

## 2010 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:

<b>December 2010</b>
<ol style="list-style-type: none"> <li>1. Corrected rates for obstetrics codes 59400-59622.</li> <li>2. Corrected rates for vision codes 92340-92342 and 92352-92353.</li> <li>3. Added rates for DME codes T4543 and E2231.</li> </ol>
<b>November 2010</b>
<ol style="list-style-type: none"> <li>1. Deleted some obsolete codes.</li> <li>2. Deleted rates for modifiers that are not allowable.</li> <li>3. Updated J-code rates.</li> </ol>
<b>August 2010</b>
<ol style="list-style-type: none"> <li>1. Added some new ASC rates.</li> <li>2. Deleted some obsolete codes.</li> <li>3. Updated rates for selected immunization codes.</li> </ol>
<b>May 2010</b>
<ol style="list-style-type: none"> <li>1. Updated rates for over 1,000 clinical lab codes to 74% of 2009 Medicare rates.</li> <li>2. Made a small number of additional modifications and deletions.</li> </ol>
<b>March 2010</b>
<ol style="list-style-type: none"> <li>1. 173 new rates were added. These include: <ul style="list-style-type: none"> <li>– New codes paying RBRVS rates</li> <li>– ASC rates for new codes</li> <li>– New J-codes from Medicare ASP list</li> </ul> </li> <li>2. 22,130 codes received rate changes. <ul style="list-style-type: none"> <li>– Many of these were RBRVS rate updates</li> <li>– ASC rates were updated</li> </ul> </li> </ol>

- J-codes (pharmacy) were updated to reflect Jan. 1, 2010 Medicare ASP rates
- 3. Approximately 1,050 rates were deleted.
  - Many of these rates were for the technical component (TC modifier) for codes in the 80,000 range.
- 4. Rates of 0.00 for J- codes and codes in the 90000 range were corrected.
- 5. ASC rates that were off by a few cents were corrected.
- 6. A few new G- codes and codes in the 90000 range were added.