



State of Vermont  
Agency of Human Services  
280 State Drive, Center Building  
Waterbury, VT 05671-1000

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# Global Commitment Register

December 26, 2024

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GCR 25-004  
PROPOSED

## **Physician Administered Drugs Fee Schedule Update**

### **Policy Summary:**

The Department of Vermont Health Access is conducting its annual update of the Physician Administered Drugs fee schedule and updating the rate methodology for codes with a corresponding Medicare rate. For codes with a Medicare rate, reimbursement will change from 98% to 98.5% of Medicare's rates for Physician Administered Drugs using the October 2024 version of Medicare's average sales price (ASP) drug pricing file or Medicare's vaccine pricing. Codes identified on the DVHA high-investment carve-out drugs list will continue to be reimbursed at actual acquisition cost.

DVHA will update the methodology for code J9273—Injection, tisotumab vedotin-tftv, 1 mg, which is currently reimbursed at 60% of billed charges. This code will have a set rate on file as there is now a corresponding Medicare rate available. Reimbursement rates can be found on the [Vermont Medicaid Fee Schedule](#).

DVHA will update the methodology for the below codes, which currently have a set rate on file, with the exception of 90636 which is currently reimbursed at 60% of billed charges. These codes do not have a corresponding Medicare rate and will be set as manually priced based on the purchase invoice cost. Claims that include these codes must be submitted on paper with the purchase invoice attached for dates of service on or after January 1, 2025.

Code	Description
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult
A4266	Diaphragm For Contraceptive Use
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi
J1815	Insulin injection
S0190	Mifepristone, Oral, 200 Mg
S0191	Misoprostol, Oral, 200 Mcg

**Effective Date:**  
January 1, 2025

**Authority/Legal Basis:**

## [Medicaid State Plan](#)

This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

### **Population Affected:**

All Medicaid

### **Fiscal Impact:**

This change is expected to be budget neutral.

### **Public Comment Period:**

December 26, 2024 – January 26, 2025

Send comments to:

Medicaid Policy Unit

280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

To be added to the GCR email list, send an email to [AHS.MedicaidPolicy@vermont.gov](mailto:AHS.MedicaidPolicy@vermont.gov).

### **Additional Information:**

The draft Global Commitment Amended State Plan page provides additional details on the proposed changes; copies of the draft page can be requested from local Department for Children and Families (DCF) offices or from the Department of Vermont Health Access (DVHA) at (802) 355-8843, or can be found on [Agency of Human Services website](#).