



2016 Clinical Reporting & Reimbursement

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Vermont Department of Health



**Ladies
First**
Keeping Vermont
Women Healthy

Overview

- Clinical Reporting and New Materials
- HP Enterprise Services
- **Green Mountain Care** Eligibility Verification System
- Required Ladies First Claim Level Details
- Timely Filing & Billing the Patient
- Banner Pages/Advisories/RAs
- Ladies First Support 1-800-510-2282



Clinical Reporting (Fax within 10 days of visit)

Provider Report

Fax within ten days of results to 802-657-4208. Or mail to:
Ladies First, Vermont Department of Health, PO Box 70, Drawer 38, Burlington, VT 05402



Ladies First
Keeping Vermont Women Healthy

Patient name (first, last): _____ Date of birth (mm/dd/yyyy): ____/____/____
 Date of service (mm/dd/yy): ____/____/____ Practice name: _____
 Provider name: _____ Provider phone number: (____) _____-_____
 Purpose of visit:
 New patient screening Established patient screening New problem Recall Short term F/U ____ mos. Other

HEART HEALTH SCREENING

A. Clinical Measurements

Height: ____ in. Weight: ____ lbs. BMI: ____
 Waist: ____ in. Hip: ____ in.
 Patient refused Unable to obtain

Blood pressure
 Two blood pressure readings are required. A single measurement does not provide an accurate assessment of a patient's blood pressure. For more reliable results, at least two readings should be taken a few minutes apart.

First reading: ____/____ mm/Hg
 Second reading: ____/____ mm/Hg
 Patient refused Unable to obtain
 ≥180/≥110: Immediate treatment required.

Blood pressure mm/Hg diagnosis:

Prehypertension	SBP 120-139 or DBP 80-89
Stage 1	SBP ≥140-159 or DBP ≥ 90-99
Stage 2	SBP ≥160 or DBP >100

Is medication adherence for hypertension a priority area for this patient? Yes No N/A

Glucose & cholesterol
 Was patient fasting for 9 hours? Yes No
 If not fasting, Hgb A1C should be tested instead of blood glucose.

Blood work
 Blood drawn on site Patient refused Unable to obtain
 Patient sent to Lab. Location: _____

Results
 Glucose: ____ mg/dl or A1C: ____
 Patient refused Unable to obtain
 ≤50 mg/dl or ≥250 mg/dl: Immediate treatment required.

Glucose mg/dL (Fasting)	A1C %
Prediabetes 100-125	Prediabetes 5.7-6.4
Diabetes ≥126	Diabetes ≥6.5

Lipid profile
 Total cholesterol: ____ mg/dl HDL: ____ mg/dl
 LDL: ____ mg/dl Triglycerides: ____ mg/dl
 Patient refused Unable to obtain

B. Risk Reduction Counseling Guidance

- Reviewing participant's screening and health risk assessment results.
- Assuring that participant understands her CVD risk as compared to other women her age.
- Identifying goals and strategies to support goals (e.g., Ladies First lifestyle programs, health coaching and other healthy behavior support options).
- Arranging follow-up for women with uncontrolled hypertension.

Risk reduction complete? Yes No

Were screening results provided to member both verbally and in writing? Yes No

Check all topics addressed:
 Nutrition/diet Physical inactivity
 Overweight/obesity Elevated blood pressure
 Tobacco cessation

-New name and look (no longer member check-up form)

-Up-to-date data reporting for CDC

-Option to report clinical results

-Highlights clinical results that need to be reported to Ladies First for patient navigation and support.

New Member Welcome Packet



- New name and look (no longer member check-up form)
- Up-to-date data reporting for CDC
- Option to report clinical results
- Highlights clinical results that need to be reported to Ladies First for patient navigation and support.



