



# Vermont Health Access Advisory

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The OVHA and EDS received feedback from providers expressing their concerns regarding the difficulty they are experiencing with the system modifications necessary to accommodate the Vermont Medicaid requirement to supply both a NPI and taxonomy combination. EDS has evaluated options that would eliminate the need for most providers to supply the taxonomy. The OVHA will allow providers to use just their NPI if they have a one-to-one NPI to their Vermont Medicaid provider ID.

Single NPI	Cross walked to	Single Medicaid ID	<b>Taxonomy <u>not</u> required</b>
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However, those providers who have multiple Vermont Medicaid provider ID numbers that map to a single NPI, will be required to continue using NPI/taxonomy combinations.

Single NPI	Cross walked to	Multiple Medicaid ID	<b>Taxonomy <u>required</u></b>
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The effective date will be **April 1, 2008** for the elimination of taxonomy requirement for 837I and 837P electronic claims, UB04 and CMS 1500 08/05 paper claims, 837D and 2006 ADA claim forms. If you have already implemented the use of NPI/taxonomy for Vermont Medicaid submission, you will not need to make any changes to your current process and claims will continue to process as usual.

Effective **April 1, 2008**, NPI will be required for 837I electronic claims and UB04 paper claims identifying the billing and attending providers, or claims will be rejected. You may no longer submit claims containing a Vermont Medicaid provider ID number unless you are considered an atypical provider.

Effective **May 1, 2008**, NPI will be required for 837P, CMS 1500 08/05 paper claims, 837D and 2006 ADA claim forms identifying the billing and attending providers, or claims will be rejected. As a reminder, the 2006 ADA claim form will be mandatory as of May 1, 2008 and all other dental claim forms will no longer be accepted.

Failure to comply by the above dates will result in your claims being rejected or returned.

Instructions to correctly complete paper claim forms can be found in the CMS 1500 08/05, UB04 and Dental Supplement billing manuals posted at [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads, Manuals. If you are a non-atypical provider, it is imperative that you **discontinue** the use of the Vermont Medicaid provider ID number on your claim forms when billing Vermont Medicaid.

The Companion Guide and technical specifications for electronic transactions have been updated to accommodate NPI requirements for submitting claims to Vermont Medicaid. The updated files are available at [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads, HIPAA Tools. For additional information on electronic transactions, please contact the EDI Coordinator at 802-879-4450, option #3. All other questions may be directed to your Provider Representative; Betty Parent at 857-2959, Spring Shover at 857-2956 and Deb Safford at 857-2957.

### Web Updates

- Fee Schedules
- Active Provider List
- PAC 8 & 9 Codes
- OPPS Pricing Information
- PES 2.20 Upgrade



**Contact Us**

**To request notifications via email:**

[VTMedicaidBanners@eds.com](mailto:VTMedicaidBanners@eds.com)

**For EDI Assistance:**  
802-879-4450, # 3

**For Provider Services:**  
Out of State: 802-878-8781

In State: 800-925-1706  
Fax: 802-878-3440

**Email:**  
[VTProvServ@eds.com](mailto:VTProvServ@eds.com)



**OVHA**

312 Hurricane Lane,  
Suite 201  
Williston, VT 05495

Phone: 802-879-5900

Fax: 802-879-5919

**Hours of Operation:**

Monday-Friday  
7:45– 4:30,  
excluding holidays

**Provider Look-Up**

The National Plan & Provider Enumeration System (NPPES), has made all provider NPI information available. The link below is for the NPI Registry Search and by searching with an individual provider name, a facility name or by address only, will enable providers to access all NPI information.

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

**NPI Provider List**

A list of active providers enrolled with Vermont Medicaid who have submitted their NPI/Taxonomy code combination to EDS is posted at: [www.vtmedicaid.com](http://www.vtmedicaid.com). The file is posted on a secure page within Transaction Services. You must have a trading partner agreement with EDS in order to sign in to access this file. For the trading partner agreement and EDI registration information, visit [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads, Forms. Please complete these applications and return to EDS.

Please check this file to validate that your NPI/Taxonomy code combination in the Vermont Medicaid system is correct.

If your information is incorrect, please email the correct information to [VTNPIcommunications@eds.com](mailto:VTNPIcommunications@eds.com). You can also fax it to: 802-878-3440 attention Provider Enrollment or call EDS Provider Services at: 802-878-7871.

**NPI/Taxonomy & Medicare Crossover Claims**

Vermont Medicaid claims processing will require the use of a taxonomy code when the provider has multiple Vermont Medicaid provider ID numbers mapped to a single NPI. We are aware that Medicare does not require the taxonomy code, but will include the taxonomy code, as submitted on the claim, on the crossover file. This will ensure proper automatic crossover and subsequent Vermont Medicaid processing of your claims.

