

Balance Billing Reimbursement Rulemaking Advisory Committee



July 16, 2018

Agenda

1. Explanation of sample rate sheet
2. Committee member input
 - Service units
 - Modifiers
 - Geography
 - CPI-U multiplier
3. Other Issues

Sample Rate Sheet Methods

Inclusion Criteria

- Incurred year 2015
- Commercial claims
- Professional claims
- Paid claims
- In-network claims
- Oregon providers
- Valid CPT code

Exclusion Criteria

- Facility claims
- \$0 allowed amount
- Service units = 0 or not included

Requested CPT Codes

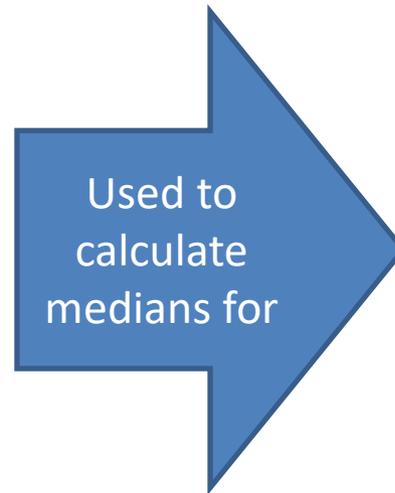
00790	88305	99282
01214	88307	99283
12003	88313	99284
23650	88341	99285
36556	88342	99291
64447	93010	99292
88304	99218	

Requested Modifiers

22	Increased Procedural Services	91	Repeat Clinical Diagnostic Laboratory Test
23	Unusual Anesthesia	92	Alternative Laboratory Platform Testing
25	Significant, Separately Identifiable E&M Service	95	Synchronous telemedicine service
26	Professional Component	99	Multiple Modifiers
27	Multiple Outpatient Hospital E/M Encounters	AE	Registered dietician
47	Anesthesia by Surgeon	AS	Assistant at surgery service
50	Bilateral Procedure	FF	
51	Multiple Procedures	FX	X-ray taken using film
52	Reduced Services	GC	Resident/teaching phys serv
53	Discontinued Procedure	KM	Rplc facial prosth new imp
54	Surgical Care Only	KN	Rplc facial prosth old mod
55	Postoperative Management Only	NU	New equipment
56	Preoperative Management Only	P3	Patient w/severe sys disease
57	Decision for Surgery	P4	Pt w/sev sys dis threat life
59	Distinct Procedural Service	P5	Pt not expect surv w/o oper
62	Two Surgeons	PA	Surgery, wrong body part
66	Surgical Team	PB	Surgery, wrong patient
73	Discontinued OP/ASC Procedure Prior to Anesth.	PC	Wrong surgery on patient
74	Discontinued OP/ASC Procedure After Anesth.	PT	Clrctal screen to diagn
76	Repeat Procedure or Service by Same Physician	QK	Med dir 2-4 cncrnt anes proc
77	Repeat Procedure by Another Physician	QX	Crna svc w/ md med direction
78	Unplanned Return to Operating/Procedure Room	QY	Medically directed crna
80	Assistant Surgeon	RR	Rental (DME)
81	Minimum Assistant Surgeon	SA	Nurse practitioner w phys supervising
82	Assistant Surgeon (qualified resident not avail.)	SU	Performed in phys office
90	Reference (Outside) Laboratory	TC	Technical component
		UE	Used durable med equipment

Handling Multiple Modifiers

Hypothetical Claim	
CPT	Modifiers
12345	XX, YY, ZZ



Rates	
CPT	Modifiers
12345	XX
12345	YY
12345	ZZ
12345	All

Tabs A – D: Non-Anesthesia Procedures

Tab Name	Contents
A – Examples	Requested CPT codes – statewide
B - Per service unit	All codes –statewide
C - Service unit 2 rating areas	All codes by 2 GPCI areas
D – Service unit 7 rating areas	All codes by 7 geographic rating area

- Dollar amounts listed per service unit
- Excludes claims with 0 or no service units reported (0.2% of non-anesthesia claims)

Tabs E – G: Anesthesia-related procedures

Tab Name	Contents
E – Anesthesia by CPT	All codes - statewide
F - Per service unit	All codes by 2 GPCI areas
G - Service unit 2 rating areas	All codes by 7 geographic rating areas

- Not listed per service unit
- No modifiers

Outstanding Issues

- Service Units
- Modifiers
- CPI Adjustment

Service Units

Should dollar amounts be divided by service units?

- Units not specified in APAC data
- 24.3% of anesthesia claims with 0 or no service units listed
- 0.2% of non-anesthesia claims with 0 or no service unites listed.

Modifiers

Proposals for use of modifiers

- A. Include recommended modifiers that impact payment
- B. Do not include modifiers:
 - Rate sheet would only contain CPT codes.
 - Median taken from claims with null modifiers
 - Reimbursement calculated from baseline rate for each CPT code, then adjusted based on modifiers according to payer's plan standards.

Next Steps

ANESTHESIA				
Geographic Division		Statewide	GPCI	7 areas
No Modifiers	Number of Rates	237	674	1,421
	% of rates with at least 50 claims	44%	40%	26%
NON-ANESTHESIA				
		Statewide	GPCI	7 areas
No Modifiers	Number of Rates	6,240	11,057	27,541
	% of rates with minimum sample size (50 claims)	38%	33%	25%
Recommended Modifiers	Number of Rates	25,833	55,360	83,617
	% of rates with minimum sample size (50 claims)	24%	20%	17%

CPI Adjustment

- *“The reimbursement must be equal to the median allowed amount paid to in-network health care providers by commercial insurers in this state, based on data collected under ORS 442.466 for the 2015 calendar year, **adjusted annually using the U.S. City Average Consumer Price Index for All Urban Consumers (All Items)** as published by the Bureau of Labor Statistics of the United States Department of Labor.”*
- Data set: claims from entire calendar year 2015
- Ideally adjusted from midpoint 2015 to January 2019; however data is not available yet.
- Adjustment from January 2015 to June 2018:
1.0782%

Other Issues

- Billing procedures

Next Steps

- Comments on draft regulatory text
- Fiscal impact questions