



## 2010 Ladies First Fees Released

---

The Ladies First new fee schedule has been released and is now posted on our website [www.LadiesFirstvt.org](http://www.LadiesFirstvt.org). The new fees will be effective for services provided as of January 1, 2010, and are based on the recently released Medicare Part B fee schedule. As advised by CDC, Ladies First screening services shall include breast & pelvic exam, Pap test, mammogram referral, blood pressure, total & HDL cholesterol, blood glucose and BMI.

Effective January 1, 2010, CMS eliminated all consultation codes which included codes that had been on the 2009 Ladies First Fee Schedule: 99241, 99242, 99243 and 99244. With the new 2010 Ladies First Schedule of Fees, consultations should be billed through the standard "new patient" office visit CPT codes: 99201-99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes are not appropriate for Ladies First screening visits.

## HPV DNA Testing

HPV DNA testing is a reimbursable procedure if used in the follow-up of an ASC-US result from the screening exam, or for surveillance at one year following an LSIL Pap test and no CIN 2,3 on colposcopy-directed biopsy. *It is not reimbursable as a primary screening test for women of all ages or as an adjunctive screening test to the Pap for women ≥30 years of age.* Providers should specify the high-risk HPV DNA panel only; reimbursement of screening for low-risk HPV types is not permitted.

## Good News! Providers Can Now Verify Ladies First Eligibility

---

The VermontAIM Eligibility Verification System (EVS) now includes Ladies First member information for providers. This automated system provides eligibility status information clearly, concisely and rapidly 24 hours a day, seven days a week. All three functions of EVS; point-of-sale devices [key-in option ONLY], the Vermont Medicaid website, and voice response (in state toll free 1-800-925-1706 or out of state 1-802-878-7871), are complete and ready to be utilized. Ladies First encourages all providers to take full advantage of this system to verify a patient's eligibility status before services are rendered. This system offers the following functionality:

- Is available 24 hours a day except during periods of 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 re-submissions due to inaccurate eligibility information

Providers can verify eligibility for the current date, up to one year prior. Providers can rely on the accuracy of the EVS response, for up to nine days beyond the date of the coverage inquiry. Providers should retain the authorization number issued by the system to assure that the information received can be verified by the system. The authorization number is not a guarantee of payment. The member must be eligible on the date of service and the service provided must be a covered service by the program. If you are unable to use the EVS system, you may call the Ladies First provider support line to verify eligibility at 1-800-510-2282.

## Billing the Ladies First Member

If the provider bills Ladies First for a service or item, the provider may not bill the patient for any reason except the following: If the HP system reports that a member has other insurance, the provider must bill the service or item to the other medical insurance prior to billing Ladies First. Ladies First is the payer of last resort.

## Timely Filing

Ladies First will be implementing a six-month timely filing limit, for all dates of service effective February 1st, 2010 and thereafter. All claims must be submitted to HP Enterprise Services for processing prior to the six-month filing limit.

The following exceptions apply:

1. Claims billed to a primary payer must be filed within 24 months from the date of service.
2. HP Enterprise Services denied a claim within the timely filing limit, for a reason other than exceeding the time limit. A copy of the remittance advice showing the denial must be attached to each claim.

Ladies First will consider paying an untimely claim in unusual circumstances. An exception request can be made by sending the claim and a detailed explanation of why an exception should be granted to the Director, Ladies First, PO Box 70, Burlington, Vermont 05402.

## Ladies First Extension for Late Claim Submissions

On February 1, 2010 Ladies First will be implementing a six-month timely filing limit based on date of service. To assist with this transition, any claims submitted after February 1st with a date of service prior to August 1, 2009 must be submitted to Ladies First. Ladies First will be paying all past bills manually. Please submit all late filing claims to Tanya Beaudoin, Vermont Department of Health, PO Box 70 Drawer 38, Burlington, VT 05402. Those claims need to be submitted by April 30, 2010 for payment. Submit claims with dates of service on or after August 1st, 2009 to HP within 6 months of DOS.

