

Vermont Medicaid Banner

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July 26, 2024

Change Healthcare Timely Filing Reconsideration Requests

Due to the Change Healthcare (CHC) cyber security issue that made electronic claim submission unavailable for several weeks, the Agency of Human Services will offer affected providers the opportunity to submit a timely filing reconsideration request when specified criteria are met.

VT Medicaid providers were and are reminded to seek alternative solutions for claims submission during the CHC outage to transmit claims:

1. Providers may submit paper claims.
2. Providers may contract with another clearinghouse to enable electronic claims submission.

Failure to implement alternative solutions may result in timely filing denials, as providers are still expected to meet the filing limits regardless of the outage. Please visit the DVHA website for more info and criteria requirements: <https://dvha.vermont.gov/providers/timely-filing-claims>.

Removal of PA for Facility Based Sleep Studies

Effective 8/1/2024, prior authorization will no longer be required for facility-based sleep studies (CPT codes 95805, 95807, 95808, 95810, 95811) for VT Medicaid non-ACO attributed members. This change will align prior authorization requirements for this service for all Medicaid members regardless of ACO attribution status. DVHA maintains clinical criteria for coverage of home and facility-based sleep studies that providers should reference and can be found at: <https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria>. This coverage criteria is reviewed and updated annually. Providers should ensure medical records support medical necessity for these services in accordance with DVHA clinical criteria in the case of post payment audit.

Referring Providers on Claim Forms

Effective 9/1/2024, all physician claims billed with a procedure code with one of the following types of service will require an actively enrolled referring provider to be listed on the claim: Consultation, Diagnostic X-ray, Diagnostic Lab, DME rental, DME purchase, Supplies purchase, Prosthetics, and Orthotics. Claims will be denied if the referring provider number is not present on the claim form. The Affordable Care Act (ACA) requires that physicians or other eligible providers enroll in Medicaid to order, prescribe, refer, or attend items or services for Medicaid members and be listed on the claim billed for the service. In addition, if a referring provider's NPI number is entered on a claim, even if not mandated by the specified criteria above, it is essential to validate that the referring provider's NPI is both enrolled and active on the date of service.

July 12, 2024

Server Maintenance - July 14, 2024

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, July 14, 2024. 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 800.925.1706, option 1 and then option 1 again.

July 5, 2024

Closed for Independence Day - Thursday, July 4, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Thursday, July 4, 2024, in observance of Independence Day.

Gainwell Call Center Closed 7/5/2024 at 12:00pm

The Gainwell Call Center will close at 12:00pm on July 5, 2024. Regular call center hours will resume July 8, 2024, at 8:00am.

June 28, 2024

Home Health Services Update for Immigrant Health Insurance Plan (IHIP)

Effective 5/1/2024, Home Health service providers can bill for short-term/intermittent home health services, including lactation services, to IHIP beneficiaries (DE and DP category codes). Claims will be reimbursed at the Revenue Code level. IHIP is the state-funded health care program for pregnant individuals and children under age 19 with an immigration status for which Vermont Medicaid is not available. For more info visit: <https://dvha.vermont.gov/information-for-non-citizens/immigrant-health-insurance-plan-ihip>. The VT Medicaid portal is undergoing changes to reflect this update to home health coverage for eligible IHIP beneficiaries. For any questions, please contact Provider Services at 800-925-1706.

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual (<https://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>). Acceptable forms of

supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

June 7, 2024

D9120 Code Coverage

Code D9120, sectioning a bridge or fixed partial denture sectioning, can be billed, starting 7/1/2024, in medically necessary cases in which tooth removal is necessary due to caries, infection, etc., and cannot be safely completed without sectioning of the fixed partial abutment. Clinical documentation, including radiographs, must be maintained in the member's clinical record to exhibit medical necessity.

