

July/August 2025 Advisory



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Gainwell Technologies Banking Change

Gainwell Technologies has switched to a new financial institution for our banking needs. Beginning with your RA Payments dated May 16, 2025 and forward your payments will be from our new Bank of America account, and no longer from our TD Bank account. We also updated our name on payments sent via ACH/Direct Deposit. Old name DXC-Vermont on ACH deposits, new name Gainwell-VT will be on your direct deposits. This name is the one you see on your banking statements. Now is also a good time to remind everyone to sign up for direct deposit.

Receiving your Vermont Medicaid payments via EFT is a fast, secure, and convenient option. If you're not already enrolled for direct deposit, simply log in to your Provider Management Module (PMM) portal account to get started. Once logged in, select Manage My Information and navigate to the EFT panel. From there, you can add new banking details or update existing information. Need help? Contact the Gainwell Technologies Help Desk at 800-925-1706 for assistance.

Prior Authorization and Corresponding Claim Submission

As a reminder, the DVHA Clinical Operations Unit (COU) reviews for medical necessity and enters prior authorizations (PA) with the exact procedure code and modifier combination submitted by the requesting provider on the PA request form. In those instances when the procedure code and modifier to be billed does not exactly match the code requested/authorized, the provider must notify the COU in writing or by fax prior to claim submission. Please see section 2.3 of the General Billing and Forms Manual, <https://www.vtmedicaid.com/#/manuals>. Providers who do not notify COU of coding updates prior to submitting claims will have claims denied and will no longer be able to request a reconsideration. Reconsideration requests will be returned to provider.

How to Bill for the Month of Transition from the Nursing Home to Hospice

When a member is in the nursing home and transitions to hospice mid-month, the nursing home claim should not be billed with a patient status 30 “still a patient”. The nursing home claim must be submitted with the appropriate discharged/transferred to hospice patient status code.

Telehealth Place of Service Update

In alignment with CMS guidance regarding Place of Service (POS) reimbursement under the RBRVS Physician Fee Schedule, the Department of Vermont Health Access (DVHA) has updated reimbursement for POS 02 to reflect the facility rate relative value units (RVUs). As a result of this update, providers should review all claims with dates of service on or after January 1, 2025, that were billed with POS 02 to determine whether they require adjustment.

Before initiating a mass adjustment or recoupment of claims, DVHA is offering providers the opportunity to proactively review and adjust impacted claims in collaboration with Gainwell Technologies. Providers are asked to review their claims and documentation to confirm whether POS 02 was appropriately used, based on the updated guidance.

If it is determined that POS 10 is the correct designation, providers must submit an adjusted claim reflecting POS 10. This will allow the original POS 02 claim to be recouped and the corrected claim to be processed. When submitted electronically, both transactions may appear on the same remittance advice (RA), minimizing payment disruptions.

If you determine that POS 02 was correctly used, no action is required. However, all provider-initiated adjustments must be submitted no later than August 29, 2025. After this date, any remaining claims with POS 02 for dates of service on or after January 1, 2025, will be automatically adjusted by Gainwell to recoup the overpayment and apply the correct facility-based RVUs and rates.

POS Definitions:

- POS 02: The location where health services and health-related services are provided or received through telecommunication technology. The patient is located in a hospital or other facility when receiving services.
- POS 10: The location where health services and health-related services are provided or received through telecommunication technology. The patient is located in their home, which is a location other than a hospital or other facility where the patient receives care. This includes work or other community locations.

DVHA has issued a provider banner and updated the General Billing and Forms Manual accordingly. If you have further questions, please contact your Gainwell Provider Representative: <https://vtmedicaid.com/assets/resources/ProviderRepMap.pdf>.

Updates to Medicaid Program Flexibilities

When Medicaid renewals started again in April 2023, the Department of Vermont Health Access (DVHA) carried out certain eligibility flexibilities. These adjustments helped Medicaid members keep their coverage without interruptions.

