

Banner Pages for [June 26, 2009](#)

Changes to Dental/Orthodontic PA Review Process

As of June 5, 2009, dental and orthodontic PA reviews for the Medicaid program will be transitioned from the Vermont Department of Health to the Office of Vermont Health Access. Effective June 5, 2009, please send all dental and orthodontic PA requests to: The Office of Vermont Health Access, 312 Hurricane Lane, Suite 201, Williston, Vermont 05495.

The Office of Oral Health at the Vermont Department of Health will continue to provide dental consultation for the following State Programs:

- The Children with Special Health Needs Program (CSHN)
- The Dental Care Assistance Program (DCAP)
- The Reach-Up Denture Program

Please continue to address correspondence related to these three programs to the Vermont Department of Health.

Factor IX Billing

Please be advised, effective 30 days after notification, the current HCPCS code for Factor IX, J7195, will be restricted to include provider types 001 (general hospital), 005 (physician), T06 (nurse practitioner), and T37 (physician assistant), and places of service 11 (office), 50 (FQHC), 72 (RHC), 21 (inpatient hospital), 22 (outpatient hospital) and 23 (emergency room).

When the number of international units (IU) administered exceeds 5 digits, enter the total number in box 19 (or the narrative record) on the CMS 1500 claim form.

Updated Dental Procedures/Fee Schedule

Please be advised of the following updates to the Dental Fee Schedule, effective for services provided on or after 06/05/2009:

- Based on the dentists determination of Medical Necessity both Intraoral and Panoramic Radiographs may be conducted once per beneficiary every 180 days without requiring prior authorization;

-Occlusal orthotic appliances only require prior authorization if more than one (1) appliance is requested per beneficiary per year.

Providers may access the 2009 Dental Fee Schedule online at:
<http://ovha.vermont.gov/for-providers>.

EDS Dental Provider Liaison

A dedicated EDS Dental Provider Liaison, Jean Gadue, will be the primary contact person for any issues or questions communicated by our dental providers. We assigned this single point of contact in order to ensure that dental providers receive consistent and accurate information with a focus on customer service.

To verify eligibility, claim status, adult limitation amounts, enrollment, remittance advice or questions on denied claims, please contact the Provider Services help desk at 802-878-7871 or 800-925-1706. For all other questions, please contact Jean Gadue at 802-857-2948.

DME Recycling

This banner page refers to all vendors of Durable Medical Equipment who provide the following equipment to Medicaid beneficiaries (with the exception of dual eligible beneficiaries whose primary insurance will cover the cost of the device):

Manual Wheelchairs K0003-K0007

Power Operated Vehicles

Power Wheelchairs

Standers

Lifts

Hospital Beds

Rehab Shower Commode Chairs

Augmentative Communication Devices/Speech Generating Devices

Beginning July 15, 2009, all vendors who provide this equipment will be required to affix a sticker on the item at the time of service delivery. This sticker will identify Medicaid as the owner of the device and will provide contact information regarding return of the device when it is no longer

required by the beneficiary. Medicaid will provide these stickers. Stickers must be applied to an area of the device that is protected from daily wear and tear but is visible without excessive effort.

There will also be an accompanying signature sheet to be signed by the vendor and the beneficiary or their legal guardian. This form shall be kept on file at the vendor's office and be available for inspection and a copy provided to the beneficiary for their records. This form will be available on the OVHA and EDS website and is listed as the Durable Medical Equipment Ownership, Operation, and Maintenance Agreement.

Please contact the Office of VT Health Access at 802 879 6396 to obtain stickers and forms if you have not received them by July 1, 2009 or if you have run out.

Updated Therapy Extension Request Form

The Rehab Therapy Extension Request Form was updated to capture certain new requirements for prior authorization documentation and will be effective 08/01/09.

This updated form is available online at: <http://ovha.vermont.gov/for-providers/> under HEALTH SERVICES/Forms/Treatment-Related/Therapy Extension.

For those providers who choose to not use this form, always include the following information in your documentation:

- 1) Documentation of beneficiary/caregiver adherence to home programming
- 2) Procedure codes you will be billing (not required for home health)
- 3) Billable therapy time per visit

- 4) MD/PA-C/NP endorsement of your plan of care
- 5) Medicaid ID number for each involved provider

This information is essential to avoid delays in the processing of your extension requests.