Keeping Vermont Women Healthy

VERMONT DEPARTMENT OF HEALTH

MEMBER CARD

Jane Doe

Coverage Starts: 1/01/2016

Coverage Ends: 3/01/2017

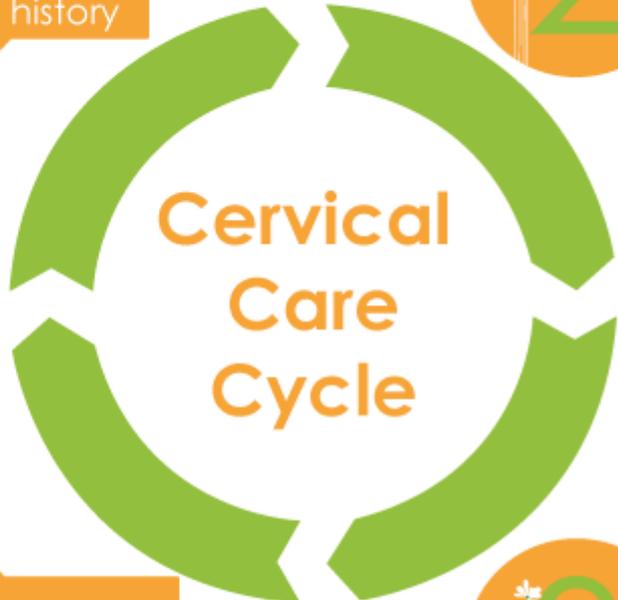
UID #: 12345

800-508-2222 • www.LadiesFirstVt.org

1 Record review & history

Caution: HPV testing

2 Conduct pelvic exam & Pap smear



Cervical Care Cycle

4 Rescreen reminder

3 Fax forms to Ladies First & notify patient

Refer to 2001 Bethesda System

Normal

Abnormal

Refer to Abnormal Cytology Algorithms

Notify member of cytology results

For abnormal colposcopy refer to Abnormal Histology Algorithms

Referrals to specialists & covered procedures

Lost to follow-up