May 31, 2024

Active Enrollment Maintenance Requirements

As of July 1, 2024, all providers will be directed to the Provider Management Module, Provider Portal, to maintain their active enrollment information. The Provider Portal allows maintenance changes to demographics, license, CLIA, EFT, DEA, legal name, etc. Access to the Provider Portal is provided upon approval of your new enrollment application. You can access your Provider Portal record by visiting <https://vermont.hppcloud.com/Home/Index/>. If you require assistance with the Provider Portal, please contact the Gainwell enrollment team at vtproviderenrollment@gainwelltechnologies.com.

99441, 99442, and 99443 - Telephone Evaluation and Management Services Billable by Naturopathic Physicians

Effective immediately, Vermont Medicaid has added Naturopathic Physicians to the list of providers allowed to bill Current Procedural Terminology (CPT) codes 99441, 99442, and 99443. Refer to the Fee Schedule for coverage criteria <https://vtmedicaid.com/#/feeSchedule>. A list of audio-only covered codes can be found on the Department of Vermont Health Access website: <https://dvha.vermont.gov/providers/telehealth>.

May 24, 2024

Prior Authorization Requirements Removed for Dental Imaging

Effective June 1, 2024, DVHA is removing Prior Authorization requirements for the following dental imaging services; Dental Cone Beam CT capture and interpretation (CBCT) codes D0364, D0365, D0366, D0367, D0368. Please refer to the VT Medicaid Supplement <https://dvha.vermont.gov/providers/manuals>, Section 4.2, Radiographs for detailed information or the Vermont Medicaid Fee Schedule <https://www.vtmedicaid.com/#/feeSchedule>. Note, these are not covered services if the reason for capture is to plan or facilitate a non-covered service, such as dental implants.

Counseling Unspecified Z71.9 Provisions of Service

VT Medicaid provides coverage of mental health services without a specific mental health diagnosis and recognizes how social determinants can have a major impact on an individual's physical and mental health, well-being, and quality of life. Social Determinants of Health (SDOH) codes cannot be used as a primary diagnosis. However, VT Medicaid allows Z71.9, Counseling Unspecified as a primary diagnosis for members under the age of 21. The standard for medical necessity is more expansive for members

under age 21 than for adults per EPSDT regulations. Under EPSDT, medical necessity includes a service to correct or ameliorate a diagnosis or health condition, achieve proper growth and development, or prevent the onset or worsening of a health condition (HCAR Rule 4.106). For more info see Counseling Unspecified Z71.9 Provisions of Service Guidance Document at <https://vtmedicaid.com/#/resources>.

Home Health & Hospice Provider Open Forum Webinar

Gainwell Technologies will be providing an open forum webinar for Home Health and Hospice providers. This will be an open discussion, so we ask that you bring questions around billing, policy, and enrollment. To comply with HIPAA regulations, we will not be able to address any specific claim denials as this will require protected health information (PHI). This forum will be on May 30, 2024, at 10:00AM EDT. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/5798272809143104602>.

Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Closed for Memorial Day - Monday, May 27, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Monday, May 27, 2024, in observance of Memorial Day.

May 10, 2024

Transcranial Magnetic Stimulation (TMS) Benefit Change

Effective 5/1/2024, DVHA is changing authorization requirements for Transcranial Magnetic Stimulation (TMS) codes 90867, 90868 and 90869. DVHA will no longer require prior authorization (PA) for TMS services up to 36 sessions per calendar year. If sessions exceed 36 sessions per calendar year, a PA must be sent to the DVHA Clinical Integrity Unit (CIU) for review. Requests for additional sessions may include a second episode of TMS treatment within a 12-month period or an extension of an existing episode of care. Requests for maintenance TMS are not covered by VT Medicaid (<https://dvha.vermont.gov/providers/clinical-practice-guidelines>). A Uniform Medical Prior Authorization Form (<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>) with clinical documentation should be sent to CIU. This change applies to all VT Medicaid members regardless of ACO attribution.

Re-emphasis on Adult Dental Service Exceptions for Eligible Adults on Waiver Programs

Adult dental services are available without an annual cap on expenditures for individuals receiving services in the Department of Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program. There is also coverage for medically necessary denture services for these groups. Members of each of these two waiver groups may self-identify with their dental provider or provide additional eligibility information.