**NPI Billing Instructions for Independent Labs**

This is a reminder to Independent Lab billers, that the provider name, address and NPI to which payment will be made, must appear in field 33 and the NPI in 24J. Claims on which these fields are incorrectly completed, will be denied (in effect on 07/01/07). The referring physician information will be processed as follows:

- 17A. Referring Physician                      Enter the NPI of the referring physician in 17A (taxonomy code, if needed) and 17B (NPI)
- 24J. Rendering Provider                      Enter the laboratory's NPI

**Ladies First Billing Instructions**

Please follow these billing instructions that are required to bill for the Ladies First Program: On the 837 Institutional transaction and the UB04 claim form, please populate a condition code field (boxes 24-30) with a value of 'A3' to indicate a Ladies First claim.

On the 837 Professional transaction, please populate the special program code with a value of '03' to indicate a Ladies First claim.

On the CMS 1500 08/05 claim form, please populate the EPSDT/Family Planning box (24H) with a value of '5' to indicate a Ladies First claim.

## Dental Dozen Initiatives

On December 28, 2007, the Office of Vermont Health Access (OVHA), mailed the new Dental Procedure/Fee Schedule to dental providers, effective for services provided on or after January 1, 2008.

This new Dental Procedure/Fee Schedule, now available on the web at [www.vtmedicaid.com](http://www.vtmedicaid.com), reflects an overall dollar increase of approximately \$637,862 authorized by the state to help stabilize the dental provider network, encourage new dentists to enroll as Vermont Medicaid providers and encourage enrolled dentists to see more Vermont Medicaid beneficiaries. The OVHA has worked in concert with the Vermont State Dental Society and the Vermont Department of Health, Office of Oral Health, to apply the increases.

This new Dental Procedure/Fee Schedule is only one of Vermont's Dental Dozen initiatives starting on 01/01/2008; other initiatives of interest to Vermont dentists implemented on 01/01/2008 include;

1.) A Code for Missed Appointments/Late Cancellations-The updated schedule includes a code, D0999, which can be used to report missed appointment and late cancellations to the OVHA. This code will be for reporting purposes only and there is NO reimbursement associated with it. In order to bill for missed or cancelled appointments, bill procedure code D0999 with a billed amount of \$0.00.

The OVHA plans to evaluate this data with the intent of developing processes to reduce missed appointments and late cancellations in the future.

2.) The Automation of Medicaid Cap Information for Adult Benefits-This Medicaid system enhancement allows enrolled dentists to access Medicaid cap information for adult benefits automatically. The annual cap for adult benefits is set at \$495. Adult dental cap information is available through the use of Web Eligibility Verification Response ([www.vtmedicaid.com](http://www.vtmedicaid.com)) or through the automated Voice Response System (802-878-7871). Specific instructions on the use of these systems can be found in the Provider Manual at [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads, Manuals, Provider Manual.

For questions or concerns regarding the new Dental Procedure/Fee Schedule, please contact EDS Provider Services Unit at (in-state) 800-925-1706 (out-of-state) 802-878-7871, or the Office of Oral Health at 802-863-7341 or 800-464-4343, ext 7341.

## PCP Reimbursement for Oral Health Risk Assessments

Effective January 1, 2008, the OVHA will reimburse Primary Care Providers (PCPs) for performing Oral Health Risk Assessments (OHRAs) to promote preventive care and increase access for children from 0-3.

A new American Dental Association code, D0145 (Oral Evaluation for a Patient under Three Years of Age with Primary Caregiver) was established for dentists last year. PCPs will be able to bill this code as dentists would, one unit per 180 days, for children 0-3. The code allows for evaluation and counseling with the PCP.

The Vermont Department of Health (VDH), in coordination with the American Academy of Pediatrics and the American Academy of Family Physicians, has identified training opportunities/requirements to educate PCPs on claiming the D0145 code. For more information, contact the Office of Oral Health at 802-863-7341 or 800-464-4343, ext 7341.

## 2007 Provider Survey Results

On December 1, 2007, 1000 EDS performance surveys were mailed to randomly selected participating Vermont Medicaid providers. In the first week, 257 surveys were returned. Of the 1000 sent, 46% total were returned by January 16, 2008. Overall, 93% of the providers surveyed answered that they were either "satisfied" or "very satisfied" with EDS' performance.

EDS and the Communications/Publications Coordinator would like to thank these providers for taking the time to complete the survey and returning it in a timely fashion. All of the responses received will be considered when planning the next year of services to providers.

