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Bulletin No. 89-60

P-2620

P-2620 Medical Care

A. Emergency Medical Services - see WAM 2622

When a client applies for GA for emergency Medical Services, explain that in addition to the bills, information is needed regarding dates of service; diagnosis; and description of services or copies of medical records.

Explain to the client that services billed by a hospital are not covered. Refer the client to the social service unit of the hospital for assistance with these expenses.

Give the client a DSW 202V and request that the client take a DSW 202G, General Assistance Emergency Medical Eligibility to each provider and obtain the required information. Follow up with a DSW 202V2 if the information is not received by the deadline given on the DSW 202V. Determine whether there is "good cause" for not cooperating before denying the application.

When you have received all information from the client, send it to the Medicaid Division.

The Medical Review Unit will review all questionable claims for emergency medical service and establish the proper reimbursement. Address all material to the Medical Review Unit, Medicaid Division, 103 South Main Street, Waterbury, Vermont 05676.

Claims Involving Physician Care

Submit all available medical information as a package. For example if the claim involves an accident and the applicant received a variety of services, e.g., ambulance, x-rays, anesthesia, surgery - please send the bills in at one time. In addition, a description of how the injury was incurred is helpful for the Review Unit to determine whether an emergency existed.

Claims for Medical Supplies & Equipment

GA policy is very broad in what items are covered; therefore, it is important to be specific about the item being prescribed and the medical condition requiring such an item. Also provide the name and address of the prescribing physician so that the Review Unit can secure additional medical history if deemed necessary.

Payment Authorization

Do not authorize payment or issue a vendor until approval has been received from the Review Unit. A written response on whether the claim is approved or denied will be sent to the district. If a provider disagrees with a denial, the provider should send a letter of objection with supporting medical information to the Medical Review Unit.

Vermont Assistance Social Welfare	PROCEDURES	General
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P-2620 Medical Care (Continued)

A. Emergency Medical Services (Continued)

All payments will be made in accordance with the Medicaid fee schedule. The vendor authorization should state this. Do not indicate a specific price on the authorization. When the vendor authorization and the bill are received by Central Office, the charges will be reviewed and paid at the Medicaid rate.

If the Medicaid Review Unit denies the claim, send the client a GA Notice of Decision (DSW 220GAD) which includes the Right to Appeal. The provider may also call you if the client notifies him about the GA denial. If so, tell the provider he may send a letter of objection with supporting medical information to the Medical Review Unit.