Please refer to the VT Medicaid Dental Supplement, <https://dvha.vermont.gov/providers/manuals>, Section 2.1.3, for detailed information on determining eligibility and billing requirements for participants in these waiver programs.

Server Maintenance - May 12, 2024

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

May 12, 2024. 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 800.925.1706, option 1 and then option 1 again.

May 3, 2024

Retirement of DVHA Request for Re/habilitation Therapy Services Prior Authorization Form

The Department of Vermont Health Access (DVHA) Request for Re/habilitation Therapy Services prior authorization form, often called the "9-block form," will no longer be used as of June 1, 2024. To request Physical or Occupational Therapy, or Speech Language Pathology services, please use the most recent version of the DVHA Request for Prior Authorization for Re/habilitation Therapy Services form, available at: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>. This form must be accompanied by the initial clinical evaluation or most recent clinical re-evaluation documentation, and the most recent progress note, endorsed by the ordering physician or advanced practice provider. If a scale or test has been referenced in a goal, submit the scale/test documents including the scale/test parameters to support clinical review.

Reminder To Use The Most Current Forms

This is a reminder that when submitting forms, providers are required to use the current version of all Gainwell forms. Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. This includes, but is not limited to, adjustment forms, refund forms, and/or affiliation request forms. Information submitted using outdated forms will be returned and providers will be asked to complete a new form. Please check <https://vtmedicaid.com/#/home> for the correct versions of all forms.

April 26, 2024

DVHA DRG 790 Claims Review Resource

DVHA reviews claims for diagnosis-related group (DRG) 790, extreme immaturity or respiratory distress syndrome, neonate. DVHA has identified a high claim denial rate when diagnosis code P22.0 respiratory distress syndrome of newborn, is included on these claims due to diagnosis not being supported by submitted clinical documentation. The DVHA Clinical Unit has developed a resource for what information reviewers look for in clinical documentation to support the use of diagnosis code P22.0 on a claim. This resource can be found at <https://www.vtmedicaid.com/#/providerEducation> titled "DVHA Claim Review DRG 790: Use of Diagnosis Code P22.0 Respiratory Distress Syndrome in Neonates." Suggested audience for this content includes medical coders, clinical documentation specialists that review neonatal records, and medical providers selecting medical record diagnoses.

MDAAP Provides Incentive Payments for Technology Investments

The Medicaid Data Aggregation & Access Program (MDAAP) provides incentive payments to eligible Vermont home and community-based services providers to implement electronic health records (EHR) systems and to share data with the Vermont Health Information Exchange. More specifically, the MDAAP is designed for mental health providers, substance use disorder treatment providers, and long-term services and supports providers (e.g., home health nursing, physical therapy, occupational therapy, speech therapy, etc.) who were not eligible for previous EHR incentive programs. Visit <https://healthdata.vermont.gov/mdaap> to see if you are eligible and to learn how to participate. You can

also email the MDAAP Business Support team at ahs.dvhamdaap@vermont.gov if you have any questions about the program or how to apply.

New updates to the Department of Vermont Health Access' High-Investment Carve-Out Drugs List

The Department of Vermont Health Access (DVHA) will be making changes to the High-Investment Carve-Out Drugs List for inpatient billing of drugs. These changes ensure providers are paid their actual cost for the drugs included on this list, in accordance with GCR notice 22-002:

https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/22-002-Final-GCR-High-Investment-Drugs.pdf.

- The following HCPCS codes will be added to the list: J1411, J1412, J1413.
- The following HCPCS codes will be removed from the list: J3398.

The full list of High-Investment Carve-Out Drugs can be found at:

<https://dvha.vermont.gov/providers/pharmacy/drug-coverage-lists>.

April 12, 2024

Dental Provider Open Forum Webinar

Gainwell Technologies will be hosting an open forum webinar for the dental provider community. This will be an open discussion, so we ask that you bring questions around billing, policy, and enrollment. To comply with HIPAA regulations, we will not be able to address any specific claim denials as this will require protected health information (PHI).

