

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

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**Payment for physicians' services (includes medical and remedial care and services)**

Payment for physician's services, radiology services and services rendered by other practitioners under the scope of their practice under State law, are covered under the Agency fee schedule. The payment amount for each service paid for under the fee schedule is the product of a uniform relative value unit (RVU) for each service and the Medicare conversion factor (CF). The Medicare CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$\text{RVU} \times \text{CF} = \text{Rate}$$

EPSTD screenings and eye exams by optometrists have been incorporated into the fee schedule.

Effective February 1, 2010, payment will not be made to physicians or other practitioners for three national coverage determinations which relate to serious, preventable errors in medical care. These errors include surgery performed on wrong body part, surgery performed on wrong patient, and wrong surgery performed on patient.

Vaccines are paid the equivalent to Medicare Part B, ASP + 6%. When ASP is not available, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no Medicare, ASP, or WAC pricing is available, then the price will be calculated based on invoice cost. No payment will be made to physicians or other practitioners for vaccines that were received through the Vaccine for Children's program.

Reimbursement for alcohol and/or drug screening utilizing code H0049, that do not result in a referral to treatment, but may result in a brief intervention will be made at a rate of 66.66% of the existing HCPCS procedure code 99408 within the physicians' fee schedule.