### **Important Websites& Email Addresses**

[VermontHIPAAContact@eds.com](mailto:VermontHIPAAContact@eds.com)

### **NPI Look-Up**

<http://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

### **OVHA Coverage Guidelines**

<http://OVHA.Vermont.gov/providers/clinical-coverage-guidelines>

### **Provider Services Email**

[vtprovserv@eds.com](mailto:vtprovserv@eds.com)

### **EDI Coordinator Email**

[VTEDICoordinator@eds.com](mailto:VTEDICoordinator@eds.com)

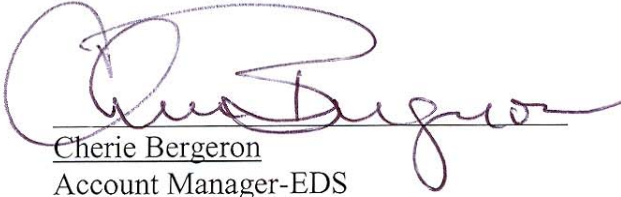
## PES 2.20 Upgrade

## Electronic Transactions


PES 2.20 is now available on the Vermont Medicaid website under Downloads, Software. This new release adds the ability to enter NDC information and has an enhancement to bill multiple taxonomy codes associated with a single NPI. Please see the PES Quick Reference guide which will assist you with setting up accounts, using PES and working with passwords. Also, see PES News on the website (same location as software) for further details.

The Companion Guide and all technical specifications for NPI requirements can be found on the Vermont Medicaid website under Downloads, HIPAA Tools.

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Cherie Bergeron  
Account Manager-EDS



Joshua Glen  
Director-Office of Vermont Health Access



# National Drug Code Requirement - CMS 1500 08/05

In November 2007 VTMedicaid announced that the collection and submission of data on all drugs dispensed or administered other than by a pharmacy would be required. This is a program change that is a result of the Deficit Reduction Act of 2005. The purpose of this is to allow for the collection of Medicaid drug rebates from manufacturers on all drugs dispensed in any office setting as required by § 1927 of the Social Security Act.

The original start date for this change was January 1, 2008. The **effective date for reporting National Drug Codes (NDCs)** for electronic submission, 837P or paper submission, CMS 1500 08/05 claim form is now **March 1, 2008**.

Drugs supplied by manufacturers, currently participating in the rebate program will be the only drugs reimbursed by VTMedicaid. A list of these manufacturers, by code and name, can be found at [http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10\\_DrugComContactInfo.asp](http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10_DrugComContactInfo.asp).

In order to collect rebates from the correct manufacturers, VT Medicaid will require data elements at the detail level in addition to the HCPCS codes. These elements are the 11 digit National Drug Code (NDC) number, the Unit of Measurement Qualifier code, and the unit quantity. These must be reported on paper and electronic submissions of all professional claims.

**Requirement on CMS 1500 08/05 Form:**

FL 24D: HCPCS code

FL 24D **Shaded area:** NDC 11 digit number, Unit of Measurement Qualifier, and Unit Quantity

FL 24G: HCPCS unit

24D CPT/HCPCS	Modifier	DX Pointer	Charges	Days or
[60126598741][UN][1111.234]				
J1234	XX	1,2,3	\$637.00	5

↑            ↑            ↑  
**11 digit NDC    Unit of    Unit Quantity**  
**Measurement**  
**Qualifier \***

* Unit of Measurement Qualifier
F2-International Unit
GR-gram
ML-Milliliter
UN-Unit

**Requirement for 837P Electronic**

- 2410 loop, LIN segment 03 field/element.
- CTP segment – 04 Unit Quantity
- CTP segment – 05 Unit of Measurement Qualifier

A NDC code is an 11 numeric digit that describes who the manufacturer is, what drug is being supplied, and the package size.

**NDC Anatomy:**

Manufacturer	Drug Code	Package Size
↓	↓	↓
[60126]	[5987]	[41]

**PES (Provider Electronic Software)**

**Upgrade version 2.20** – This is now available on the VTMedicaid website at [www.vtmedicaid.com](http://www.vtmedicaid.com) under Downloads/software version 2.20. If you currently have PES software installed on your computer you would need to use the 2.20 upgrade. Please note, **DO NOT** skip an upgrade. If you use the 2.18 version you must install the 2.19 version upgrade and then the 2.20 version.

**837 Professional** – At the Service 1 tab use the RX Indicator field to switch from N to Y to bill with a NDC number. This will populate a RX tab. In the RX tab there will be three fields: NDC number, Units (Unit Quantity), and Basis of measurement (Unit of Measurement Qualifier).

NOTE: You will be able to input 10 NDCs per detail.