

## Medi-cal Fee Schedule Utility

### Configurable Parameters on Front End

As one time configuration, the client needs to select / decide how following details would be configured. Based on these details, the Medi-cal and UA / UB fee schedule would be loaded.

1. Fee Set # and Extended Fee Set #. Show list of available sets from the portal itself.
- ~~2. Parameter to decide if UA / UB fee schedule needs to be loaded.~~
3. Place of Service (POS) codes for Hospital Outpatient, Ambulatory Surgical Clinic, Outpatient and Inpatient.

By default POS would be as follows

Hospital Outpatient (H) = 19 and 22

Ambulatory Surgical Clinic (A) = 24

Outpatient (OP) = 11

Inpatient (IP) = 21

ER (ER) = 23

A POS cannot be reused for any other type of facility

4. Client needs to provide Specialty Code/s for P (Podiatry), Q (Psychology) and 3 (Vision) Proc Types.
5. The client must tell us which anesthesia unit scheme must be used for anesthesia CPT codes. This must be configured in local db in configuration screen and allowed to be changed from front end before running the utility.
- ~~6. Also client must provide the Conversion Factor for the anesthesia codes.~~
7. Client also needs to provide Modifier code/s for Nurse Anesthetist. ~~If provided, client must provide the Conversion Factor for the Nurse Anesthetist.~~
8. Configure age range for child rates. Default would be 0 to 17.999
9. Introduce Start button that will trigger Medi-cal utility

These configuration details are currently being stored in following database tables.

fsSpecialityCode - ProcType ON / OFF

fsSpecialityCodeConfig

fsConfig - Age, ~~Nurse Specialty~~

fsMedicalPOS

### Assumptions

The fee schedule is loaded every month regularly without fail.

The utility is not supposed to be used for correcting rates in history irrespective of rates being added by utility or not.

The utility is not designed to load future rates if the utility is being used for the first time

It would be clients responsibility to configure modifier sets for Assistant Surgeons. Hence rates of CPT codes where Proc Type = O would not be loaded as part of Medi-cal fee schedule.

Proc code type = E would not be loaded by this utility.

It would be data team's responsibility to ensure that all configurations are correct and correct month's files have been configured before triggering utility.

## General Logic

Start.OnClick should trigger the utility

Remove previous back-up of all fee schedules and take new back-up of existing fee schedules.

Load rates as per logic given below.

If Basic Rate = 0.00 OR 0.01, export it in an excel file of same format as of Medi-cal fee schedule for client who will fix rates for them.

Pricing Basis: P3 (Flat Pricing)

Over-ride Modifier Set Flag = False

Default Modifier for Nurse Anesthetist = QZ

In between POS - the first set of in-between POS range should start with NULL and the last set of in-between POS range should end with NULL

In between Specialty- the first set of in-between Specialty range should start with NULL and the last set of in-between Specialty range should end with NULL

An existing CPT is added by utility or not is estimated from the value of parameter introduced in the configuration tables.

So if ~~Added\_By\_Utility = False~~ / Loading Rates for 1st Time = True, then utility is running for first time, else it has been used before to load rates.

If loading rates for 1st time, then active rates from day option must be disabled.

CAFD = Configurable Active From Day (Day from which client may want to activate the rates)

Every new rule that is added in the fee set should be marked as "C" by default.

Do not add any time details along with the date. Just let that be 00:00:00.000

For a CPT code

If already existing in FS / EFS

    If ~~Added\_By\_Utility = True~~

    If Loading Rates for 1st Time = False

        --- If central flag = A (This scenario is not possible)

- Insert rule with From Date = (CAFD / 15th) of the file's month ---

If central flag = O

- skip

If central flag = U

- Mark existing rule = "H" with To Date = (CAFD minus 1 / 14th) of file's month
- Insert rule with From Date = (CAFD / 15th) of the file's month

If central flag = D

- Mark existing rule = "C" with To Date = (CAFD minus 1 / 14th) of file's month

~~If Added\_By\_Utility = False~~

If Loading Rates for 1st Time = True

If central flag = A

- Mark existing rule = "H" with To Date = Today's Date minus 1 day
- Insert rule with From Date = Today's Date

If central flag = O

- Mark existing rule = "H" with To Date = Today's Date minus 1 day
- Insert rule with From Date = Today's Date

If central flag = U

- Mark existing rule = "H" with To Date = Today's Date minus 1 day
- Insert rule with From Date = Today's Date

