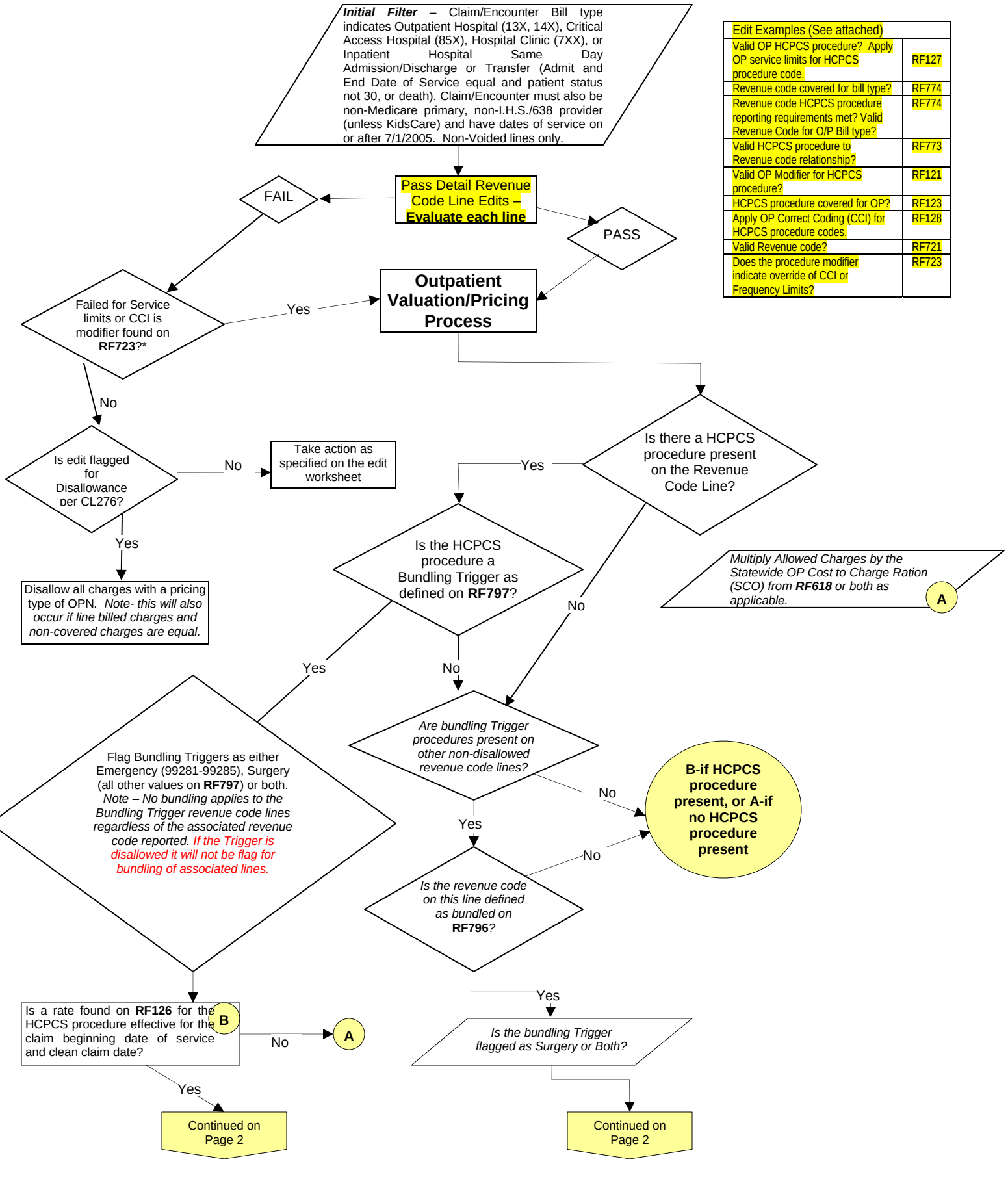
Outpatient Hospital Capped Fee Schedule Claims Valuation/Pricing Decision Tree
10/29/09



