



**Help us Help Your Patients:
Prompt reporting is crucial to keeping
and expanding federal funds**

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 screening report cards and clinical data to us, the better we can manage and administer the program. Please submit clinical screening data 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

There's another benefit to timely submission. Prompt filing means we insure timely transition to Vermont's Breast and Cervical Cancer Prevention Treatment Act (for qualifying Ladies First members).

More Filing and Funding Facts:

- Our reports to the CDC never identify individual patients.
- Ladies First Health Outreach Specialists in your area will routinely follow up with your practice to retrieve any missing clinical information, answer questions, and assist you in complying with our program requirements.

We Are Available for Training!

Bogged down with billing? Data reports got you dizzy? We are here to help! Please feel free to contact Ladies First for help with billing related matters. We will work with you to resolve your issue(s). We will tailor individual or group training sessions to meet your needs. Or just call us with your questions.

To arrange for one-on-one training, or if you have provider enrollment questions, contact Kerri Frenya at **802-863-7332** or kfrenya@vdh.state.vt.us

For general questions, please contact the Provider Support Line at:

1-800-510-2282 or 802-865-7756

For more information on the Ladies First program, current listing of Ladies First provider numbers, fee schedule and additional provider resources go to: www.LadiesFirstVt.org and click on 'For Health Care Professionals' on the right.

Also remember all claims for dates of service after July 1st, 2005 should be sent directly to:

Electronic Data Systems
312 Hurricane Lane—Suite 101
PO Box 888
Williston, VT 05495-0888

Bills for dates of services prior to July 1, 2005 should be sent to:

VT Department of Health
Ladies First Program
PO Box 70
Burlington, VT 05402-0070

Have You Heard About the National Provider Identifier (NPI)?

The National Provider Identifier (NPI) is a unique 10-digit identification number for health care providers that will soon be required by all health plans. Health care providers and all health plans and health care clearinghouses will use the NPIs in the administrative and financial transactions specified by HIPAA. Providers can apply for an NPI by mail or via the web at <https://nppes.cms.hhs.gov>.

Please note: Mandatory start date is May 24, 2007.

Helpful Hints for Filing Claim Forms

Submitting claim forms should be as problem-free as possible. Here are the top quirks and surprises that can trip up even the most experienced office staff.

Remember that all information on the HCFA 1500 Claim Form (12/90) or HICF (08/05) should be

HCFA 1500 Claim Form Revised

The 1500 Claim Form has been revised to accommodate the reporting of the National Provider Identifier (NPI) Number.

Please note as of May 24, 2007 the current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from May 24, 2007 forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

typed or legibly printed. All field locations mentioned below are required.

Providers can resubmit bills with corrections by placing a sticker or correction tape over boxes (for paper submissions).

| OLD HCFA 1500 (12/90) FORM LOCATION | NEW HICF 1500 (08/05) FORM LOCATION | REQUIRED INFORMATION |
|--|--|---|
| 1a. Insured's ID Number Denied as EOB 8 Beneficiary number not on file, 2 Beneficiary ineligible for dates of service, 1075 Please verify beneficiaries SSN-Number not on file with Ladies First. | 1a. Insured's ID Number Denied as EOB 8 Beneficiary number not on file, 2 Beneficiary ineligible for dates of service, 1075 Please verify beneficiaries SSN-Number not on file with Ladies First. | Common Error: A number other than the member's social security number (SSN) is entered. Note: For HIPAA compliance Ladies First no longer prints SSN's on member cards. Box 1a. of Ladies First claims must be completed with client's SSN. Enter the member's nine-digit social security number. |
| 2. Patient's Name Denied as EOB 9 Recipient name/number does not match our files. | 2. Patient's Name Denied as EOB 9 Recipient name/number does not match our files. | Common Error: Submitting bills with hyphens and spaces in patient's last or first name. Error: Bobby-Joe Smith. Please submit names with NO hyphens or spaces in the first or last name. Correct way: BobbyJoe Smith. Verify correct spelling of name. Enter the patient's last name, first name and middle initial. |
| 24d. Procedure Code Denied as EOB 1025 This service is not covered under the Ladies First program. | 24d. Procedure Code Denied as EOB 1025 This service is not covered under the Ladies First program. | Common Error: Submitting bills with modifiers other than 26 or TC. All modifiers other than modifier 26 and TC are not covered by Ladies First and the bill will deny through EDS for non-covered service(s). Please refer to the current Ladies First Fee Schedule and enter the appropriate CPT procedure code and applicable modifiers to explain the service rendered. (See Ladies First website for current fee schedule). |