This forum will be on April 25, 2024, at 10:00AM EDT. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/9133388443504476758>. Space is limited, so be sure to register as soon as possible.

We look forward to seeing you there!

Has your Office Heard from Cotiviti about Medical Record Retrieval?

Cotiviti is the record retrieval contractor for VT Medicaid and began outreaching selected providers on 03/29/24 to request the submission of medical records in support of VT Medicaid's Medical Record Review (MRR). If you have received a record request, please submit the requested records within ten (10) business days. Please pay close attention to the HEDIS Measure Requirements and Date of Service fields and only submit the type of record requested within the stated timeframe. Please note that providers are required to participate at no cost as stated in your signed Provider Enrollment Agreement. VT Medicaid may enforce a 10% withholding of all VT Medicaid payments for all providers that do not submit the required medical records within ten business days. For more info please visit:

<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

Server Maintenance - April 14, 2024

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 14, 2024. 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 800.925.1706, option 1 and then option 1 again.

April 5, 2024

H2019 Audio-Only List Addition

Effective 7/1/2023, Vermont Medicaid added Healthcare Common Procedure Coding System (HCPCS) code H2019 Therapeutic Behavioral Services, per 15 minutes to the list of Audio-Only covered codes. Refer to the Fee Schedule for coverage criteria <https://vtmedicaid.com/#/feeSchedule>. Current Procedural Terminology (CPT) Code Modifier 93 should be billed for clinically appropriate services delivered via telephone. A list of audio-only covered codes can be found on the Department of Vermont Health Access website: <https://dvha.vermont.gov/providers/telehealth>.

Psychotherapy and Documentation Standards Update to General Billing and Forms Manual

The Department of Vermont Health Access (DVHA) has updated the Vermont Medicaid General Billing and Forms Manual, Section 5.3.46.2 Psychotherapy to address the use of therapeutic tools and Section 5.3.46.7 Documentation standards for Mental Health and Substance Abuse Health Records to further clarify documentation requirements. The updated manual can be located at: <https://vtmedicaid.com/#/manuals>.

VT Medicaid & Cotiviti Launching the Medical Record Retrieval Campaign

Cotiviti is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in April 2024 to request the submission of medical records in support of VT Medicaid's Medical Record Review (MRR). Cotiviti will call each provider to confirm they have reached the correct office before faxing a record request letter and a member request form or a member list with the names of the Medicaid members for whom they are requesting records. This cover letter will be on VT Medicaid letterhead and will be signed by our Chief Medical Officer. Please pay close attention to the HEDIS Measure Requirements and Date of Service fields and only submit the type of record requested within the stated timeframe. For more info visit <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 29, 2024

Timely Filing Reconsideration Documentation Requirements

When requesting reconsideration of a timely filing denial, providers are required to include both a detailed description of the circumstances resulting in their failure to meet timely filing requirements for the claim and supporting documentation showing claims issues were addressed in a timely manner. This requirement is described in Section 3.3.2 of the Vermont Medicaid General Billing and Forms Manual (<https://vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf>). Acceptable forms of supporting documentation include billing account notes, Gainwell call reference numbers, other insurance correspondence and/or emails with the Department or fiscal agent. If providers do not include the required documentation with their request for reconsideration, the Agency will deny the request and no further recourse will be available.

Out-of-Network Office Visits

Out-of-network office visits require a PA via the Elective Out-of-Network Medical Office Visit Form (<https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>), completed by both the referring in-network specialist or PCP and the out-of-network provider. Reminder that coverage determination is delayed if the in-network provider does not attest to medical necessity of out-of-

network care. Coverage for out-of-network services may be considered for indications such as no in-network available, in-network treatment options have been exhausted and unsatisfactory course, level of expertise unavailable, or care not timely. Full coverage criteria can be found here:

<https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/procedure-criteria>. DVHA reserves the right to confirm in-network specialist availability.

