

VERMONT HEALTH ACCESS ADVISORY



Linking OVHA and EDS to your Office

OVHA- <http://www.ovha.state.vt.us/>

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EDS- <http://www.vtmedicaid.com>

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WEBPAGE UPDATES

Active Provider list, EOB code list, Fee schedules, Revenue code list, EOB X-walk list, Web status report, and PES v2.17.

www.vtmedicaid.com

Medicare Hospice Coverage Cost Avoidance

Effective date of service 8/01/2006, EDS will deny claims for services that should be included in the hospice daily rate for recipients who are Medicare Hospice eligible when the service provided is related to the terminal diagnosis. Providers should submit those claims directly to the Hospice provider for reimbursement. In addition, for EDS to consider reimbursement for services not related to the terminal diagnosis, there must be a Medicare payment present on the claim or, if Medicare denies the claim, the paper claim should be submitted to EDS with the Medicare EOMB attached.

The Office of Vermont Health Access will conduct post payment review of paid claims for Medicare Hospice eligible recipients.

The National Provider Identification Number (NPI): Do You Have Yours?

Vermont Medicaid will need to collect and process provider NPIs well in advance of May 23, 2007, the last day for conversion. The OVHA expects to begin collecting NPIs this fall. Please watch for the forthcoming announcement of the specific submission date.

Providers should attain their NPI numbers **now** using one of the following three options:

- 1) You may apply through an easy web-based application process. The web address is <https://nppes.cms.hhs.gov>
- 2) You may prepare a paper application and send it to the entity (the Enumerator) that will be assigning the NPI on behalf of the Secretary of Human Services. A copy of the application, including the Enumerator's mailing address, is available on <https://nppes.cms.hhs.gov>. You may also call the Enumerator for a copy. The phone number is 1-800-465-3203 or TTY 1-800-692-2326.
- 3) With your permission, an organization may submit your application in an electronic file. This could mean that a professional association or perhaps a health care provider who is your employer could submit an electronic file containing your information and the information of other health care providers.

Providers will need to inform Vermont Medicaid of their NPI number. Providers will soon be able to enter their NPI numbers directly into their personal information files accessed through the new OVHA provider look-up available at: www.vtmedicaid.com. Please watch for notification regarding this forthcoming service. The OVHA will announce via banner page the effective date when NPI will be mandatory for enrollment and recertification. As the deadline for NPI compliance draws near, the OVHA will collect the remaining NPIs from providers via direct mailing.

Physical, Occupational, and Speech Therapy Update-Reminder

Beginning **July 15th, 2006** [date of receipt], providers billing for Physical, Occupational and/or Speech therapy may put the appropriate occurrence code [35=physical therapy, 44=occupational therapy, 45=speech therapy] for the therapy with the start date in the occurrence code fields [form locators 33-35]. These occurrence codes require the therapy start date in the same box.

Form locator 32 will continue to be used for the accident code/date.

This information is contained in the HI Segment in the 2300 loop on an electronic claim.

Vermont Medicaid will still accept ICD-9 code 9389 in form locator 80 with the therapy start date, however, using the appropriate occurrence code/date fields instead will provide more accurate reporting for this data.

A reminder: rehabilitative therapy greater than 4 months still requires Prior Authorization.

New Therapy Extension Requirement –Reminder

Effective date of service **June 12, 2006**, all requests for Physical, Occupational, and Speech Therapy services require physician signature. This is necessary for the OVHA to be compliant with Medicaid regulation M710.5. The physician may sign the Therapy Extension form or a form that the physician already signs (such as Home Health 485) provided the signature date is within one month of the therapy extension date. Therapists are responsible for forwarding the required documentation with the physician's signature and the request for the extension of therapy services to the OVHA office.

A copy of the updated Therapy Extension form with instructions is available on-line at : www.vtmedicaid.com under Information, Downloads, Forms.

Please address any questions to Susan Mason PT MEd, Clinical Consultant, OVHA. 312 Hurricane Lane, Williston, VT 05495. Phone: 802 857 2942, fax 802 879 5963.

Rehabilitative Therapy & Medicare Cap

Due to the Deficit Reduction Act 03, Medicare took the unusual step of limiting benefits for physical, occupational and speech therapy services provided by a certain provider type: independent therapists.