**Provider Support Line 800-510-2282 • Confidential FAX 802-657-4208**

**[www.LadiesFirstVt.org](http://www.LadiesFirstVt.org)**

## Ladies First Identifiers No Longer Required Effective April 1, 2010

Currently Ladies First providers have their own provider number starting with "800..." in order for the program to pay from the correct funding source. The good news is that providers no longer need this number to be a Ladies First Active Provider. As of April 1, 2010 HP Enterprise Services will process Ladies First Active Provider information by our funding source and patient identifier. Further, the program will no longer need to be identified at the claim level.

No identifiers will be necessary on Electronic Institution claims. There is no need to populate condition code field with value of A3 to indicate it is a Ladies First claim. There is no need for the identifier on Electronic Professional claims in the special program code with a value of 03 to indicate it is a Ladies First claim.

No identifiers will be necessary on Manual Institution claims. There is no need to populate condition code field with value of A3 to indicate it is a Ladies First claim. There is no need for the identifier on Manual Professional claims in the EPSDT/Family Planning field [24.H.] code with a value of 5 to indicate it is a Ladies First claim.

## Ladies First Claim Level Details Still Required

Providers will bill as they normally do with Medicaid by using the same NPI/taxonomy as they do with other claims. However, additional billing policies will remain effective and are based on the 2010 Ladies First Schedule of Fees such as: using only modifiers TC & 26, all pointers must point to a Ladies First covered code, and on claims where there is other insurance to split the claim into detail claims.

Vermont Department of Health



## Provider Enrollment and Re-Certification

---

**NOTE: Ladies First will no longer accept provider enrollment applications effective February 1, 2010.**

A provider can only be paid for a date of service if the provider is enrolled with HP Enterprise Services as a Vermont Healthcare Programs Provider. If a provider has not been enrolled as a state and federal assisted healthcare programs provider, the effective date of the enrollment is the date on which HP Enterprise Services receives a completed enrollment application. A new enrollment form can be found by going to [VTmedicaid.com](http://VTmedicaid.com) or [www.LadiesFirstvt.org](http://www.LadiesFirstvt.org). All new enrollments and re-certifications should be sent to HP Enterprise Services, Enrollment/Recertification, P.O. Box 888, Williston, VT 05495-0888.

If a provider has been enrolled in Ladies First and re-certification has been completed within 30 days of the last certification date, there will be no lapse in enrollment. If a provider has been enrolled in Ladies First and re-certification is completed more than 30 days from the last certification date, the new enrollment date is the date on which HP Enterprise Services receives the completed re-certification application.

A provider must be re-certified in the Vermont Healthcare Programs Provider program upon license renewal. Approximately 30 days prior to the re-certification date a letter and a new provider enrollment will be sent to the provider's address on file. The provider enrollment must be completed, signed and dated by the provider, and returned to HP Enterprise Services with a copy of the new license and National Provider Identifier (NPI) letter. Please note that your end date with programs will coincide with the end date of your license. Any incomplete forms will be returned to you and thus delaying the recertification process. To ensure that provider enrollment is uninterrupted, the form should be sent to HP Enterprise Services by the return date indicated. Questions? Contact, HP Enterprise Services Provider Enrollment Unit at (802) 878-7871 or 1-800-925-1706 (toll free if you are calling in Vermont).

**Provider Support Line 800-510-2282 • Confidential FAX 802-657-4208**  
**[www.LadiesFirstVt.org](http://www.LadiesFirstVt.org)**

## Help us Help Your Patients: Prompt reporting of clinical results is important

---

We're proud of the service Ladies First provides, and with your help we can ensure its continued success. We need to provide timely and complete data to our funder, the Centers for Disease Control (CDC). That's where you can help. The sooner you submit the Ladies First screening form and clinical data to us, the better we can manage and administer the program. Please submit screening forms within 10-15 days of the patient's visit (or test result availability).

Send Clinical Data to:

Vermont Department of Health  
Ladies First  
PO Box 70, Drawer 38 (L.F.)  
Burlington, VT 05402-0070  
Confidential fax: 802-657-4208

## Patients need treatment?

---

When a woman is diagnosed with breast cancer or has an abnormal colposcopic biopsy and is in need of treatment, please contact the Ladies First program as soon as possible. Ladies First can enroll women in Vermont's Breast and Cervical Cancer Medicaid Treatment Program.



Vermont Department of Health