

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

Effective for dates of service on or after January 1, 2012, the RVUs used are the Medicare RBRVS values published by the Centers for Medicare and Medicaid on its website in the file RVU12A.zip. The DVHA will always use the Non-Facility values for the Practice Expense component of the RVU. The DVHA will follow Medicare's payment logic of using the lesser of the RBRVS or OPFS RVU values.

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The GPCIs used by DVHA are 1.000 for Work, 1.008 for Practice Expense and 0.554 for Malpractice Insurance.

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The DVHA will use three conversion factors for DVHA covered services payable in the RBRVS methodology. A conversion factor of \$29.08 is used for services in the following series: CPT 99382, 99383, 99384, 99392, 99393, 99394, 90801-90899 and 96101-96155. A conversion factor of \$27.98 is used for services in the following series: CPT 59000-59871, 70010-79999, 90471-90474, 98940-98943 and 99201-99480. For all other covered services payable in the RBRVS methodology, a conversion factor of \$21.28 is used.

Deleted: The DVHA will use two conversion factors for DVHA covered services payable in the RBRVS methodology. A conversion factor of \$28.6871 is used for services in the following series: CPT 59000-59871, 70010-79999, 90471-90474, 90801-90899, 96101-96155, 98940-98943, and 99201-99480. For all other covered services payable in the RBRVS methodology, a conversion factor of \$21.3420 is used.¶

Where the Vermont legislature has mandated a two percent reduction on rates paid to providers, the rate on file does not reflect this two percent rate reduction. Depending upon the provider billing the service, DVHA modifier pricing logic may also apply.

As part of ongoing maintenance of the payment system, the DVHA may change the following on a periodic basis either separately or in combination:

1. The RVU values
2. The GPCI values
3. The conversion factors

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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