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| OLD HCFA 1500 (12/90) FORM LOCATION | NEW HICF 1500 (08/05) FORM LOCATION | REQUIRED INFORMATION |
|---|--|---|
| 24e. Diagnosis Code Denied as EOB 1021 Ladies First Program does not cover this diagnosis code. 697 Detail diagnosis pointer missing/invalid or no diagnosis for pointed field. | 24e. Diagnosis Pointer Denied as EOB 1021 Ladies First Program does not cover this diagnosis code. 697 Detail diagnosis pointer missing/invalid or no diagnosis for pointed field. | Common Error: Submitting bills with pointer(s) in box 24E that point to a non-Ladies First covered diagnosis 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-9 codes in box 21 but be sure to ONLY point to Ladies First covered diagnosis codes. Enter the appropriate diagnosis “pointer” that relates to the service rendered (ie 1,2,3,4) and that corresponds to the Ladies First covered diagnosis code from field 21. |
| 24K. Local Use Denied as EOB 25 Attending Physician Number Required And It is Not Present or Invalid 1027 Either The Billing or Attending Provider Is Not Enrolled In The Ladies First Program. 1034 Either the billing provider or the client is not covered by Ladies First program. | 24J. Rendering Provider ID# EOB to be determined | Common Error: Using Medicaid numbers here or leaving field blank. Old Form 24K. Do not use Medicaid number here or leave blank. Enter the attending physicians Ladies First 800...provider number. New Form 24J. Enter the provider ID number for the individual rendering the service in 24J. Enter ZZ with associated Provider Taxonomy (no spaces) in shaded area of the field. Enter the NPI number in the un-shaded area of the field. |
| 29. Amount Paid Denied as EOB 408 Please bill other insurance carrier and attach payment or denial. | 29. Amount Paid Denied as EOB 408 Please bill other insurance carrier and attach payment or denial. | Common Error: Submitting the “contractual adjustment” in field 29. The ONLY amount in this box should be the amount that the client’s primary insurance paid. Enter the amount paid by other health insurance coverage (for Ladies First procedures only). If there is an amount in this field, then fields, 11a, 11b, and 11c must also be completed. In field 29, only enter only the “amount paid” by the insurer and do not include the “contractual adjustment.” If this box includes the “contractual adjustment,” the “contractual adjustment” will be counted as part of the insurance payment and be deducted from what EDS reimburses. EDS will pay only up to the Medicare Part B rate after deducting what the primary insurance paid. If a service submitted involves other insurance, it must be submitted as 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. |

Change in CPT Codes Relevant to the Ladies First Program

The following CPT Codes have changed with an effective date of January 1, 2007.

| Old CPT Code: | New CPT Code: | Abbreviated description: |
|---------------|---------------|---|
| 76090 | 77055 | Mammography, unilateral |
| 76091 | 77056 | Mammography, bilateral |
| 76092 | 77057 | Screening mammogram, bilateral |
| 76095 | 77031 | Stereotactic localization guidance |
| 76096 | 77032 | Mammographic for needle placement, breast |

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| OLD HCFA 1500 (12/90) FORM LOCATION | NEW HICF 1500 (08/05) FORM LOCATION | REQUIRED INFORMATION |
|---|---|--|
| 33. Physicians, Suppliers Billing Name, Address, Zip Code Denied as EOB 11 Provider Name and Number Must Match The Name That Is On The Enrollment Form | 33. Billing Provider Info & Ph # 33a. EOB to be determined. 33b. EOB to be determined. | <p>Common Errors: 1. Entering individual doctor's provider numbers 2. Medicaid provider numbers 3. A different name for the group practice than what is on file or 4. Putting a group name with an individual doctor's number or 5. Leaving it blank with just a name.</p> <p>Old Form</p> <p>33. Do not use Medicaid number here or leave blank. Enter Ladies First Provider Number and Name as on enrollment form.</p> <p>Enter the payee provider name, address and provider number as it appears on the Provider Identification Record (as requested on enrollment form). The group name and number (as exactly noted on Ladies First enrollment) go in this box.</p> <p>Enter only the seven-character Ladies First provider number of the payee provider. Do not enter more than one ID number in this box.</p> <p>New Form</p> <p>33a. Enter the NPI number of the billing provider in 33a.</p> <p>33b. Enter ZZ with associated Provider Taxonomy (no space)</p> |

Social Security Numbers Now Required

Effective October 23, 2006, Electronic Data Systems (EDS) now requires the providers' Social Security Number on all individual provider enrollments. Since many providers move out of state and return again, this is the only identifier EDS can utilize for identification. This is now also required by Medicaid.

How to Bill Ladies First (LF) Using New Forms

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 you still need this number to be an active provider but as of May 24, 2007 you no longer need to utilize this assigned number on the new claim forms. The program will be identified at the claim level. All you have to do is use the same NPI/taxonomy as you bill other claims. And follow this process below:

To Process LF Electronic 837 Claims

- Institution Claims: populate any condition code field with a value of **A3** to indicate it is a Ladies First claim.
- Professional Claims: populate the special program code with a value of **03** to indicate it is a Ladies First claim.

To Process LF Manual Claims

- UB-04: populate any condition code field [18-28] with a value of **A3** to indicate it is a Ladies First claim.
- HCIF 1500: populate the EPSDT/Family Planning Field [24.H.] with a value of **5** to indicate it is a Ladies First claim.

Note: All new providers must still enroll with Ladies First and be assigned a unique provider number starting with 800...

Need more help?

Sample claim forms will be posted to the Ladies First website: www.LadiesFirstVt.org by **May 1, 2007**.