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Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call DXC Technologies Provider Relations at 1-800-473-2783.

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COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

90 - MBP Essential Provider (Biosimilars).

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with modifier TH are prenatal obstetrical visits.

MP - MANUALLY PRICED; SP - SYSTEM PRICED

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments, manual pricing, or to confirm Prior authorization by the surgeon.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations.

COLUMN 11. BASE UNITS: The base units for anesthesia codes.

COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 14. SPEC IND: Indicate if code was related to a particular process.

Code E - Medicaid Expansion

Code M - Global Maternity Code - These codes are payable only when billed to Medicaid as Secondary Payer. Global Maternity Codes billed to Medicaid as Primary Payer will be denied.

