

Draft criteria for new fee for service fee schedule (revised)

Note: Not all of these may prove to be feasible. Some may not be needed.

There is a need to pull information directly from MMIS to create a fee schedule (interactive and downloadable) on a weekly or more frequent basis. The fee schedule would be searchable by:

- Provider Type- general area of practice that a provider is licensed for (examples: Physician; Dentist) (select from drop down)
- Provider Specialty- specialized area of practice for a provider. These are subcategories of the provider types. (examples: Oral Surgeon, Pulmonary Disease Specialist) (select from drop down)
- Provider Contract - This is not a contract in the usual sense, but a way to group providers that have similar services that are payable and that are paid similar rates. A provider could be assigned multiple provider contracts. (examples- Medical-Surgical, Vision, Mental Health) (select from drop down)
- Benefit Group - A section or subsection of the HCPCS code set that groups like codes together (examples: Radiology/Breast/Mammography; Durable Medical Equipment) (select from drop down)
- Procedure Code(s) HCPCS or CPT code used to identify a medical or dental procedure (examples: 47554, 99214) (enter individual code, a range of codes, or a list of codes)
- Modifier – two digit code used with a procedure code to increase accuracy in reimbursement, coding consistency, or editing and to capture payment data (examples: NU, 26, 80) (select from drop down)
- Date of Service – date to be input by user in order to see rates effective for services rendered on that date (required; enter date according to given format)
- Rate Effective Date- date that the Oregon Health Authority made rate effective for fee for service pricing (enter date according to given format)

Fee schedule will also be downloadable and available on the public Web Portal or OHA Web for use by CCO's, billing providers, etc.

The required data elements in the fee schedule file include, but may not be limited to the following:

- Procedure code - HCPCS or CPT code used to identify a medical or dental procedure (examples: 47554, 99214)
- Procedure short description – description of what the procedure is (example: office/outpatient visit-established)
- Modifier(s) -- two digit code used with a procedure code to increase accuracy in reimbursement, coding consistency, or editing and to capture payment data. Will

include pricing modifiers as well as selected processing and informational modifiers. (examples: NU, 26, 80)

- Rate type- code used to identify the appropriate rate to use in determining provider reimbursement (examples: Default, Oregon Primary)
- Pricing Indicator- indicator describing the pricing method used for the rate (examples: Max Fee, RBRVS Facility, RBRVS Non-Facility)
- Provider Contract and dates- The provider contract is not a contract in the usual sense, but a way to group providers that have similar services that are payable and that are paid similar rates. A provider could be assigned multiple provider contracts. (examples- Medical-Surgical, Vision, Mental Health)
- Benefit Group- A section or subsection of the HCPCS code set that groups like codes together (examples: Radiology/Breast/Mammography; Durable Medical Equipment)
- Rate paid (including a dollar amount, manual price, customary charge (provider specific), not covered)
- **Rate effective date** - date that the Oregon Health Authority made rate effective for fee for service pricing
- **Rate end date**-date that the Oregon Health Authority ended the rate for fee for service pricing
- **Date of Service** – date to be input by user in order to see rates effective for services rendered on that date
- Provider Reimbursement rule and dates – information used to differentiate different rates for the same billing code (ex. ASCs are paid an ASC facility rate and physicians are paid for professional services even though both bill with the same CPT codes.) A number of items in this list might be used for this purpose.
- Provider Type- general area of practice that a provider is licensed for (examples: Physician; Dentist)
- Provider Specialty- specialized area of practice for a provider. These are subcategories of the provider types. (examples: Oral Surgeon, Pulmonary Disease Specialist)
- Prior authorization required (yes, no, sometimes)- indicates whether pre-approval is required in order for a service to be payable under Oregon Health Plan
- **CMS effective date for procedure code**- date Centers for Medicare and Medicaid Services (CMS) put code into effect
- **CMS termination date for procedure code**- date CMS ended code
- RBRVS Assistant at surgery- indicates whether assistant at surgery is allowed or not allowed with procedure code
- Modifiers not allowed- indicates if the modifier is not allowed with that procedure code
- Modifier for telemedicine allowed –yes/no- indicates if modifier for telemedicine billing is allowed
- Medical review –yes/no – indicates whether or not Medical review is required for this procedure code

- Facility or non-Facility – indicates whether rate is for service is delivered in a Facility or non-Facility (applicable to Relative value based rates)
- Plan of care – yes/no – indicates whether or not plan of care is required in order for a service to be payable under Oregon Health Plan
- Not subject to cutback for multiple surgeries – indicates whether code pays less when multiple surgeries are performed
- Place of Service- shows restrictions on the place where service(s) can be rendered
- Age – shows age restrictions for this procedure code, if applicable
- Gender –shows gender restrictions for this procedure code, if applicable
- Maximum Allowable Units (configurable so units do not show for certain provider types or provider contracts)- shows maximum allowable units that may be billed by that procedure code, for selected provider types
- Not subject to cutback for multiple endoscopic procedures – indicates whether code pays less when multiple surgeries are performed
- Suspend for Prepayment Review – indicates whether billing this procedure code causes claim to suspend for prepayment review

Fee schedule will include the ability to display optional messaging such as policy disclaimers or links to related information.

Data items returned in the search results may vary based on provider type and specialty, provider contract, or other criteria.

The fee schedule will show its historic records when searched by one or more of the dates highlighted above. Those dates will serve as time frame delimiters when searching on the fee schedule history.