If central flag = D

- Mark existing rule = "C" with To Date = Today's Date minus 1 day

If not existing in FS / EFS

~~If Added\_By\_Utility = True~~

If Loading Rates for 1st Time = False

If central flag = A

- Insert rule with From Date = (CAFD / 15th) of the file's month

If central flag = O

- Insert rule with From Date = (CAFD / 15th) of the file's month

If central flag = U

- Insert rule with From Date = (CAFD / 15th) of the file's month

If central flag = D

- Skip

~~If Added\_By\_Utility = False~~

If Loading Rates for 1st Time = True

If central flag = A

- Insert rule with From Date = Today's Date

If central flag = O

- Insert rule with From Date = Today's Date

If central flag = U

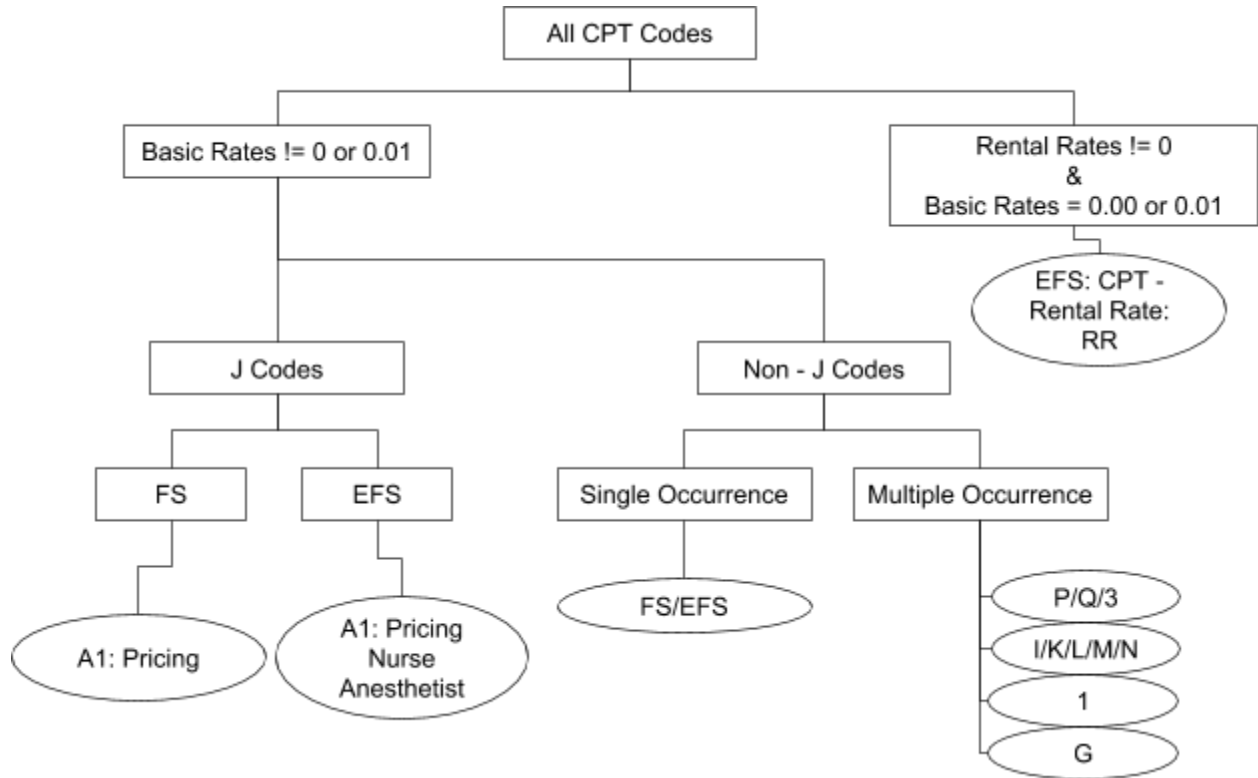
- Insert rule with From Date = Today's Date