Refusal of care

Treatment & case management

Reporting cancer and pre-cancer

Reporting abnormal results
1-802-657-4208
(confidential fax)



Keeping Vermont Women Healthy
VERMONT DEPARTMENT OF HEALTH

1 Record review & risk assessment

Caution:
Refer to Ladies First
if member needs
genetic or risk
counseling

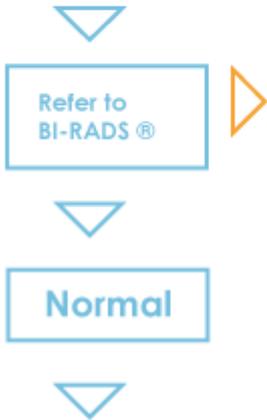
2 Conduct CBE & refer for mammogram



**Breast
Care
Cycle**

4 Rescreen reminder

3 Fax forms to Ladies First & notify patient



Abnormal

Refer to Breast Cancer Diagnostic Evaluation Algorithms

Notify member of results

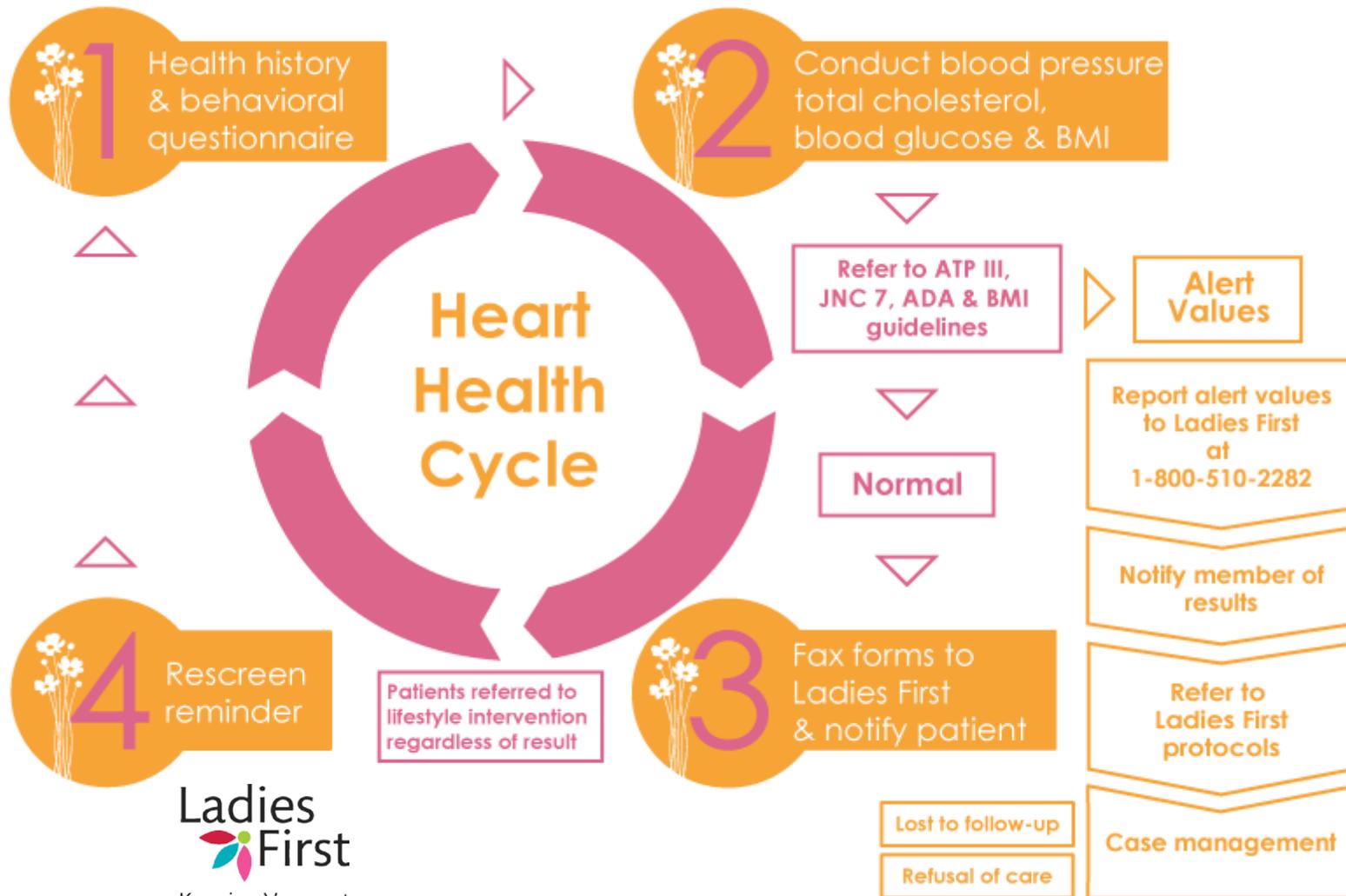
Referrals to specialists & covered procedures