DVHA will keep many of these flexibilities in place. Key changes to programs that will continue include: using [3SquaresVT](https://dcf.vermont.gov/benefits/3SquaresVT) [https://dcf.vermont.gov/benefits/3SquaresVT] data to inform application processing; automatic renewal for households, following verification, that have no income or an income below 100% FPL or a “stable” income as defined by the federal government; allowing a wider range for income verification; and suspension of Dr. Dynasaur [https://dvha.vermont.gov/members/dr-dynasaur] premiums.

Important Changes

There are also two important changes. Starting July 1, DVHA will:

1. Look at and use member income and resources when determining eligibility for [Medicaid based on being age 65 or older, blind or disabled](https://dvha.vermont.gov/members/medicaid/medicaid-aged-blind-or-disabled-mabd) [https://dvha.vermont.gov/members/medicaid/medicaid-aged-blind-or-disabled-mabd].
2. End a member’s VPharm prescription assistance for non-payment of the monthly premium.

DVHA is mailing this information to members. Any member with specific questions about their case can call 1-800-250-8427.

The **instructions** for a Medicaid member to renew their coverage [<https://dvha.vermont.gov/notices#202medrev>] and how a member can pay the monthly VPharm premium [<https://dvha.vermont.gov/notices#202medrev>] are found on the DVHA website.

Special Investigations Unit (SIU) Reminder

The Special Investigations Unit (SIU) of the Department of Vermont Health Access (DVHA) safeguards against unnecessary or inappropriate use of Medicaid services, excess payments, and provides for the control of utilization of services under Vermont’s health care programs. Providers are required to bill Medicaid correctly and in an effort to assist them with proper billing of Medicaid services, we have identified the following **reminder**:

DME – Limitations

Durable Medical Equipment (DME) providers are responsible for administering medical equipment to beneficiaries for use outside of a hospital setting. DVHA provides a list of supply limitations for quantities that DME providers can dispense to recipients during a specified time period listed on the DVHA Clinical Criteria web page. The limitations list provides guidance (regardless of ACO attribution status) to providers regarding the maximum units of supplies that can be billed for a DME product within a given timeframe or medical circumstance.

Providers need to ensure that quantities are not billed over the limitations when the billing of supplies expands over a period of time. As listed in section 4.10 of the DME Supplement, Medical supplies may be dispensed in 3-month time periods when the “from” and “to” dates of service are on the CMS-1500 Claim Form to accurately reflect the 3-month date span. Providers are not allowed to dispense more than a 3-month supply at a time.

Claims exceeding the limitations without proper documentation to support the excess units may result in overpayment.

Resources:

Vermont Medicaid Durable Medical Equipment (DME) Limitations List – HCPCS code list with definitions of service unit limitations (pages 1 through 51).

<https://vtmedicaid.com/assets/resources/DMELimitationsandGuidelines.pdf>

Vermont Medicaid Durable Medical Equipment (DME) Supplement – Rule 3.4 and rule 4.10 “Medical Supplies” (page 17 of 25). <https://www.vtmedicaid.com/assets/manuals/DMESupplement.pdf>

DVHA Will Align HCPCS Codes for Wheelchairs with Medicare Coding

As of 8/1/25, DVHA will align wheelchair coding with Medicare. Codes K0001 through K0009 will take the place of certain e-codes that were formerly used. Durable Medical Equipment vendors can consult the Medicare LCD <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33788> to determine codes that will be accepted by DVHA. Note that Medicare does accept certain e-codes and those will remain in use by DVHA as well. Vendors can now bill for certain accessories and components that are add-ons to the base chair, such as elevating leg rests, that were previously considered part of the base chair due to the e-code definitions.

Has Your Office Heard From Cotiviti About VT Medicaid Medical Record Retrieval?

Cotiviti is the record retrieval contractor for VT Medicaid and began outreaching selected providers on 05/05/25 to request the submission of medical records in support of VT Medicaid’s Medical Record Review (MRR). If you have received a record request, please submit the requested records within ten (10) business days. Please pay close attention to the HEDIS Measure Requirements and Date of Service fields and only submit the type of record requested within the stated timeframe. Please note that providers are required to participate at no cost as stated in your signed Provider Enrollment Agreement. For more info please visit: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>. For questions or additional support, please email DVHA's Quality Unit at: ahs.dvhaqualityimprovement@vermont.gov.

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