If central flag = D

- Skip

## UTILITY ALGORITHM FOR MEDI-CAL FEE SCHEDULE

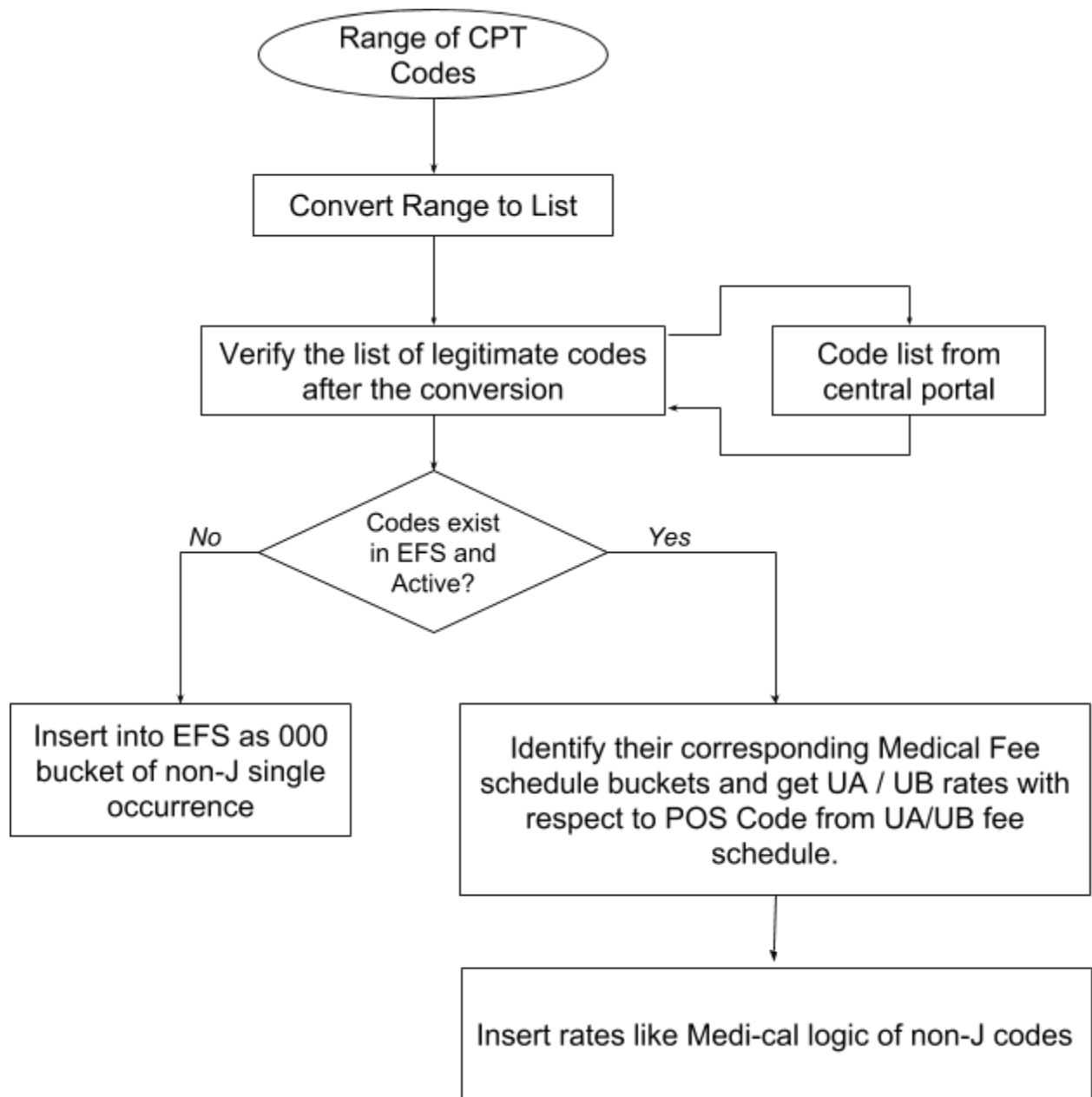
The logic for creating fee schedule and extended fee schedule rules for Medi-cal fee schedule is as follows.



**Single Occurrence:** Means that the CPT code occurs only once in the whole file for that month.

**Multiple Occurrence:** Means that the CPT code occurs more than once in the whole file for that month.

## UTILITY ALGORITHM FOR UA / UB FEE SCHEDULE



## Unit Values and Conversion Indicators

The central portal must store Unit Values and Conversion Indicators that the Medi-cal fee schedule file provides against the Proc Type and Proc Code.

The same Conversion Indicator must be passed on to the utility for further calculation purpose.

The conversion factors provided in the second sheet of the fee schedule file can be stored at central server or client / tenant side.