Reporting abnormal results
1-802-657-4208
(confidential fax)

Lost to follow-up Refusal of care

Treatment & case management

Reporting cancer and pre-cancer

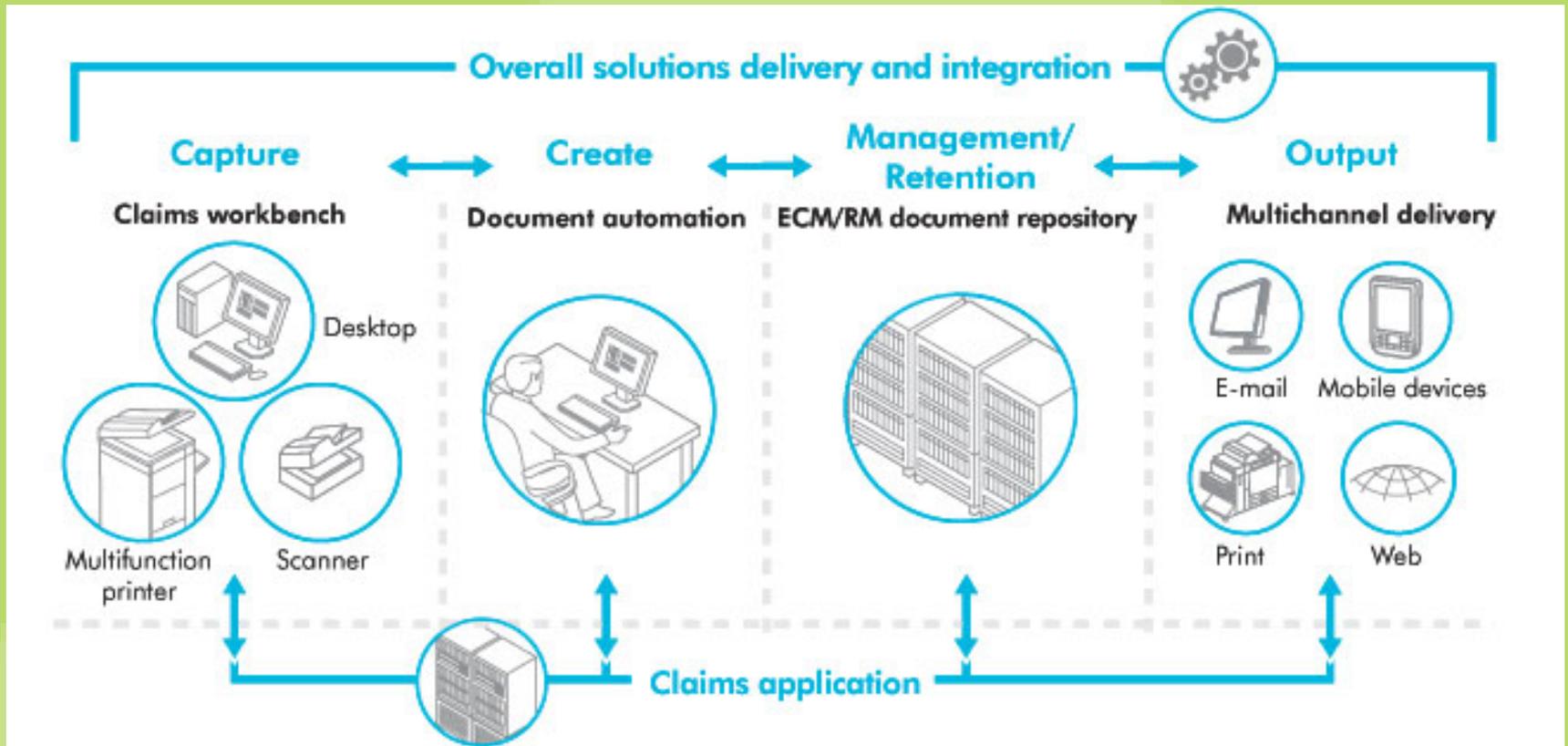


Ladies First

Keeping Vermont Women Healthy

VERMONT DEPARTMENT OF HEALTH

HP Enterprise Services



Verifying Eligibility – LF, BG, BH

The **Green Mountain Care** Eligibility Verification System (EVS) provides beneficiary information to participating health care providers. There are two options:

- Voice Response System (VRS),
802-878-7871, option 1; or
- Transaction Services
<http://www.vtmedicaid.com/Interactive/login2.html>

Also.....

- Available 24 hours a day, seven days a week (except for routine maintenance)
- Responds with rapid verification information
- Substantially minimizes the risk of non-payment for services rendered to ineligible patients
- Decreases the number of claim resubmissions due to inaccurate eligibility information

VERMONT MEDICAID PORTAL

[Home](#)[Information](#)[Downloads](#)[Links](#)[Web Services Login](#)

You are in the Model environment.

CINDY LITTLEFIELD

[Eligibility Search](#)[Claims Status](#)[Upload Files](#)[Download Files](#)[Edit Profile](#)[Help](#)[Active Provider List](#)[Logoff](#)

ELIGIBILITY SEARCH

Please select a provider number.

VT Prov ID (0005828) - NPI (1976000000) - Taxonomy (207R00000X) ▾

Please enter the member's ID number.

1675164 (If entering member's SSN, make sure to use leading zeros.)

Please enter an Effective Date Range. Dates may be up to nine days in the future.

From Effective Date (MM/DD/YYYY)

03/25/2011

To Effective Date (MM/DD/YYYY)

[Print Results](#)

MEMBER INFORMATION

We are now returning member's unique id, not SSN. Use the unique id for all transactions for this individual.

Member's ID Number: 1675164

Member's Name:

Date of Birth: 03/25/1981

Gender:

Member's Address:

333 OLD DIRT ROAD
ST JOHNSBURY, VT 05819

Date of Death:

Transaction Control No:

0037594348

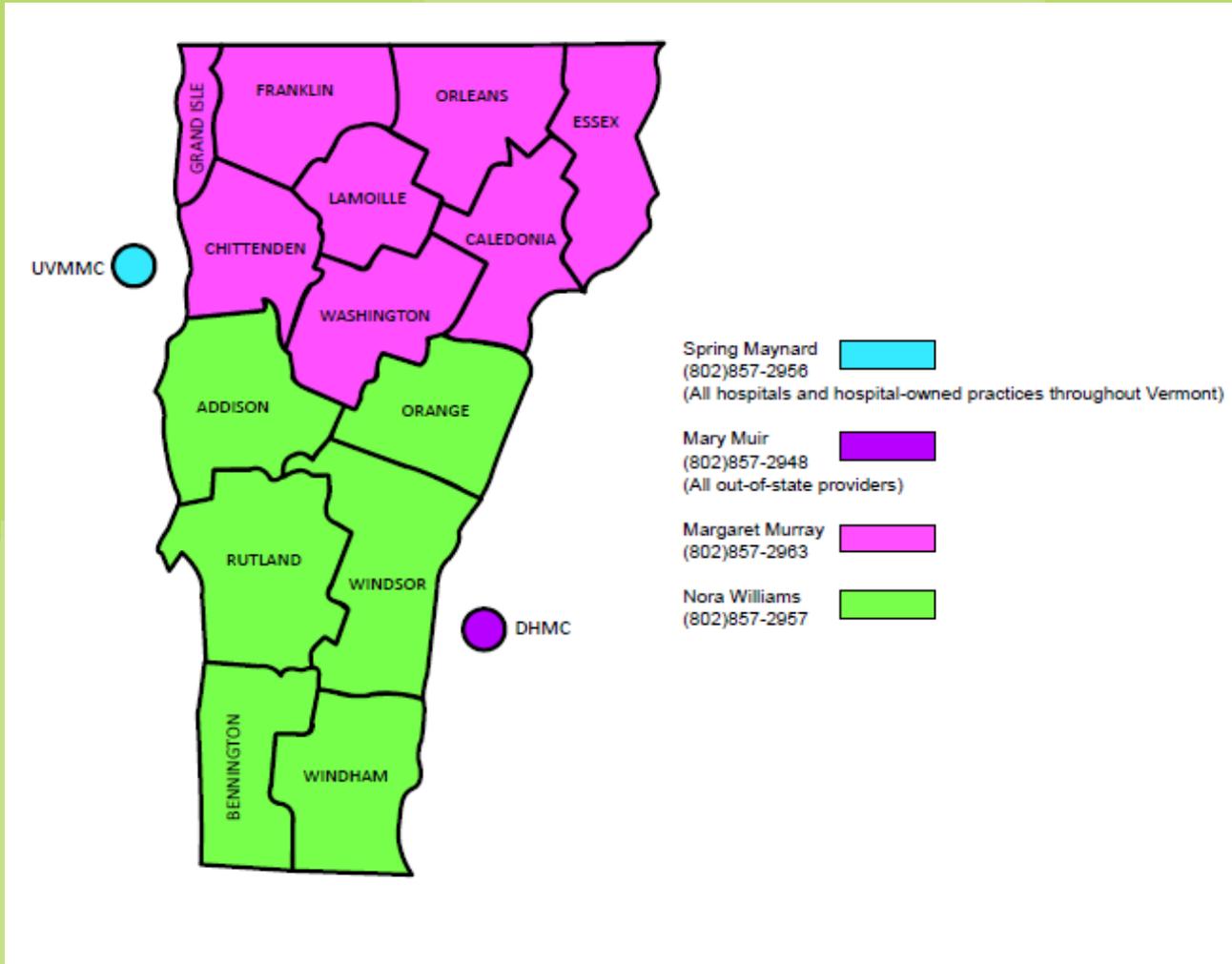
ELIGIBILITY

Start Date	End Date	Status	Coverage Description
03/25/2011	03/25/2011	Eligible	Medicaid Category Code 15

THIRD PARTY LIABILITY

Start Date	End Date	Coverage Description
10/01/2003	12/31/2382	PHYSICIAN INPATIENT / OUTPATIENT SERVICES, MAJOR M GROUP INSURANCE CENTER
08/16/2008	12/31/2382	PHYSICIAN INPATIENT / OUTPATIENT SERVICES, MAJOR M

Provider HP Support



1. Split claim into detailed claim

26. Enter the account number you have assigned to the patient. HP can accept up to 12 digits; alpha, numeric, or alpha/numeric in this field. This information will print on the RA summary for your accounting purposes.

29. In field 29, only enter the 'amount paid' by the insurer and do not include the 'contractual allowance'. If this box includes the 'contractual allowance', the 'contractual allowance' will be counted as part of the insurance payment and be deducted from what HP will pay. HP will pay only up to the Medicare Part B rate after deducting what the primary health insurance paid. If a service submitted involves other insurance, it must be submitted as a one detail claim to appropriately process the payment from the insurance company. If there are several services provided on the same day that involve insurance payments, you will need to submit a separate claim for each service (line) item showing the other insurance payment received in field 29 on each claim.

28. Add the charges from field 24f. for each line and enter the total in this field.

25. FEDERAL TAX I.D. NUMBER	SSN EIN <input type="checkbox"/> <input type="checkbox"/>	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. BALANCE DUE \$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH. # ()		
SIGNED	DATE	a. NPI	b.	a. NPI	b.	

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB 0938-0999 FORM CMS-1500 (08/05)

31. Enter the provider's signature or facsimile, or signature of the provider's authorized representative. Enter the date of the signature.

33. Enter the group name (as exactly noted on enrollment), address and phone number. For individual provider practice enter provider's last name, first name, middle initial, address and phone number.

33a. & b. Enter the NPI number in a. Enter associated Provider Taxonomy if needed. (FQHCs & RHCs use non-encounter taxonomy code here in 33b. along with appropriate LF procedure code(s))

2. Pointers to LF covered DX(s)

14. If any box in 10a, 10b or 10c indicates a "Yes" response, enter the date of the accident. Required if "Yes" is answered.

17b. Enter NPI number of referring physician.

