

836-053-1600

Purpose; Statutory Authority; Applicability

- (1) [836-053-1600] to [citation] are adopted for the purpose of implementing ORS 743B.287.
- (2) [836-053-1600] to [citation] apply to payments required under ORS 743B.287(6).

Statutory/Other Authority: ORS 743B.287

Statutes/Other Implemented: ORS 743B.287

836-053-1605

Balance Billing Definitions for [836-053-1600] to [citation]

- (1) "Balance bill reimbursement" means reimbursement by an insurer for a procedure provided by an out-of-network provider for emergency services or other covered inpatient or outpatient services provided at an in-network health care facility in accordance with ORS 743B.287(3).
- (2) "Base units" means the number of units assigned to the relevant CPT code for the anesthesia-related procedure published in the CY 2018 Physician Fee Schedule Final Rule as of January 1, 2018, available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/2018-Anesthesia-BaseUnits-CPT.zip>.
- (3) "Base Rate" means the dollar amount listed on Non-Anesthesia Fee Schedule under [Appendix A citation].
- (4) "Modifier adjustment" means the percentage adjustment allowed under the CY 2018 Physician Fee Schedule Final Rule as of January 1, 2018, for the following modifiers, if applicable: AS, FX, FY, NU, RR, SA, UE, 22, 23, 25, 47, 50, 51, 52, 53, 54, 55, 56, 62, 66, 73, 78, 80, 81, 82. The CY 2018 Physician Fee Schedule Final Rule is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.html>.

[Alternative language: "Modifier adjustment" means the percentage adjustment listed under [Appendix B citation].]

- (5) "CMS" means the Center for Medicare and Medicaid Services.
- (6) "Conversion factor" means the dollar value assigned to the following geographic rating area where the procedure is performed:
 - (a) Area 1 is \$68.00;
 - (b) Area 2 is \$70.40;
 - (c) Area 3 is \$67.85;
 - (d) Area 4 is \$75.88;
 - (e) Area 5 is \$68.00;
 - (f) Area 6 is \$66.17; and
 - (g) Area 7 is \$70.77.

- (7) "Current procedural terminology" or "CPT"® means the Current Procedural Terminology codes and terminology under the American Medical Association's (AMA) Current Procedural Terminology (CPT® 2018), Fourth Edition Revised, 2017, for billing by medical providers.
- (8) "CPI adjustment" means 107.83%. The CPI adjustment represents the amount of inflation calculated with the Consumer Price Index for All Urban Consumers U.S. city average series for all items, not seasonally adjusted from January 2015 to July 2018.
- (9) "Geographic rating area" means the rating area defined under OAR 836-053-0063(6).
- (10) "Physical status units" means the number of units assigned based on the physical status of the patient. Physical status units are assigned as follows:
 - (a) 1 unit for P3 - A patient with severe systemic disease that is a constant threat to life;
 - (b) 2 units for P4- A patient with severe systemic disease that is a constant threat to life;
 - (c) 3 units for P5 - A moribund patient who is not expected to survive without the operation ; and
 - (d) 0 units for all others.
- (11)"Q modifier adjustment" means the relevant percentage adjustment, if applicable, assigned for the following modifiers:
 - (a) 50% for QK - medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals;
 - (b) 50% for QX - CRNA service; with medical direction by a physician; and
 - (c) 50% for QY - Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist.
- (13)"Time units" means the relevant amount of time for an anesthesia-related procedure expressed in 15-minute increments.

Statutory/Other Authority: ORS 743B.287

Statutes/Other Implemented: ORS 743B.287

836-053-1610

Non-anesthesia-related claims

- (1) Balance bill reimbursement for non-anesthesia-related claims shall be no less than:
$$\text{Base rate} \times \text{Modifier adjustment} \times \text{CPI adjustment}$$
- (2) Balance bill reimbursement for a non-anesthesia-related procedure that does not have a base rate listed on the Non-Anesthesia Fee Schedule, shall be at a rate agreed upon by the insurer and the provider.

Statutory/Other Authority: ORS 743B.287

Statutes/Other Implemented: ORS 743B.287

836-053-1615

Anesthesia-related claims

Balance bill reimbursement for anesthesia-related claims shall be no less than:

(Base units + Time units + Physical status units) x Conversion factor x Q modifier adjustment x
CPI adjustment

Statutory/Other Authority: ORS 743B.287

Statutes/Other Implemented: ORS 743B.287