

## File specifications for the Oregon Health Plan fee-for-service fee schedule

### Current file specifications

Field	Description
<b>Procedure Code</b>	Procedure Code - For billing purposes, OHA uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).
<b>Description</b>	Procedure code description
<b>Modifier 1</b>	First modifier associated with procedure code. (Blank indicates no modifier.)
<b>Rate Type</b>	"A" = Ambulatory surgical rate "B" = Birthing center rate "P" = Oregon's primary care rate "F" = 2013-2014 federal primary care rate  If this field is blank, the rate is not an ambulatory surgical rate, a birthing center rate, or a primary care rate.
<b>RBRVS Place of Service</b>	"Fac" = RBRVS Facility rate "Non" = RBRVS Non-Facility rate  If this field is blank, the rate is not based on the Resource-Based Relative Value Scale (RBRVS).
<b>Price</b>	Price effective during month reported.
<b>Effective Date</b>	Date current price became effective (YYYYMMDD)

### July 2011 to December 2013

Field	Description
<b>Procedure Code</b>	Procedure Code - For billing purposes, OHA uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).
<b>Description</b>	Procedure code description
<b>Modifier 1</b>	First modifier associated with procedure code. (Blank indicates no modifier.)
<b>Modifier 2</b>	Second modifier associated with procedure code. (Blank indicates no modifier.)
<b>Rate Type</b>	"A" = Ambulatory surgical rate "P" = Oregon's primary care rate "F" = 2013-2014 federal primary care rate  If this field is blank, the rate is not an ambulatory surgical rate or a primary care rate.
<b>Price</b>	Price effective during month reported.
<b>Effective Date</b>	Date current price became effective (YYYYMMDD)

## March 2009 to May/June 2011

<b>Field</b>	<b>Description</b>
<b>Procedure Code</b>	Procedure Code - For billing purposes, OHA uses Current Procedural Terminology (CPT), Level III National Codes (HCPCS) and Current Dental Terminology (CDT).
<b>Description</b>	Procedure code description
<b>Modifier 1</b>	First modifier associated with procedure code. (Blank indicates no modifier.)
<b>Modifier 2</b>	Second modifier associated with procedure code. (Blank indicates no modifier.)
<b>ASC</b>	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.
<b>Price</b>	Price effective during month reported.
<b>Effective Date</b>	Date current price became effective (YYYYMMDD)