21. Enter the appropriate ICD-10-CM diagnosis code that relates to the service rendered. You may use up to four (4) diagnosis codes. (see Fee Schedule for ICD-10-CM code list)

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. <input type="checkbox"/> YES 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (Relate items 1,2,3 or 4 to item 24E by Line)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
1. _____ 3. _____		23. PRIOR AUTHORIZATION NUMBER
2. _____ 4. _____		

24a. Enter the date of each service provided. If the "From" and "To" dates are the same, the "To" date is not required. MM/DD/YY format.

24b. Enter the appropriate two-digit place of service code.

24d. Please refer to the current Ladies First Fee Schedule and enter the appropriate CPT procedure code and applicable modifiers to explain the service rendered. All modifiers other than modifier 26 or TC are not covered by Ladies First and the bill will deny through HP for non-covered service(s). (see Fee Schedule for CPT code list)

24e. All pointers MUST point to a Ladies First covered code. If any pointers point to a non-covered code, claim will be denied. Please see current fee schedule. You may put up to 4 ICD-10-CM codes in box 21 but be sure to ONLY point to Ladies First covered diagnosis codes in box 24e. Enter the appropriate diagnosis 'pointer' that relates to the service rendered (ie. 1,2,3) and that corresponds to the diagnosis form Field 21. To be reimbursed for Ladies First procedures, both the diagnosis code and the CPT code must be Ladies First codes.

24. A.	DATE(S) OF SERVICE	B.	C.	D.	E.	F.	G.	H.	I.	J.
From	To	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSCOT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY					
1									NPI	
2									NPI	

24f. Enter the usual and customary charge for the service rendered.

24g. Enter the number of days or units of service which were rendered.

24h. Populate as you normally would for Medicaid.

24j. Rendering/attending provider ID number (see below for lab instructions)* Enter attending provider NPI number in the un-shaded area of the field.

*For Ladies First Labs in 24j. Local Use/Rendering Provider you may enter Lab NPI and taxonomy combination

3. TC & 26 modifiers only plus modifier 50 for ultrasound

24a. Enter the date of each service provided. If the 'From' and 'To' dates are the same, the 'To' date is not required. MM/DD/YY format.

24b. Enter the appropriate two-digit place of service code.

24c. Please refer to the current Ladies First Fee Schedule and enter the appropriate CPT procedure code and applicable modifiers to explain the service rendered. All modifiers other than modifier 26 or TC are not covered by Ladies First and the bill will deny through HP for non-covered service(s). (See Fee Schedule for CPT code list)

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	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-10-CM CODE	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER												
1															NPI	
2															NPI	

24f. Enter the usual and customary charge for the service rendered.

24g. Enter the number of days or units of service which were rendered.

24h. Populate as you normally would for Medicaid.

24j. Rendering/attending provider ID number (see below for lab instructions)* Enter attending provider NPI number in the un-shaded area of the field.

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4. Other

- Six-month timely filing limit.
- Claims billed to a primary payer must be filed within 24 months from date of service.
- HP denied claim within the timely filing limit, for a reason other than exceeding the time limit. A copy of the RA showing the denial must be attached.
- Ladies First will consider paying an untimely claim in unusual circumstances. Call provider support line at 1-800-510-2282.

2016 Ladies First Fee Schedule



The Fee Schedule has been released for 2016. It is a guide to the services covered by the Ladies First program. The reimbursement rates are based on the Medicare Part B Fee Schedule.

Insurance via Vermont Health Connect:

- LF helps pay for diagnostic services, deductibles for dx services, and co-pays for those in need. Also, has Komen funds for women in need of breast services.