## Provider Type

### Default Provider Type

- Physician, Hospital Outpatient Dept, Emergency Room (Provider Type = 05, 07, 15, 22, 26, 28, 56, 61)

### Other Available Provider Types

- Free, Community and County Clinic (Provider Type = 40, 41, 48, 58)
- Other Clinic (Provider Type = 42,43,44,45,46,50)

## Calculating Basic Rates using Conversion Indicators / Factors.

Basic rate of a service code is calculated as follows.

(this is applicable only to medi-cal fee schedule and not for UA / UB rates)

For Provider Type = Physician, Hospital Outpatient Dept, Emergency Room (Provider Type = 05, 07, 15, 22, 26, 28, 56, 61)

Basic rate is to be picked from the basic rate column of the Medi-cal fee schedule

For Provider Type <> Physician, Hospital Outpatient Dept, Emergency Room

Basic rate = Unit Value \* Conversion Factor

### Conversion indicators crosswalk from Default to Free, Community and County Clinic

Conv Ind - Default	Conv Ind - Free, Community, County
001	011
001	043
002	028



003	024
004	025
004	027
005	029
006	006
007	012
008	008
009	009
010	--
014	026
015	--
016	027
017	--
019	--
020	021
030	030
031	032
034	034
035	036
037	039
040	041
042	042
052	--
052	--

053	050
053	047
054	055

# Conversion indicators crosswalk from Default to Other Clinic

Conv Ind - Default	Conv Ind - Other
001	022
001	044
002	028
003	024
004	025
004	027
005	029
006	006
007	023
008	008
009	009
010	--
014	026
015	--
016	027
017	--
019	--

020	021
030	030
031	033
034	034
035	036
037	039
040	041
042	042
052	--
052	--
053	051
053	048
054	055

<b>Conv Ind</b>	<b>Conv Factor</b>
001	\$10.00
002	\$14.01
003	\$82.16
004	\$37.23
005	\$3.82
006	\$0.76
007	\$0.82
008	BY REPORT

009	\$1.00
010	\$3.82
011	\$12.38
012	\$1.07
013	\$11.02
014	\$34.46
015	\$37.23
016	\$50.67
017	\$1.04
018	\$46.95
019	\$0.82
020	\$26.35
021	\$27.66
022	\$10.59
023	\$0.85
024	\$86.29
025	\$39.10
026	\$36.19
027	\$53.22
028	\$14.71
029	\$4.00
030	\$4.46
031	\$1.21
032	\$1.50

033	\$1.28
034	\$120.15
035	\$37.23
036	\$39.10
037	\$17.06
038	\$13.42
039	\$17.92
040	\$50.67
041	\$53.22
042	\$1.00
043	\$13.59
044	\$11.50
045	\$10.91
046	\$10.91
047	\$14.25
048	\$11.36
049	\$10.91
050	\$13.11
051	\$10.44
052	\$10.00
053	\$10.00
054	\$55.74
055	\$58.54
056	\$12.42

## Logic to Insert Rates in FS / EFS table

### Rental Rate Codes

EFS: CPT - RR to RR modifier - Rental Rate

### For J - codes

Pricing Basis: A1 (Base Unit + Time Unit) \* Conversion Factor

- FS: CPT - Anesthesia Unit Scheme - Conversion Factor of Default Provider Type
- Eg. 00100, 01966

If

Nurse Anesthesia Modifier Code != null  
~~AND~~  
Anesthesia Unit Scheme for Nurses != 0  
~~AND~~  
~~Conversion Factor for Nurses != null OR 0.00~~

Then

- Pricing Basis: A1 (Base Unit + Time Unit) \* Conversion Factor
- EFS: CPT - Anesthesia Unit Scheme - Conversion Factor for Nurses - Nurse Anesthesia Specialist Code
- Eg. 00100, 01966

### Non J - code + Single Occurrence

For every CPT code and for CPT = 92018

- FS: CPT - Basic rate  
Eg. 11306, 74185, 82150

For every non - J and single occurrence CPT code

If Prof % != 0

Update already existing corresponding CPT rule entry in FS

- CPT - Professional component %  
Eg. 70559 - 20 % (Pro Component)
- CPT - TC component % = 100 minus Prof %  
Eg. 70559 - 80 % (Tech Component)

Else

~~Update already existing corresponding CPT rule entry in FS~~

- ~~• CPT - Over-ride Modifier Set Flag = True~~

Add in EFS in two separate rule entries (two insert statements)

