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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, 2013, the RVUs used are the Medicare RBRVS values published by the Centers for Medicare and Medicaid on its website in the file RVU13A.zip. 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 OPPS RVU values for those select procedures subject to the policy.

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

The DVHA will use one conversion factor for DVHA covered services payable in the RBRVS methodology except in cases described in Attachment 4.19-B pages 21-23. For providers who deliver evaluation and management and immunization services who do not meet criteria set forth by the Centers for Medicare and Medicaid, the DVHA will pay for these services using a conversion factor of \$27.1642 multiplied by the RVU value on file with DVHA as referenced in the first paragraph on this page. For all other covered services payable in the RBRVS methodology, a conversion factor of \$27.1642 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.

#### 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](http://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.