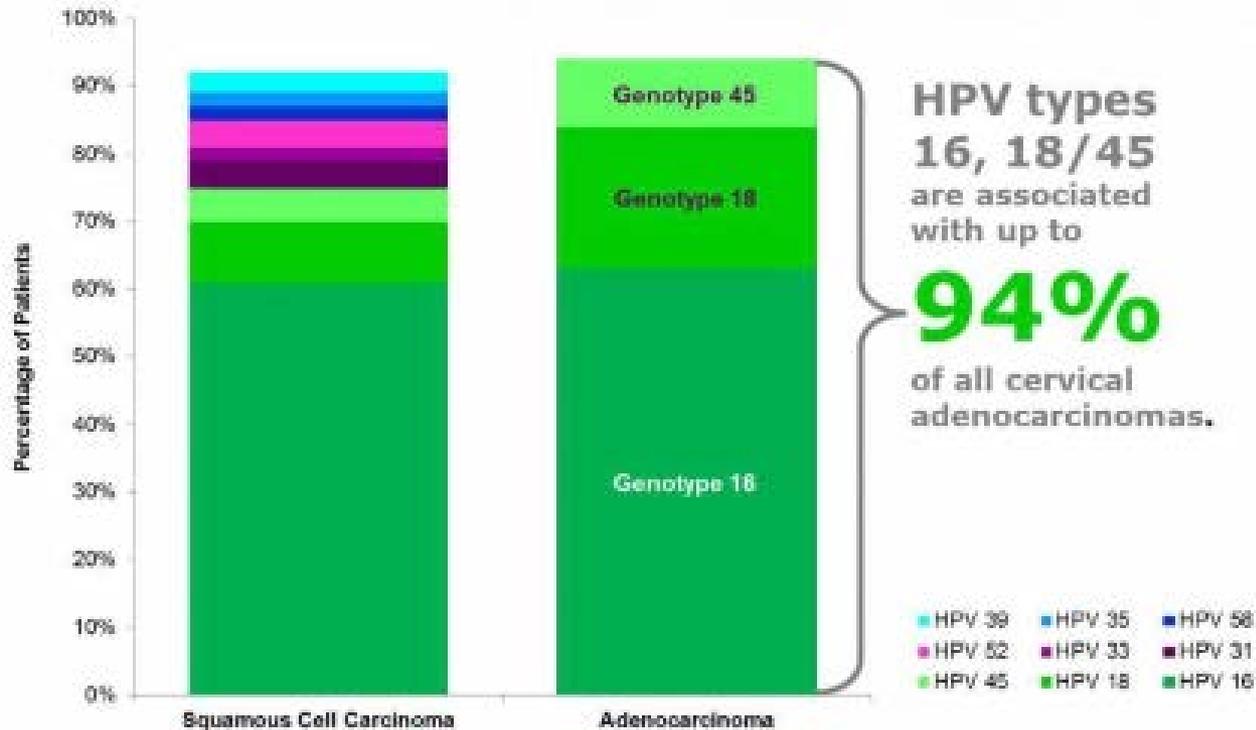
Update (Effective January 1, 2016)

"Deleted" CPT Codes in 2015 & 2016	2015 & 2016 new codes
<p>76645 Ultrasound, breast(s), unilateral or bilateral, real time with image documentation</p>	<p>76641 Ultrasound, complete examination of breast including axilla, unilateral (Modifier 50 for bilateral)</p> <p>76642 Ultrasound, limited examination of breast including axilla, unilateral (Modifier 50 for bilateral)</p>
<p>87621 Papillomavirus, Human, Amplified Probe</p>	<p>87624 Human Papillomavirus, high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)</p> <p>NEW 87625 Human Papillomavirus, types 16 and 18 only Genotyping. Includes, type 45, if performed. <i>[Routinely utilized after 87624 for risk assessment and patient management]</i></p>
<p>G0461 Immunohistochemistry or immunocytochemistry, per specimen; first stain G0462 Immunohistochemistry or immunocytochemistry, per specimen; each additional</p>	<p>88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure</p> <p>88341 Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedures)</p>
<p>G0279, 77063, 77061, 77062 Breast Tomosynthesis 99441, 99442, 99443 Telephone evaluation and management</p>	<p>The accuracy of Tomosynthesis has not yet been compared with that of standard mammography in randomized trials. As a result, it is not yet known whether this type of imaging is better than standard mammography at avoiding false-positive results and identifying early breast cancer.</p>

2016 New Services



HPV Genotyping to manage HPV HR* Positive/cytology negative women 30 years and older



2016 New Services



Provider-based billing

Added code:

G0463 - Hospital outpatient clinic visit for assessment and management of patient Ladies First will now allow hospitals to charge for physician services separately from building/facility overhead. By allowing provider-based billing, also commonly referred to as hospital outpatient billing, one charge represents the facility or hospital charge and one charge will represent the professional or physician fee. This will allow hospitals to be reimburse for services provided in an outpatient clinic that has hospital provider-based status.

Providers will bill Ladies First in two parts: one bill for the physician service on the CMS 1500, and another bill for the hospital/facility resources and services on a UB04. There will be a matching UB04 for every CMS 1500, both billed with a place of service (22) for outpatient hospital along with using revenue code 510. This will result in a facility payment to the physician.

2016 Service Still Covered



BRCA

Risk Reduction Counseling

Ladies First will pay for office visits that screen women who have no signs or symptoms of BRCA related cancer and who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potential harmful mutations in breast cancer susceptibility genes (BRCA1 and BRCA 2). Women who screen positive should receive genetic counseling and, if indicated after counseling, BRCA testing.



REPORTING

Evaluation & Management

Ladies First will pay **\$100 to the provider** for returning the Ladies First “Provider Report” for each Ladies First member who has been screened.



