

File Specifications for the Oregon Health Plan Fee-for-Service Fee Schedule

February 2017 to 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 used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
Rate Type	"A" = Ambulatory surgical rate "B" = Birthing center rate "FP" = Family Planning rate "P" = Oregon's primary care rate If this field is blank, the rate is not an ambulatory surgical rate, a birthing center rate, family planning rate, or a primary care rate.
RBRVS Place of Service	"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).
Price	Price effective during month reported.
Effective Date	Date current price became effective (YYYYMMDD)

February/March 2015 to December 2016

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 used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
Rate Type	"A" = Ambulatory surgical rate "P" = Oregon's primary care rate If this field is blank, the rate is not an ambulatory surgical rate or a primary care rate.
RBRVS Place of Service	"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).
Price	Price effective during month reported.
Effective Date	Date current price became effective (YYYYMMDD)

August 2011 to November 2014

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 used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
Modifier 2	Second modifier used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
Rate Type	"A" = Ambulatory surgical rate "P" = Oregon's primary care rate

Field	Description
	“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.
Price	Price effective during month reported.
Effective Date	Date current price became effective (YYYYMMDD)

March 2009 to May 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 used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
Modifier 2	Second modifier used for payment associated with procedure code. (Blank indicates no modifier used for payment with this code.)
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)