Edit Examples (See attached)	
Valid OP HCPCS procedure? Apply OP service limits for HCPCS procedure code.	RF127
Revenue code covered for bill type?	RF774
Revenue code HCPCS procedure reporting requirements met? Valid Revenue Code for O/P Bill type?	RF774
Valid HCPCS procedure to Revenue code relationship?	RF773
Valid OP Modifier for HCPCS procedure?	RF121
HCPCS procedure covered for OP?	RF123
Apply OP Correct Coding (CCI) for HCPCS procedure codes.	RF128
Valid Revenue code?	RF721
Does the procedure modifier indicate override of CCI or Frequency Limits?	RF723

* if override found for modifier =04 do not apply CCI edits to this line
= 02 do not apply service limit editing

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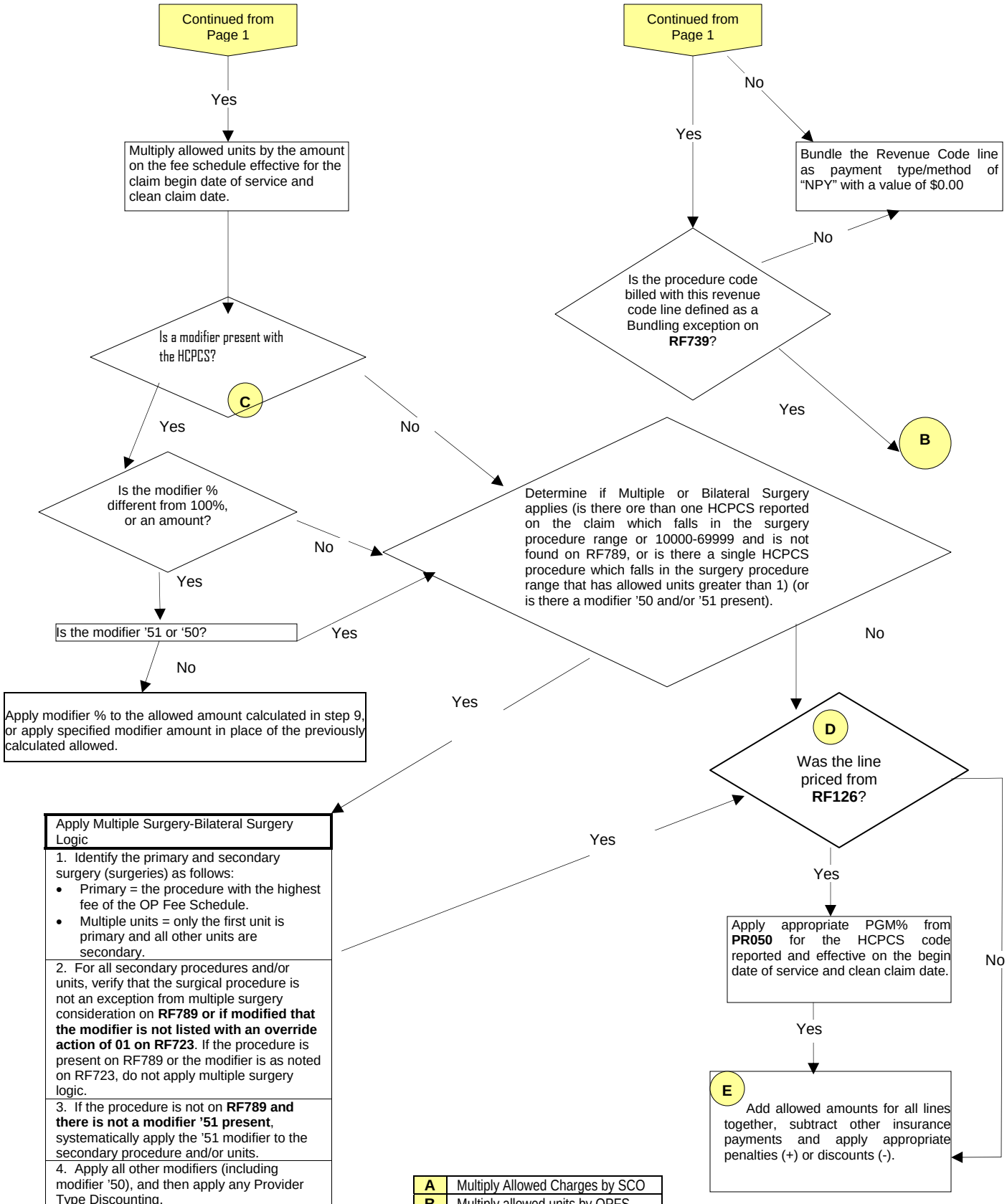