CPT 99499

2016 New Services



REPORTING

Quality Category II Codes

Ladies First will pay an additional **\$40.00** for quality category II codes. The codes are intended to recognize data collection related to specific clinical services that correspond to and support national quality performance measures.

2016 New Services

REPORTING



CPT Code	Quality Category II Code(s) = \$40.00 each
0513F	Elevated blood pressure plan of care documented
0555F	Symptom management of care documented
0556F	Plan of care to achieve lipid control documented
2000F	Blood pressure measure x 2
2001F	Weight recorded
3008F	Body Mass Index documented
3011F	Lipid panel results document and reviewed (must include total cholesterol, HDL-C, Triglycerides and calculated LDL-C
3014F	Screening mammography results documented and reviewed
3015F	Cervical cancer screening results documented and reviewed
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
3045F	Most recent hemoglobin A1c (HbA1c) 7.0-9.0%
3046F	Most recent hemoglobin A1c level greater than 9.0%
3048F	Most recent LDL-C less than 100 mg/dL
3049F	Most recent LDL-C 100-129 mg/dL
3050F	Most recent LDL-C greater than or equal to 130 mg/dL
	To report blood pressure use the corresponding systolic Codes [3074F, 3075F, 3077F] and diastolic codes [3078F, 3079F, 3080F]
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure less than 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
3340F	Mammogram assessment category of "incomplete; need additional imaging evaluation"
3341F	Mammogram assessment category of "negative" documented
3342F	Mammogram assessment category of "benign" documented

2016 New Services



REPORTING

Ladies First Member Navigation

SERVICES BILLABLE BY A NURSE CASE MANAGER/SOCIAL WORKER CASE MANAGER FOR PILOT MEDICAID PATIENTS OR LADIES FIRST MEMBERS			
G9001	Coordinated care fee-initial rate	\$40.80	\$40.80
G9002	Coordinated care fee-maintenance rate	\$105.47	\$105.47
G9007	Scheduled team conference	\$55.00	\$55.00
G9008	Physician coordinated care oversight services	\$11.46	\$11.46
T1016	Case management, each 15 minutes	\$12.50	\$12.50

Weight management & fitness programs

Weight Watchers

Ladies First pays for 12 Weight Watchers meetings over 12–24 weeks, and possibly an additional 12 meetings if our members are attending regularly and are losing weight.

Curves Complete

Ladies First pays for a 3–6 month Curves Complete membership for eligible participants, which includes fitness, weight loss tracking, one-on-one health coaching and menu planning. Participants must complete a minimum of two workouts and one coaching session with a Curves Complete coach each week, although they are free to work out as often as they wish. Members may also enroll in the Curves fitness-only option, which includes unlimited access to the fitness facility, but no other features.

TOPS (Take Off Pounds Sensibly)

TOPS is a nonprofit and noncommercial weight management program that offers 27 weight-loss support groups across Vermont. These groups, called chapters, provide a judgment-free zone where real people learn how they can make changes and get the support they need to reach their goals. Ladies First can provide TOPS memberships to committed program members who are motivated and ready to attend TOPS weekly meetings.

FitLogix

FitLogix is a 52-week online weight management program with activity and nutrition lesson modules that can be conducted at the participant's own pace. This program includes regular coaching calls providing one-on-one support and a structured, interactive web program that offers customized content and progress tracking for activity, calories and weight loss. Motivated Ladies First members who have high speed Internet at home and are ready to commit to an online program would be good candidates for FitLogix.

Weight management & fitness programs

Health coaching

A member not ready to commit to the gym? We can connect members to a health coach in their area who provide personalized and confidential services. Members will meet individually with a trained health coach and can choose to focus on any area of behavior change that interests them, whether it is nutrition, physical activity or tobacco cessation. The choice is the members and the number of sessions is up to the member.

Blood pressure self-management

If members have high blood pressure (also called hypertension), controlling it is very important, to avoid more serious health problems. If a member is on blood pressure medication or their blood pressure is higher than 140/90, Ladies First can provide a free blood pressure monitor and tracking tools to use at home. We also provide support so they can report their blood pressure readings to their doctor on a regular basis in order to get feedback, adjust their medication or schedule an appointment.

Smoking cessation services

Members can get tips and tools that can make it easier to quit smoking.

Special incentives

Members who have their heart health screening may be eligible for special incentives, including Farmer's Market coupons, Vermont State Park passes and other special items as they are available.

Other local weight management & fitness programs

Members who have their heart health screening may be eligible for local programs that have partnered with Ladies First.



Specific claim or billing questions
call the
Ladies First Provider Support Line at
1-800-510-2282

