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

3. Other Laboratory and X-Ray Services

Payment is limited to laboratories and laboratory services certified by Medicare. Reimbursement is made at the lower of the provider's charge or the Medicaid rate on file. The Agency's rates were set as of July 1, 2009 and are effective for services on for after that date. All rates are published on <http://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.

Effective January 1, 2016 other Clinical Diagnostic Laboratory services, not covered under the Medicare OPPS payment methodology, will be paid at 100% of Medicare's Clinical Diagnostic Laboratory fee schedule. These rates will be updated annually using the latest version of Medicare's Clinical Diagnostic Laboratory fee schedule. Medicaid reimbursement for Clinical Diagnostic Laboratory tests may not exceed the amount that Medicare recognizes for such tests. All rates are published on <http://dvha.vermont.gov/for-providers>.

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