VT Medicaid and Cotiviti Partnering to Complete the 2024 Medical Record Review (MRR)

In 2024, VT Medicaid is producing five Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures. Hybrid measures combine administrative claims data with data abstracted from member records during a Medical Record Review (MRR). Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April and requesting the submission of medical records to support VT Medicaid's Medical Record Review (MRR). Please note that providers are required to participate at no cost, as stated in your signed Medicaid Provider Enrollment Agreement. VT Medicaid may enforce a 10% withholding of all payments for providers that do not submit the required medical records at no cost within ten (10) business days. For more info please visit:

<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 22, 2024

Open Forum Webinar for Independently Billing High-Technology Nurses

Gainwell Technologies will be providing an open forum webinar for the following provider type: T36 Independently Billing High-Technology Nurses. This will be an open discussion, so we ask that you bring questions around billing, policy, and enrollment. To comply with HIPAA regulations, we will not be able to address any specific claim denials as this will require protected health information (PHI).

This forum will be on March 28, 2024, at 10:00AM EDT. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/1817046756795943007>. Space is limited, so be sure to register as soon as possible.

We look forward to seeing you there!

March 15, 2024

Discontinued Coverage for Select Vaccine Codes

The DVHA will be changing currently covered codes to non-covered for select CPT vaccine codes for the following reason: the drug has been discontinued, replaced, or no longer available. Please make sure you are billing the correct codes and your system is up to date.

90477, 90586, 90630, 90649, 90650, 90655, 90656, 90657, 90658, 90660, 90661, 90673, 90733, 90736, and 90748.

VT Medicaid Producing Hybrid Measures by Completing a Medical Record Review (MRR)

In 2024, VT Medicaid is producing five Healthcare Effectiveness Data and Information Set (HEDIS) hybrid measures as well as running the full set of administrative measures. Hybrid measures combine administrative claims data with data abstracted from member records during a Medical Record Review (MRR). The 5 hybrid measures are Controlling High Blood Pressure (CBP), Hemoglobin A1c Control for

Patients with Diabetes (HBD), Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (HPCMI), Prenatal & Postpartum Care (PPC), and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April to request the submission of medical records. For more info please visit:

<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

March 8, 2024

2024 VT Medicaid's Medical Record Review (MRR)

VT Medicaid produces health plan performance measures each year to help gauge our members' well-being. To successfully run some of these measures, we need to access information from our members' medical records. Cotiviti is the medical record retrieval contractor for VT Medicaid. They will begin outreaching selected providers in April and requesting the submission of medical records to support our 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. For more info please visit:

<https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

Silver Diamine Fluoride Coverage

Effective July 1, 2023, Vermont Medicaid added CPT code 0792T for the application of silver diamine fluoride to the Medicaid Fee Schedule. The Medicaid fee schedule can be found here:

<https://vtmedicaid.com/#/feeSchedule>. More information about silver diamine fluoride and

Medical/Dental Health integration can be found on the Vermont Department of Health's website

<https://www.healthvermont.gov/wellness/oral-health/resources-health-professionals>.

Server Maintenance - March 10, 2024

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 10, 2024. 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 800.925.1706, option 1 and then option 1 again.

March 1, 2024

2024 HEDIS Performance Measure Production Includes a Medical Record Review (MRR)

Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. VT Medicaid produces these measures to evaluate health plan processes and member health outcomes. To produce some of the HEDIS measures, DVHA must request members' medical records from providers and then trained clinicians review and abstract data from the member's record that does not show up in claims data. Cotiviti is the record retrieval contractor for VT Medicaid and will begin outreaching selected providers in April and requesting the submission of medical records to support VT Medicaid's 2024 Medical Record Review (MRR). For more info, please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

Closed for Town Meeting Day - Tuesday, March 5, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Tuesday, March 5, 2024, for Town Meeting Day.

February 23, 2024

How to Bill for Independently Billing Dental Hygienists

Gainwell Technologies will be hosting a webinar on How to Bill for Independently Billing Dental Hygienists. In this webinar, we will be providing a step-by-step introduction on how to complete the 2019 ADA dental claim form, along with the most common mistakes seen with this claim type.