- ~~CPT - 26 modifier - 26 rates (Prof % of Basic Rate) - Over-ride Modifier Set Flag = True~~  
~~Eg. 70559 - 26 modifier - Rate = \$ 33.36 (20% of 166.78 which is the Basic rate)~~  
~~- Over-ride Modifier Set Flag = True~~
- ~~CPT - TC modifier - TC rates (100 minus Prof % of Basic Rate) - Over-ride Modifier Set Flag = True~~  
~~Eg. 70559 - TC modifier - Rate = \$ 133.42 (80% of 166.78 which is the Basic Rate) - Over-ride Modifier Set Flag = True~~

For every CPT code

If Child Rate = 0

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 011)

- EFS: CPT - ER POS - ER rate
  - EFS: CPT - Hospital Outpatient POS [if provided in configuration] - Basic Rate minus 20%
  - EFS: CPT - Ambulatory Surgical Center POS [if provided in configuration] - Basic Rate minus 20%
  - EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
  - EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- Eg. 10040, 26700

Else (Bucket: 010)

- EFS: CPT - ER POS - ER rate
  - EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
  - EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- Eg. 11471, 12054

Else

If Cutback Ind = 1 (Bucket: 001)

- EFS: CPT - Hospital Outpatient POS [if provided in configuration] - Basic Rate minus 20%
  - EFS: CPT - Ambulatory Surgical Center POS [if provided in configuration] - Basic Rate minus 20%
  - EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
  - EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- Eg. 11976, 26720

Else (Bucket: 000)

    If Prof % != 0

- EFS: CPT - 26 modifier - 26 rates (Prof % of Basic Rate) - Over-ride Modifier Set Flag = True  
Eg. 70559 - 26 modifier - Rate = \$ 33.36 (20% of 166.78 which is the Basic rate) - Over-ride Modifier Set Flag = True
- EFS: CPT - TC modifier - TC rates (100 minus Prof % of Basic Rate) - Over-ride Modifier Set Flag = True  
Eg. 70559 - TC modifier - Rate = \$ 133.42 (80% of 166.78 which is the Basic Rate) - Over-ride Modifier Set Flag = True

    If Rental Rate != 0

- EFS: CPT - RR modifier - Rental rates - Over-ride Modifier Set Flag = True  
Eg. A4640 - RR modifier - Rate = \$4.38 (which is rental rate) - Over-ride Modifier Set Flag = True

    If UA / UB rates != 0

- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate

    Else

- Skip (since they are being added to FS before)

Else If Child Rate = 1:

    If ER Rate != 0:

        If Cutback Ind = 1 (Bucket: 111)

- EFS: CPT - 0 to 17.99 - Child rate minus 20% - H to H POS
- EFS: CPT - 0 - 17.99 - Child rate minus 20% - A to A POS
- EFS: CPT - 0 - 17.99 - ER rate - ER to ER POS
- EFS: CPT - 0 - 17.99 - Child rate - in between POS
- EFS: CPT - 18 to 99 - Basic Rate minus 20% - H to H POS
- EFS: CPT - 18 to 99 - Basic Rate minus 20% - A to A POS
- EFS: CPT - 18 to 99 - ER rate - ER to ER POS  
Eg. 92553, 94772, 99245

        Else: (Bucket: 110)

- EFS: CPT - 0 to 17.99 - Child rate - H to H POS
- EFS: CPT - 0 - 17.99 - Child rate - A to A POS
- EFS: CPT - 0 to - 17.99 - ER rate - ER POS
- EFS: CPT - 0 to -17.99 - Child rate - in between POS
- EFS: CPT - 18 to 99 - ER rate - ER POS  
Eg. 90969, 95052, 99360

    Else

        If Cutback Ind = 1: (Bucket: 101)

- Skip (No such scenario)

        Else: (Bucket: 100)



- EFS: CPT - 0 to 17.99 - Child rate
  - EFS: CPT - 18 to 99.99 - Outpatient POS - UA modifier - Outpatient UA Rate
  - EFS: CPT - 18 to 99.99 - Outpatient POS - UB modifier - Outpatient UB Rate
  - EFS: CPT - 18 to 99.99 - Inpatient POS - UA modifier - Inpatient UA Rate
  - EFS: CPT - 18 to 99.99 - Inpatient POS - UA modifier - Inpatient UB Rate
  -
- Eg. 90951, 94003

