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

25. Telehealth~~medicine~~

Telehealth is defined as methods for health care service delivery using telecommunications technologies. Telehealth includes telemedicine and audio-only.

Telemedicine is defined as the practice of health care delivery by a provider who is located at a site other than the site where the patient is located for the purposes of evaluation, diagnosis, consultation, or treatment that requires the use of advanced telecommunications technology ~~by permitting~~via two-way, real-time, audio and video interactive communications through a secure connection that complies with HIPAA. ~~between the patient at the originating site and the physician or practitioner at the distant site.~~

Audio-only is defined as real-time health care delivery by a provider who is located at a distant site to a patient at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using telephone or audio-only telecommunications technology.

~~Telephone conversations, e~~Chart reviews, electronic mail messages, text communications, ~~and~~ or facsimile transmissions are not considered telehealth~~medicine~~.
~~With the application of the GT modifier, the distant site provider uses telemedicine to provide a service to the patient at the originating site.~~

Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

Qualifying patient sites are reimbursed a facility fee. The fee is set at 80% of Medicare and is effective for services on or after 7/01/10; all rates are published ~~at http://dvha.vermont.gov/for-providers~~on the VT Medicaid website. Payment is made at the lower of the actual charge or the Medicaid rate on file. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

26. Resource Based Relative Value Scale (RBRVS)

Effective for dates of service on or after January 1, 2015, the DVHA will reimburse qualified providers who deliver services that are covered by the DVHA and have a Relative Value Unit (RVU) listed on Medicare's RBRVS schedule by using the RVU listed on Medicare's RBRVS schedule in developing the DVHA's rate. There may be situations where the DVHA covers a service that is not payable in Medicare's RBRVS but a RVU is available. The DVHA will utilize the available RVU in this instance. There may be other situations where the DVHA covers a service that is not payable in Medicare's RBRVS and a RVU is not available. The DVHA will utilize the rate on file for this service as defined in Sections 5 through 25 above.

The components used to develop rates in the DVHA RBRVS payment methodology include the RVUs published by Medicare, the Geographic Practice Cost Indices (GPCIs) published by Medicare, and Conversion Factors which are specific to the DVHA fee schedule.

(Continued)

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