This webinar will be on Wednesday, February 28th, 2024, at 10:00 am. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/8828823721421678430>. Space is limited, so please be sure to register as soon as possible. We look forward to seeing you there!

Enrollment Maintenance Reminder

This is a reminder to maintain your enrollment information in a timely manner, through the Provider Management Module Provider Portal. This includes, but is not limited to, changes to name, licensure, ownership, demographics, and provider rosters.

Gainwell has received an increase in Group/Individual within a Group enrollment types requesting retro closures of their roster affiliations. Gainwell needs to be notified immediately when a provider is no longer affiliated to a Group in order for members to have accurate primary care information. In addition, it's equally important to maintain status on whether your practice is accepting new patients. This information is shared directly with members to assist in finding providers. If you have questions regarding access to update your enrollment information, please contact the Gainwell enrollment team at vtproviderenrollment@gainwelltechnologies.com.

Out of State Pharmacy Requirements

Please be aware that any pharmacy distributing drugs in Vermont must have a Vermont license issued by the Secretary of State, Office of Professional Regulation. The Vermont license must be obtained even if a pharmacy has a valid license in another state. The Vermont Medicaid General Provider Agreement, Section 4.1(d), requires that all providers comply with applicable statutes and regulations. Further, Section 4.1(f) mandates that providers maintain all applicable licenses. Vermont statutes require all drug outlets to obtain a license to distribute drugs in the state. See, Title 26, Chapter 36 of Vermont Statutes Annotated. License information can be found on the Secretary of State, Office of Professional Regulation website at <https://sos.vermont.gov/pharmacy/>. If you have any questions regarding the licensing process, please contact Gainwell Provider Services at 800-925-1706.

February 16, 2024

2024 You First Fee Schedule

The 2024 You First Fee Schedule has been added to the Vermont Medicaid Fee Schedule page. Providers are encouraged to review the fee schedule. If you have questions, call You First at 800-508-2222 or email YouFirst@vermont.gov.

Supervised Billing Additional Guidance

The Department of Vermont Health Access (DVHA) continues to work on a new version of HCAR 9.103, Non-Licensed and Non-Certified (NLNC) providers can continue to provide clinical services under the extension until 12/31/25 in accordance with HCAR 9.103 and all other relevant manuals and rules.

To take advantage of the extension and submit new claims for pro-bono services provided by NLNC providers under Supervised Billing:

- For dates of service within the last 180 days, claims may now be submitted electronically to Gainwell following correct coding.
- For dates of service between the last 180-365 days, PLEASE REACH OUT TO YOUR GAINWELL PROVIDER REPRESENTATIVE.

DVHA requires that all new claims for pro-bono services provided by a NLNC provider be submitted and received by Gainwell within one year from the date of service or by May 1, 2024, whichever comes first.

Closed for Presidents' Day - Monday, February 19, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Monday, February 19, 2024, in observance of Presidents' Day.

February 9, 2024

Telehealth Coding Update

Effective 1/1/24, Telehealth coding for place of service and modifier guidance given during the Public Health Emergency (PHE) period no longer applies. Vermont Medicaid updated the following changes to telehealth coding:

- Place of Service code 10 - Telehealth Provided in Patient's Home
- Place of Service code 02 - Telehealth Provided Other than in Patient's Home

Current Procedural Terminology (CPT) Code Modifier 93 for Telemedicine services delivered via audio-only telecommunications should be billed for clinically appropriate services delivered via telephone. Modifier 93 replaces the use of modifier V3. A list of allowable audio-only service codes can be found on the DVHA website. VT Medicaid follows Medicare place of service guidelines, CPT, and Healthcare Common Procedure Coding System (HCPCS) modifiers as indicated in the VT Medicaid General Billing and Forms Manual.

New Supervised Billing Modifier Requirement to Include HM

Vermont Medicaid has added the HM modifier as a required modifier for all applicable supervised billing claims. The HM modifier will be required on all supervised billing claims for clinical services provided by Apprenticed Addiction Professionals (AAPs) and billed under their supervising provider. The addition of this modifier will align AAPs with billing requirements under [HCAR 9.103](#). Following the rate schedule set out for other modifiers under Supervised Billing, the AAPs will be paid at 56% of the rate on file.

