

OHP Fee Schedule File Specifications

This document lists the fields used in DMAP's fee-for-service fee schedule formats, as read from left to right.

- [Current specifications](#)
- [March 2009 to May/June 2011](#)
- [2008 and earlier](#)

Current file specifications

Field	Description
Procedure Code	Procedure Code - For billing purposes, DMAP uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).
Description	Procedure code description
Modifier 1	First modifier associated with procedure code. (Blank indicates no modifier.)
Modifier 2	Second modifier associated with procedure code. (Blank indicates no modifier.)
Rate Type	An "A" in this field indicates that this rate is an ambulatory surgical rate. A "P" in this field indicates that this rate is a Primary Care rate. If this field is blank, the rate is not an ambulatory surgical rate or a primary care rate.
Price	Price effective during month reported.
Effective Date	Date current price became effective (YYYYMMDD)

March 2009 to May/June 2011

Field	Description
Procedure Code	Procedure Code - For billing purposes, DMAP uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).
Description	Procedure code description
Modifier 1	First modifier associated with procedure code. (Blank indicates no modifier.)
Modifier 2	Second modifier associated with procedure code. (Blank indicates no modifier.)
ASC	A "Y" in this field indicates that this rate is an ambulatory surgical rate. If this field is blank, the rate is not an ambulatory surgical rate.
Price	Price effective during month reported.
Effective Date	Date current price became effective (YYYYMMDD)

2008 and earlier

"Start" indicates where the field begins; "Length" indicates the length of the field. For example, the "TOS" field begins in column 1 of the fee schedule and is one character long.

Field	Description	Start	Length
TOS	Type Of Service (see descriptions below)	1	1

Field	Description	Start	Length
Proc	Procedure Code - For billing purposes, DMAP uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).	2	5
Description	Procedure code description	7	32
Eff Dt	Effective Date	39	6
Price	This column does not include the decimal: An item priced at \$22.64 will show as 2264. The decimal needs to be placed two places in from the right of this column.	45	7
PAC	Pricing Action Code (see descriptions below)	52	1
PA	Prior Authorization - This field contains a YES for procedures requiring PA.	56	1

Types of Service Codes

The following codes are used in the "TOS" field of files dated 2008 or earlier.

TOS	Service	Definition
K	Lab/Radiology & Pathology	Full Fee (P+T=K)
P	Lab/Radiology & Pathology	Professional component (modifier 26)
T	Lab/Radiology & Pathology	Technical component (modifier TC)
A	DME/Supplies	Purchase
B	DME/Supplies	Rental
C	DME/Supplies	Repair
8	Assistant Surgeon	20% of the primary surgical rate
H	Ambulatory Surgical Centers	Level of Care Facility rate

Pricing Action Codes

The following codes are used in the "PAC" field of files dated 2008 or earlier.

PAC	DESCRIPTION
3	Pay the lesser of DMAP's Level 3 rate times the quantity or billed amount.
4	Pay at 51% of the billed amount.
5	Manually priced by DMAP; supporting documentation required.
6	Documentation required; pay the lesser of DMAP's Level 3 rate or the billed amount.
9	Service not covered in fee-for-service arena or is an invalid code. Verify code. Check to see if managed care is capitated for this service.
A	Pay as billed (invoice unit rate times quantity billed on invoice equals the billed amount).
D	Invalid procedure code for the type of service billed.
N	Procedure code is obsolete for the date of service.
P	Service is not covered.
T	Procedure code billed is a temporary code or a code used for tracking medical services; not covered.