



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

June 22, 2016

GCR 16-027
FINAL

Modifier/Code Logic for Outpatient Claims

Policy Summary:

The Department of Vermont Health Access (DVHA) is proposing a policy to begin editing for outpatient claims when a modifier is billed on the claim but it is not on file in the Medicaid Management Information System (MMIS) system. It will also be looking to make sure that the modifier being billed is an appropriate code/modifier combination in the MMIS system. If an invalid modifier is billed, or an invalid code/modifier combination is billed, the claim will be denied. This proposed policy for outpatient claims mirrors the current policy for physician claims.

Effective Date:

July 1, 2016

Authority/Legal Basis:

These changes are being made under the Medicaid State Plan, which can be found here: <http://dvha.vermont.gov/administration/state-plan>.

Population Affected:

All Medicaid.

Fiscal Impact:

No fiscal impact.

Public Comment Period:

The public comment period was May 19, 2016 – June 19, 2016. One comment was received and can be viewed on the [GCR Proposed Policy Changes page](http://dvha.vermont.gov/global-commitment-to-health/16-027-comment-response.pdf) here: <http://dvha.vermont.gov/global-commitment-to-health/16-027-comment-response.pdf>