

410-125-0195 Outpatient Services In-State DRG Hospitals

In-State Diagnostic Related Grouper (DRG) hospital outpatient and emergency services are reimbursed under a cost-based methodology

(1) The National Drug Code (NDC) must be included on the electronic (837I) and paper (UB 04) claims for physician administered drug codes required by the Deficit Reduction Act of 2005.

(2) Interim reimbursement:

(a) The interim reimbursement percentage is developed using the cost-to-charge ratio methodology, derived from the Medicare cost report, and applied to billed charges;

(b) The interim payment is the estimated percentage needed to achieve 100% of hospital cost in aggregate.

(c) This interim percentage is applied to all outpatient charges except for clinical laboratory services. The Division of Medical Assistance Programs (Division) fee schedule is used as interim reimbursement for clinical laboratory

(3) Settlement reimbursement:

(a) For Title XIX/Title XXI clients; an adjustment to 100 percent of outpatient costs is made during the cost settlement process;

(b) For General Assistance (GA) clients, outpatient hospital services are reimbursed at 50 percent of billed charges or 59 percent of costs, whichever is less.

Stat. Auth.: ORS 413.042

Stats. Implemented: ORS 414.065

10-1-09

7-1-10 (Hk)

3-1-11 (Hk)