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METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE
(Continued)

Effective for dates of service on or after January 1, 2015, the RVUs used are the Medicare RBRVS values published by the Centers for Medicare and Medicaid on its website. The DVHA will utilize the Non-Facility values for services provided in the physician office and facility RVUs to providers when place of service is an inpatient hospital, outpatient hospital, emergency room, ambulatory surgical center, inpatient psychiatric facility, nursing facility or skilled nursing center. The DVHA will follow Medicare's payment logic of using the lesser of the RBRVS or OPSS RVU values for those select procedures subject to the policy.

The GPCIs used are 1.000 for Work, 1.004 for Practice Expense and 0.682 for Malpractice Insurance.

Effective with dates of service on or after January 1, 2015, the DVHA will use one conversion factor for DVHA covered services payable in the RBRVS methodology. The DVHA will pay for these services using a conversion factor of \$28.71 multiplied by the RVU value on file with DVHA as referenced in the first paragraph on this page.

Effective with dates of service on or after July 1, 2015, the DVHA will implement a second conversion factor of \$29.92 that will be paid only to eligible enrolled Vermont Medicaid providers who must attest to being a primary care physician by one of the following:

1. Board certification as a primary care physician by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) or;
2. Have furnished evaluation & management (E&M) and vaccine administration services that equal at least 60% of the Medicaid codes billed during the most recently completed fiscal year.

If the provider meets these conditions, then the services paid using the conversion factor of \$29.92 are those covered and separately payable by Vermont Medicaid and are within the range of E&M Codes from 99201 through 99499 or vaccine administration codes from 90460 through 90474.

When the \$29.92 rate is used, there is no site of service adjustment. Reimbursement is always made using the RVUs associated with the office setting.

Depending upon the provider billing the service, the DVHA modifier pricing logic may also apply.

All rates are published at <http://dvha.vermont.gov/for-providers>.

27. Anesthesia

Payment is made at the lower of the actual charge or the Medicaid rate on file. Effective for dates of service on or after January 1, 2012, the DVHA will reimburse qualified providers who administer anesthesia services covered by the DVHA using the Medicare payment formula of (time units of service + base unit) multiplied by a conversion factor. The units of service billed are based on Medicare billing requirements. The base unit values used by DVHA are those put in place by Medicare effective January 1, 2012. The DVHA will follow Medicare's changes to the base unit values by updating the base units each January.

1. The DVHA will not use Medicare's conversion factor for Vermont, but rather a conversion factor of \$18.15.

All rates are published at www.dvha.vermont.gov/for-providers. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

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