Server Maintenance - February 11, 2024

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 11, 2024. 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 800.925.1706, option 1 and then option 1 again.

February 2, 2024

Dental Place of Service Home

Effective 2/1/2024, Vermont Medicaid enrolled dental providers can deliver dental services in the home. This change is intended for members who are homebound and not able to visit a dental office to receive dental care. Services may be delivered as medically necessary by dentists, dental therapists, or dental hygienists working within their scope of practice. Providers can bill using the place of service “12 home”, defined as “location, other than a hospital or other facility, where the patient receives care in a private residence”. Medicaid enrolled dental providers must deliver services within their scope of practice and bill with the appropriate place of service on claims according to correct coding. Vermont Medicaid does not limit dental codes by place of service.

January 26, 2024

Vermont Medicaid Supervised Billing Forum

The Department of Vermont Health Access (DVHA) is currently revising the Medicaid Supervised Billing Rule (HCAR 9.103). For DVHA to conduct the necessary outreach and stakeholder engagement required to revise the rule, the Department has issued a retroactive extension to allow non-licensed non-certified (NLNC) providers to continue to bill Vermont Medicaid until the new rule is in place. DVHA will be hosting an open forum to allow individuals the opportunity to ask any questions they may have about how the extension will work and how it will apply to different situations. Please join us for this open forum on Thursday, January 25, 2024, from 11:00am – 12:00pm, EST. You may access the virtual meeting link details using the below link. If you require accommodations to participate, please contact Grace.E.Johnson@vermont.gov.

<https://dvha.vermont.gov/news/medicaid-supervised-billing-open-forum>

LCMHC and LMFT Secondary Billing Webinar

Gainwell Technologies will be hosting a webinar to discuss the process of secondary billing for Licensed Clinical Mental Health Counselors (LCMHC) and Licensed Marriage and Family Therapist (LMFT), on Wednesday, January 31st at 10am. The discussion will consist of Medicare crossover claims, billing requirements, timely filing guidelines, and Medicare Attached Summary Forms. If you are interested in attending, register at <https://attendee.gotowebinar.com/register/8715237572582873949>. Space is limited, so be sure to register as soon as possible. We look forward to seeing you there!

Provider Enrollment Portal Registration Form to be Removed

As of 02/23/24, the Provider Enrollment Portal Registration form will be removed from the vtmedicaid.com website. All requests for portal registration are now being maintained through the application process and/or ongoing maintenance through an existing provider portal account. Any questions related to portal access can be sent to the Gainwell Enrollment Team at vtproviderenrollment@gainwelltechnologies.com.

January 12, 2024

Closed for Martin Luther King Jr. Day - Monday, January 15, 2024

The Department of Vermont Health Access (DVHA) and Gainwell Technologies offices' will be closed on Monday, January 15, 2024, in observance of Martin Luther King Jr. Day.

Server Maintenance - January 14, 2024

The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 14, 2024. 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 800.925.1706, option 1 and then option 1 again.

January 5, 2024

Important Coverage Changes to Prescription Biosimilar Drugs

Effective 01/01/2024, Vermont Medicaid will make the following changes to the physician fee schedule and Hospital Based Outpatient Services (OPPS) fee schedule. Information such as coverage or prior authorization requirements may be found on the fee schedules posted on the Vermont Medicaid Portal.

Prior authorization will be required for: Riabni (rituximab-arrx) Q5123, Herceptin (trastuzumab) J9355, Ontruzant (trastuzumab-dttb) Q5112, and Ogivri (trastuzumab-dkst) Q5114.

Preferred alternative products without prior authorization: Ruxience (rituximab-pvvr) Q5119, Truxima (rituximab-abbs) Q5115, Herzuma (trastuzumab-pkrb) Q5113, Kanjinti (trastuzumab-anns) Q5117, and Trazimera (trastuzumab-qyyp) Q5116.