

VERMONT HEALTH ACCESS ADVISORY



Linking OVHA and EDS to your Office

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

June 2005, Volume XXXIV; Number 8

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



New Mailing Address for the OVHA: 312 Hurricane Lane, Ste. 201, Williston, VT 05495 All mail previously sent to 103 South Main, Waterbury, **should be sent to the new address**. The address for EDS has not changed.

ALL PROVIDERS

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WEBPAGE UPDATES

- *Updated Fee Schedules
- *Updated Active Provider List
- *2002 ADA Dental Claim Form Instructions
- *PAC-9 List
- *Upgraded PES —V2.15
- *Updated EOB list
- *Index of the Advisory, 1987-2005.
www.vtmedicaid.com

EDS Now Processing Ladies First Claims

Effective with July 1, 2005 dates of service, EDS in coordination with the Vermont Department of Health, will be the processor of claims for the Ladies First program. All Ladies First claims, both paper and electronic, must be sent to EDS for processing (EDS, PO Box 888, Williston, VT 05495-0888). Any related screening report forms, laboratory and pathology reports and provider notes with plans for follow-up must be submitted separately directly to the Ladies First program (Vermont Dept of Health, Ladies First, 108 Cherry Street, Drawer 41 (LF), Box 70, Burlington, VT 05402-9962 or fax 802-657-4208). The Department of Health will be distributing new manuals and conducting provider training for this program in June. A representative from EDS will attend the trainings and be available to answer questions.

Please contact Ladies First directly at 800-510-2282 or 802-865-7756 with any questions on covered services and other general Ladies First questions. EDS will be the primary contact for questions pertaining to remittance advice payments/denials only at 802-878-7871 or 800-925-1706.

Premiums Update

Beginning April 28, 2005 new premium payment rules require that coverage does not begin until the month after the state receives and processes the premium payment. Providers are reminded to verify eligibility through voice, web or point-of-sale systems prior to delivering the service, or item. Beneficiaries subject to premium payment will receive a letter confirming the coverage start date. Approximately 40,000 out of 145,000 beneficiaries are subject to premiums. Please note that if EDS reports the patient ineligible for a DOS, it is possible that some can have their coverage re-established. Providers may want to make special arrangements with the patient when the EDS system shows ineligible for a DOS, and the patient says, "I just paid the premium and coverage should be restored." If your patient does not know what to do about coverage loss, refer them to Member Services at 800 250-8427.

Discontinuation of Anesthesia Modifiers QK02-04

Effective July 1, 2005 providers can no longer use modifier combinations QK02, QK03, and QK04. Modifiers 02, 03 and 04 are not HIPAA compliant and will be permanently discontinued. There are no replacement modifiers. Please refer to your CPT-HCPCs manuals for HIPAA compliant modifiers.

Ostomy Pouches

Effective 07/01/05, Ostomy pouches [urinary & intestinal] and barriers will be limited to 12 per month instead of the current allowable of 30 per month. This change is based on current best practice and is in agreement with standards set by the United Ostomy Association and other insurers. Best practice guidelines suggest that pouches be changed no more frequently than every 4-7 days. As always, requests for more than 12 per month will be considered via the prior authorization process. Provider comments may be submitted to the OVHA Program Integrity Unit, 312 Hurricane Lane, Ste. 201, Williston, VT 05495 or may be faxed to: 802-879-5963.

Anesthesia Assistants

Providers may now enroll Anesthesia Assistants. Enrollment may begin, but claims can not be processed, until the necessary system changes have been completed. Please wait to review our billing instructions before submitting claims. Billing instructions will soon be mailed directly to providers and posted on-line at www.vtmedicaid.com

How to Bill a Multiple Page Paper Claim

When billing a multiple page claim you must indicate the appropriate page number (i.e. page 1 of 3, 2 of 3) in Box 19, "Reserved for Local Use" of the CMS-1500 claim form, in Box 84 "Remarks" of the UB-92 claim form, or in Box 38 "Remarks or Unusual Services" of the dental claim form. Each claim form must include the required patient information (patient name, social security number, diagnosis, etc). To indicate the conclusion of the entire claim, the last page must include the total billed amount and an authorized signature. On the CMS-1500 claim form the signature will go in Box 31; on the UB-92 the signature will go in Box 84; on the Dental claim form it will go in Box 29.

PHYSICIANS and HOSPITAL PROVIDERS

Claim Check© Phase II

Implementation of *ClaimCheck*© Phase II is quickly approaching. Keep watching for your orange colored notifications! You will soon receive notification of the upcoming implementation and changes. If there is a specific contact person who should receive this and future *ClaimCheck*© communications, please contact EDS at claimcheckcommunications@eds.com.

DENTAL PROVIDERS

2002 ADA Dental Claim Form

Providers may now use the 2002 ADA form for submission of dental claims. Instructions for completing this claim form are posted on the web at: www.vtmedicaid.com. Providers who do not have access to the web may call Provider Services at (802) 878-7871 or 1-800-925-1706 (in Vermont only) for a copy of the instructions.

Introducing the New On-Line Training Course for UB-92 Billing!

VERMONT



Office of Vermont Health Access
Agency of Human Services

UB-92 Billing

e-Learning for the provider community

Providers who bill with the UB-92 form will be pleased with the latest tool added to the Vermont Medicaid website.

The on-line UB-92 billing course is recommended for new billers and as a refresher course for current billers. It has been designed with providers in mind and offers a layout that emphasizes ease of navigation using clear mapping and intuitive organization. Lessons are concise yet thorough and supported through reviews, summaries, and FAQ pages, to reinforce the content of the individual lesson and the overall training with the final goal of mastering the UB-92 form.

The course requires approximately 1 hour to complete. You may complete the course during a single session or in multiple sessions.

The four lessons include:

Overview: defines the UB-92 claim form and explains its organization.

Form Locators: addresses each form locator by number, name, and completion details.

Including:

Practice/Provider (1-11)

Patient (12-37)

Transaction (38-49)

Payer Information (50-66)

Diagnosis (67-81)

Attending (82-86)

Billing Scenarios: provides demonstrations of typical scenarios with completed forms.

Offering billing assistance for:

Inpatient Hospital

Outpatient Services

Long Term Care

Home Health

Hospice

Residential Care

Adult Day Services

Summary: reviews course content and support information.

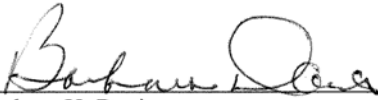
You are encouraged to visit this new addition to our website at: www.vtmedicaid.com

Provider Electronic Solutions (PES) Upgrade

A new version of PES is now available on the web. You can upgrade your current version of PES or complete the full installation of PES 2.15 by going to www.vtmedicaid.com; Downloads; Software.

Included in the PES 2.15 release are the following system enhancements:

- A patch that enables the printing of the Home Health detail report.
- The addition of Service Facility and Date of Admission fields to the Dental claim form. These fields are required if the dental service “was rendered in Inpatient Hospital, Outpatient Hospital, Skilled Nursing Facility or Adult Living Care Facility.”



Barbara H. Davis
Program Director-EDS



Joshua Slén
Director-Office of Vermont Health Access

MEDICAID BULLETIN
ATTENTION: BUSINESS OFFICE

EDS
PO BOX 888
Williston, VT 05495-0888

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