Please be advised that when a patient reaches the payment cap imposed by Medicare, Medicaid will **NOT** become the primary payer because these rehabilitative therapy services are available from other sources.

Vermont Medicaid will continue to reimburse coinsurance and deductible on approved crossover claims.

Timely Filing

When appealing a timely filing denial, providers must fully research and document in the request the extenuating circumstances surrounding the claim (e.g. submission dates, adjusted dates, and denial dates).

If there is no documentation or the documentation is insufficient to validate extenuating circumstances for the late submission, your appeal will be denied. Please send your appeal request to:

EDS, PO Box 888, Williston, VT 05495 . Attn: OVHA Appeals

Appropriate Billing

Providers should code their services and charges in accordance with correct coding using the appropriate reference materials including current CPT, HCPC and ICD-9 manuals. Current CPT, HCPC and ICD-9 manuals should always be used to determine correct coding before consulting the on-line published fee schedules.

Providers should never bill with a code simply because it pays or pays better than another code. If there is a concern about coverage policy or payment level EDS/OVHA publishes all currently accepted, covered and non-covered CPT and HCPCs codes via the www.vtmedicaid.com website. You must bill with the appropriate code available for the service/item provided. If the code you bill is not currently on the acceptable code list, you can request the OVHA to consider accepting the code by emailing hipacontact@eds.com.

If the OVHA or EDS has reason to believe that the correct code was not billed, they reserve the right to request documentation either pre/post adjudication which could result in recoupment or referral to the Surveillance and Utilization Unit.

Provider ID Update-Reminder

Claims received on or after July 14th must include a complete 7-character Vermont Medicaid provider ID. Claims without a complete Vermont Medicaid provider ID will be returned. A *Vermont Medicaid provider ID* is seven characters. There are only numeric zeros in Vermont Medicaid provider IDs, there are no alpha "O's" .

Please verify your Vermont Medicaid provider ID by visiting the Active Provider list posted at: <http://www.vtmedicaid.com/Downloads/manuals.html>. Please refer to this on-line resource before calling Provider Services.

The seven character Vermont Medicaid provider ID and seven character Vermont Medicaid attending provider ID submitted on your paper claims must be entered correctly as follows:

CMS-1500 form: Box 24K for attending provider ID; Box 33 for billing provider ID; and Box 17A (referring physician) if applicable.

UB-92 form: Box 51 for billing provider ID; and Box 82 for attending provider name and ID.

1994 Dental form: Box 21 for billing provider name and ID; Box 22 for attending provider ID (on the address line after the address).

1999 Dental form: Box 42 for the billing provider name; Box 44 for the billing provider ID; and Box 46 for the attending provider ID (on the address line after the address).

2002 Dental form: Box 48 for the billing provider name; Box 49 for the billing provider ID; and Box 54 for the attending provider ID.

Electronic claims with incorrect provider IDs will be rejected and appear on the Claim Accept/Reject report.

PES v2.17

A new release of Provider Electronic Solutions (PES 2.17) is now available on www.vtmedicaid.com under Downloads, Software. Included in PES version 2.17 are the following system enhancements:

- Modification of the Dental claim form was made to accept current supernumerary tooth values. Valid tooth values include: 01 – 32 for Permanent, 51 – 82 for Permanent Supernumerary, A – T Primary, and AS – TS for Primary Supernumerary.
- Admit Source on an Institutional Inpatient claim (found on the Hdr 6 tab) is now a required field.

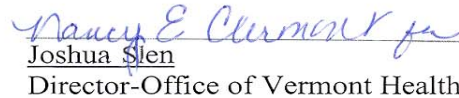
When upgrading PES, the upgrades must be completed incrementally. You cannot skip versions without risking database corruption. For example, if you are running PES version 2.14, you must upgrade to 2.15, then 2.16, then 2.17. To see which version of PES you are running, after you log on to PES, click on Help, About.

Save the Date for the HFMA Workshop

The annual HFMA claims processing workshop will be held on October 18, 2006 at the Grappone Conference Center in Concord, NH. Please watch your mail for your registration form.



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