A	Multiply Allowed Charges by SCO
B	Multiply allowed units by OPFS
C	Modifier Logic
D	PGM decision
E	Calculate Final Net allowed

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DISALLOWANCE EDITS	
PROCEDURE CODE TEST	**L001**
REVENUE CODE/HCPCS PROCEDURE TEST	**L040**
PROCEDURE MODIFIER TEST	**L060** **L061** **L181** **L188**
REVENUE CODE/BILL TYPE TEST	**L066**
REVENUE CODE/BILL TYPE COMBINATION COVERAGE	**L073**
MODIFIER VALID FOR PROCEDURE TEST	**L112** **L113** **L189** **L190**
OUTPATIENT HOSPITAL CORRECT CODING	**L199**

TABLE #	DESCRIPTION	HOW USED IN RELATION TO THE OUTPATIENT HOSPITAL FEE SCHEDULE PROJECT
CL276	OPFS DISAALLOWANCE EDITS	Provides a listing of those edits as noted above, which when failed will result in the disallowance of the affected revenue code line rather than denial of the full claim.
RF121	VALID OPFS PROCEDURE MODIFIERS	Provides a listing of valid modifiers for Outpatient claims, by procedure code (HCPCS/CPT.)
RF123	PROCEDURE AHCCCS COVERAGE	Provides procedure code (HCPCS/CPT) coverage information.
RF126	PROCEDURE OPFS PRICE	Provides the allowed Outpatient claims fees by procedure code (HCPCS/CPT). Note a blank or $0.00 segment for the procedure effective on the claim date of service and receipt date indicates default to the SCO.
RF127	PROCEDURE OPFS CODES INDICATORS AND VALUES	Provides valid procedure codes (HCPCS/CPT) and specific service limit information for Outpatient claims.
RF721	REVENUE CODES	Provides a listing of valid Revenue Codes.
RF723	LIMIT OVERRIDE MODIFIERS	Provides a listing of modifiers, which when billed with any applicable procedure code (HCPCS/CPT) on an Outpatient claim, require exception processing such as override of service limits or override of CCI editing as defined by the associated Action Code.
RF739	OPFS BUNDLED EXCEPTION PROCEDURES	Provides a listing of procedure code (HCPCS/CPT) which when billed on an Outpatient claim, require exception processing such as override of bundling for claims qualified under Surgery triggers as defined by the associated Action Code.
RF773	REVENUE CODES TO PROCEDURE CODES	Provides a listing of procedure codes (HCPCS/CPT) which can be validly reported for a revenue code on an Outpatient claim.
RF774	REVENUE CODES TO BILL TYPES	Provides valid relationships between revenue codes and type of bill, including coverage information. Also provides information on revenue code to procedure code (HCPCS/CPT) reporting requirements for Outpatient claims.
RF789	MULTIPLE SURGERY EXCEPTION TABLE	Provides a listing of procedure codes (HCPCS/CPT) which are exempted from multiple surgery discounting logic.
RF796	OPFS BUNDLED REVENUE CODES	Provides a listing of Revenue Codes which are subject to OPFS bundling under Surgery or Emergency Room bundling triggers on Outpatient claims.
RF797	OPFS BUNDLED RATE DRIVER	Provides a listing of procedure codes (HCPCS/CPT) which trigger Surgery or Emergency Room bundling of Outpatient claims.