2009 fee schedule changes

Changes due to Medicaid Management Information System (MMIS) replacement:

Due to rounding error on some rates, there may be a few cents' difference between the rate posted and the rate applied in the Medicaid Management Information System (MMIS).

Fee schedule files no longer include the following information:

1. Invalid, not covered, or closed codes
2. Type of Service codes
3. Pricing Action Codes (PAC)
4. Prior Authorization (PA) indicators. Refer to your provider guidelines or rules, or the HSC List Inquiry features on the Provider Web Portal for PA information.

Modifiers are included where appropriate. Pricing is based on a combination of procedure codes and any applicable modifiers. Modifiers listed may not be for your provider type. Refer to your provider guidelines or rules and CPT/HCPCS codebooks to determine what modifiers to use, if any.

The ASC field indicates whether or not the rate is an ambulatory surgical rate.

Fixed length text files are replaced by comma delimited (.csv) text files. Fields in CSV files are separated by commas.

Fee schedule corrections and updates:

March 2009
1. For procedure codes with modifiers 26 (Professional Component) and TC (Technical Component), the full fee now equals the total of the professional and technical components. 2. Primary surgical procedures now reflect the surgeon fee, not the 20% assistant fee. 3. For immunization codes with 26 and SL modifiers, missing rates are now provided. 4. The fee schedules contain added rates for some new 2009 codes. 5. Duplicate codes have been deleted. 6. Some outdated rates have been removed. 7. Codes and rates have been added to the separate AMH fee schedule.
May 2009
1. Corrected some rates 2. Added some procedure codes with rates 3. Removed separate AMH fee schedules from the DMAP fee schedule pages. Please refer to www.oregon.gov/DHS/mentalhealth/tools-providers.shtml for AMH rates.
July 2009
1. Updated J-codes (pharmacy) effective July 1, 2009 2. Added and updated ASC rates. The fee schedule now reflects correct ASC and surgeon rates for codes 29904, 29906, 29907, 27726, 29828, 67041, 67042, 67043, and 67113. 3. Removed terminated codes 4. Added new procedure codes and modifiers 5. End-dated expiring codes 6. Changed pricing indicators.