## Non - J Code + Multiple Occurrence

For Proc Type = P / Q / 3

For every CPT code

If Child Rate = 0

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 011)

- EFS: CPT - ER POS - ER rate - speciality code [if provided in config]
  - EFS: CPT - H to H POS - Basic rate minus 20% - speciality code
  - EFS: CPT - A to A POS - Basic rate minus 20% - speciality code
  - EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - speciality code
  - EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - speciality code
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - speciality code
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - speciality code
  - EFS: CPT - In between POS - Basic rate - speciality code
- Eg. P - 20604, P - 20606

Else (Bucket: 010)

- EFS: CPT - ER POS - ER rate - speciality
  - EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - speciality code
  - EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - speciality code
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - speciality code
  - EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - speciality code
  - EFS: CPT - In between POS - Basic rate - speciality code
- Eg. P - 10030, Q4107

Else:

If Cutback Ind = 1 (Bucket: 001)

- EFS: CPT - H to H POS - Basic rate minus 20% - speciality code

- EFS: CPT - A to A POS - Basic rate minus 20% - speciality code
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - speciality code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - speciality code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - speciality code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - speciality code
- EFS: CPT - In between POS - Basic rate - speciality code  
Eg. P - 10060, P - 11622

Else (Bucket: 000)

- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - speciality code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - speciality code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - speciality code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - speciality code
- EFS: CPT - In between POS - Basic rate - speciality code  
Eg. P - 11044, 3 - V2106

If Child Rate = 1

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 111)  
(No such cases)

Else (Bucket: 110)  
(No such cases)

Else

If Cutback Ind = 1 (Bucket: 101)

- EFS: CPT - 0 to 16.99 - Child rate minus 20% - H to H POS - speciality code
- EFS: CPT - 0 to 16.99 - Child rate minus 20% - A to A POS - speciality code
- EFS: CPT - 0 to 16.99 - Child rate - In between POS - speciality code
- EFS: CPT - 17 to 99 - Basic rate minus 20% - H to H POS - speciality code
- EFS: CPT - 17 to 99 - Basic rate minus 20% - A to A POS - speciality code
- EFS: CPT - 17 to 99 - Basic rate - In between POS - speciality code

Else (Bucket: 100)

- EFS: CPT - 0 to 16.99 - child rate - speciality code
- EFS: CPT - 17 to 99 - basic rate - speciality code

For Proc Code = I / K / L / M / N

For every CPT code

*Part 1:* If CPT code exists in EFS (ie added since it had a P / Q / 3 Proc Type)

If Child Rate = 0

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 011)

- EFS: CPT - ER POS - ER rate - In between specialty code
- EFS: CPT - H to H POS - Basic rate minus 20% - In between specialty code
- EFS: CPT - A to A POS - Basic rate minus 20% - In between specialty code
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - In between specialty code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - In between specialty code
- FS: CPT - Basic rate  
Eg. K - 10160, K - 20600

Else (Bucket: 010)

- EFS: CPT - ER POS - ER rate - In between specialty code
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - In between specialty code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - In between specialty code
- FS: CPT - Basic rate  
Eg. K - 10030, K - 20663

Else:

If Cutback Ind = 1 (Bucket: 001)

- EFS: CPT - H to H POS - Basic rate minus 20% - In between specialty code
- EFS: CPT - A to A POS - Basic rate minus 20% - In between specialty code
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - In between specialty code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - In between specialty code

- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - In between specialty code
- FS: CPT - Basic rate  
Eg. K - 11740, K - 24600

Else (Bucket: 000)

- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate - In between specialty code
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate - In between specialty code
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate - In between specialty code
- FS: CPT - Basic rate  
Eg. K - 10061, K - 24073

If Child Rate = 1

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 111)

- EFS: CPT - 0 to 16.99 - Child rate minus 20% - H to H POS - In between specialty code
- EFS: CPT - 0 to 16.99 - Child rate minus 20% - A to A POS - In between specialty code
- EFS: CPT - 0 to 16.99 - ER rate - ER POS - In between specialty code
- EFS: CPT - 0 to 16.99 - Child rate - In between POS - In between specialty code
- EFS: CPT - 17 to 99 - Basic rate minus 20% - H to H POS - In between specialty code
- EFS: CPT - 17 to 99 - Basic rate minus 20% - A to A POS - In between specialty code
- EFS: CPT - 17 to 99 - ER rate - ER POS - In between specialty code
- FS: CPT - Basic rate  
Eg. N - 92551, N - 99204

