-covered by Medicare. Contents are separately payable for beneficiary-owned gaseous or liquid systems. Medicaid elects to not allow member or itself to own oxygen equipment and supports the beginning of a new 36-month rental period.

Oximeter: Medicaid will cover E0445 oximeter as a capped rental item and allow A4606 disposable probe replacement of 6 per month, effective 1/1/2020.

Reconsideration Request Form Has Been Updated

DXC Technology has made a small change to the Reconsideration Request Form. We have added a line for a Log # or a Provider Services Name. In cases where the provider or billing representative has had direct contact with Provider Services personnel, we ask that you add this information to the request form. Effective 2/1/2020, older versions of this form will not be accepted and will be returned to you.

Server Maintenance - January 12, 2020

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 12, 2020. 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.