

# MEDICAL/HEALTH CARE PROVIDERS

See Medical Provider Documents menu below:

## **1. Medicare Hospital Manual Advisory Information**

This manual is available at on our Department of Labor Website, and at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downl...> The manual provides instructions for implementation of the provisions of Title IVII of the Social Security Act and Medicare regulations particularly as they relate to hospital benefits.

Section 210 deals with covered inpatient hospital services. Section 210.4 contains the definition of a supply:

Supplies, appliances, and equipment which are ordinarily furnished by the hospital for the care and treatment of the beneficiary solely during his inpatient stay in the hospital are covered inpatient hospital services.

Rule 40.022(B) requires that durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) as defined under the Medicare program shall be reimbursed at 83% of billed charge and adjusted annually thereafter or 150% of cost whichever is less.

While hospitals are not required to submit invoices to carriers they are required to submit documentation which allows the carrier to make a reasonable determination of what the provider paid for the DMEPOS. This documentation includes but is not limited to copies of the order forms, copies of the catalog pages, order confirmation sheets, etc

**2. Rule 40 – Medical Fee Schedule** – This rule is effective May 15, 2006. If you have questions regarding this rule please contact Trudy Smith at (802) 828-2991.

**3. Implementation of AMA Guides 6th Edition**-All permanent impairment ratings should be conducted using the AMA Guides 5th edition until further notice. The memorandum announcing an April 1, 2008 implementation date is formally withdrawn.

**4. Preauthorization Guidance**-The Vermont Legislature passed Act 50 in its last legislative session. Section 3 of the Act created specific statutory procedures governing a health care provider's request that a Workers' Compensation Insurer preauthorize proposed medical

treatment. (A copy of section 3 is provided at the end of this Memorandum.) The provision became effective on July 1, 2011. It is now clear that Workers' compensation practitioners would benefit from additional guidance concerning this new statute.