Else (Bucket: 110)

- EFS: CPT - 0 to 16.99 - ER rate - ER POS - In between specialty code
- EFS: CPT - 0 to 16.99 - Child rate - In between POS - In between specialty code
- EFS: CPT - 17 to 99 - ER rate - ER POS - In between specialty code
- FS: CPT - Basic rate  
Eg. N - 99221, N - 99350

Else

If Cutback Ind = 1 (Bucket: 101)

(No such case)

Else (Bucket: 100)

- EFS: CPT - 0 to 16.99 - Child rate - In between specialty code
- FS: CPT - Basic rate  
Eg. N - 99304, N - 99335

*Part 2: If CPT code does not exists in EFS*

If Child Rate = 0

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 011)

- EFS: CPT - ER POS - ER rate
- EFS: CPT - H to H POS - Basic rate minus 20%
- EFS: CPT - A to A POS - Basic rate minus 20%
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- FS: CPT - Basic rate  
Eg. K - 11981, K - 21110

Else (Bucket: 010)

- EFS: CPT - ER POS - ER rate
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- FS: CPT - Basic rate  
Eg. K - 10061, K - 12047

Else:

If Cutback Ind = 1 (Bucket: 001)

- EFS: CPT - H to H POS - Basic rate minus 20%
- EFS: CPT - A to A POS - Basic rate minus 20%
- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- FS: CPT - Basic rate  
Eg. K - 11981, K - 24600

Else (Bucket: 000)

- EFS: CPT - Outpatient POS - UA modifier - Outpatient UA Rate
- EFS: CPT - Outpatient POS - UB modifier - Outpatient UB Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UA Rate
- EFS: CPT - Inpatient POS - UA modifier - Inpatient UB Rate
- FS: CPT - Basic rate  
Eg. K - 10061, K - 24073

If Child Rate = 1

If ER Rate != 0

If Cutback Ind = 1 (Bucket: 111)

- EFS: CPT - 0 to 16.99 - Child rate minus 20% - H to H POS
- EFS: CPT - 0 to 16.99 - Child rate minus 20% - A to A POS
- EFS: CPT - 0 to 16.99 - ER rate - ER POS
- EFS: CPT - 0 to 16.99 - Child rate - In between POS
- EFS: CPT - 17 to 99 - Basic rate minus 20% - H to H POS
- EFS: CPT - 17 to 99 - Basic rate minus 20% - A to A POS
- EFS: CPT - 17 to 99 - ER rate - ER POS
- FS: CPT - Basic rate

Eg. N - 92551, N - 99204

Else (Bucket: 110)

(no such case)

Else

If Cutback Ind = 1 (Bucket: 101)

(No such case)

Else (Bucket: 100)

(No such case)

*Part 3: For every CPT code added to FS for Proc Type = I / K / L / M / N*

If Prof % != 0

Update already existing corresponding CPT rule entry in FS

- CPT - Professional component %  
Eg. 70559 - 20 % (Pro Component)
- CPT - TC component % = 100 minus Prof %  
Eg. 70559 - 80 % (Tech Component)

Else

~~Update already existing corresponding CPT rule entry in FS~~

- ~~• CPT - Over-ride Modifier Set Flag = True~~

EFS entry should not be done for these CPT codes

For Proc Code = 1

For every CPT code

If CPT code doesn't exist in FS

- FS: CPT - Basic Rate

Else

- Skip

For Proc Code = G

For every CPT code

If CPT code doesn't exist in FS

- FS: CPT - Basic Rate

Else

- Skip

For all CPT codes whose ER Rate  $\neq 0$  and Prof. Component  $\neq 0$

- Find its entry in EFS where CPT and POS = 23 are exact match
- Update this already existing corresponding CPT rule entry in EFS
  - CPT - Professional component %  
Eg. 51725 - 43 % (Pro Component)
  - CPT - TC component % = 100 minus Prof %  
Eg. 51725 - 57 % (Tech Component)

Other necessary changes required in the current utility

- No manual first time ProcType column cleaning
- No manual padding removal using the 3 scripts after codes are inserted
- Automatically export sheet which tells what were changes compared to last month. This list should include codes which were not loaded.

Report Requirements

Count of