

**MEDICARE DEMONSTRATION PROJECT
VERMONT BENEFICIARY ASSIGNMENT ALGORITHM**

1. The look back period is the most recent 24 months for which claims are available.
2. Identify all Medicare beneficiaries who meet the following criteria as of the last day in the look back period:
 - Reside in Vermont;
 - Have both Medicare Parts A & B;
 - Are covered under the traditional Medicare Fee-For-Service Program and are not enrolled in a Medicare Advantage or other Medicare health plan; and
 - Medicare is the primary payer;
3. Select all claims for beneficiaries identified in step 2 with the following qualifying CPT Codes in the look back period (most recent 24 months) where the provider specialty is internal medicine, general medicine, geriatric medicine, family medicine, nurse practitioner, or physician assistant or where the provider is an FQHC.

CPT-4 Code Description Summary
Evaluation and Management - Office or Other Outpatient Services <ul style="list-style-type: none"> • New Patient: 99201-99205 • Established Patient: 99211-99215
Consultations - Office or Other Outpatient Consultations <ul style="list-style-type: none"> • New or Established Patient: 99241-99245
Nursing Facility Services: <ul style="list-style-type: none"> • E & M New/Established patient: 99304-99306 • Subsequent Nursing Facility Care: 99307-99310
<u>Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Service:</u> <ul style="list-style-type: none"> • Domiciliary or Rest Home Visit New Patient: 99324-99328 • Domiciliary or Rest Home Visit Established Patient: 99334-99337
Home Services <ul style="list-style-type: none"> • New Patient: 99341-99345 • Established Patient: 99347-99350
Prolonged Services – Prolonged Physician Service With Direct (Face-to-Face) Patient Contact <ul style="list-style-type: none"> • 99354 and 99355
Prolonged Services – Prolonged Physician Service Without Direct (Face-to-Face) Patient Contact <ul style="list-style-type: none"> • 99358 and 99359

CPT-4 Code Description Summary
<p>Preventive Medicine Services</p> <ul style="list-style-type: none"> • New Patient: 99381–99387 • Established Patient: 99391–99397
<p>Medicare Covered Wellness Visits</p> <ul style="list-style-type: none"> • G0402 - Initial Preventive Physical Exam (“Welcome to Medicare” visit) • G0438 – Annual wellness visit, first visit • G0439 – Annual wellness visit, subsequent visit
<p>Counseling Risk Factor Reduction and Behavior Change Intervention</p> <ul style="list-style-type: none"> • New or Established Patient Preventive Medicine, Individual Counseling: 99401–99404 • New or Established Patient Behavior Change Interventions, Individual: 99406–99409 • New or Established Patient Preventive Medicine, Group Counseling: 99411–99412
<p>Other Preventive Medicine Services – Administration and interpretation:</p> <ul style="list-style-type: none"> • 99420
<p>Other Preventive Medicine Services – Unlisted preventive:</p> <ul style="list-style-type: none"> • 99429
<p>Federally Qualified Health Center (FQHC) – Global Visit (<i>billed as a revenue code on an institutional claim form</i>)</p> <ul style="list-style-type: none"> • 0521 = Clinic visit by member to RHC/FQHC; • 0522 = Home visit by RHC/FQHC practitioner

4. Assign a beneficiary to the practice where s/he had the greatest number of qualifying claims. A practice shall be identified by the NPIs of the individual providers associated with it.
5. If a beneficiary has an equal number of qualifying visits to more than one practice, assign the beneficiary to the one with the most recent visit.
6. This beneficiary assignment algorithm shall be run every 3 months with reports provided as designated in the CR to various entities within 15 business days of the end of the look back period and applicable to payments starting 30 days after the end of the look back period.