D. PHYSICIANS (Except Anesthesiologists)(Continued)

7 ENHANCED PAYMENT RATES

Rural Areas
Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, providing services in rural areas of the state are paid a rate differential equal to 112 percent of the physician fee schedule. Rural areas are defined as areas of the State of Utah outside of Weber, Davis, Salt Lake and Utah counties

University of Utah Medical Group
Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, and practitioners (e.g ,,podiatrist, optometrist, dentist, covered independent nurse practitioners) employed by University of Utah Medical Group (UUMG) will be paid at a rate commensurate with the average commercial insurance professional rate (ACR) for services. Data used to calculate the ACR will be provided by UUMG based on paid commercial insurance claims for service dates in the previous calendar year.

ACR = (Reimbursement + Third Party Liability + Copayments) / (Total Charges)

The average Medicaid rate (AMR) is also calculated annually based on paid Medicaid claims for service dates in the previous calendar year

AMR = (Reimbursement + Third Party Liability + Copayments) / (Total Charges)

In order to determine the total payment to UUMG, a rate differential is calculated prior to making any payments for the period The rate differential will be effective for payments made between September 1st of that year and August 31st of the following year

Rate Differential = ACR / AMR

Payment = (Rate Differential -1) x Medicaid Allowed Amount

(The *Medicaid Allowed Amount* is the Reimbursement Amount + Third Party Liability + Copayments, during the period under review for payment.)

Anesthesiologists employed by the University of Utah Medical Group will be considered part of this enhanced payment program, regardless of the anesthesiologist exception noted in this section [Section D, *Physicians (Except Anesthesiologists)*].

The rate differential payment made to the UUMG will be made as a separate annual, semi-annual, quarterly, monthly or any combination thereof payment to the UUMG on behalf of the physicians and practitioners employed based on the paid claims during the period under review for payment. If new or corrected information is identified that would modify the amount of a previous payment the department, may make a retroactive adjustment payment in addition to previously paid amounts.

Evaluation and Management (E&M) Services for Psychiatric Pharmacologic Management
To ensure continued access to specialized psychiatric pharmacologic management, when physicians and other qualified prescribers allowed under state law include the CG modifier with evaluation and management codes 99213, 99214, 99308, 99309, 99310, 99348 or 99349, then the fee in effect for psychiatric pharmacologic management, procedure code 90862, on December 31, 2012, is used to determine payment. The methodology is not applied if the evaluation and management service is billed with any add-on procedure codes allowed by Current Procedural Terminology (CPT) coding for evaluation and management services

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

5 Admission to a general hospital for psychiatric care by a physician is limited to those cases determined by established criteria and utilization review standards to be of a severity and intensity that appropriate service cannot be provided in any alternative setting

6 Inpatient hospital care for treatment of alcoholism and/or drug dependency will be limited to acute care for detoxification only.

7. Service not actually furnished to a client because the client failed to keep a scheduled appointment will not be covered by Medicaid.

8. Procedures determined to be cosmetic, experimental, or of unproven medical value are non-covered services.

9. Organ transplant services will be limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3 1-E.

10 Selected medical and surgical procedures are limited to designated place of service An approved list will be maintained in the Medicaid Physician Provider Manual.

11 Cognitive services: the diagnostic/treatment process including, but not limited to, office visit, hospital visits, and related services, are limited to one service each day per provider

12 The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
a. that the proposed services are medically appropriate, and
b that the proposed services are more cost effective that alternative services.

PHYSICIAN SERVICES (Continued)

LIMITATIONS (Continued)

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