FEE SCHEDULE COLUMN DESCRIPTIONS

Note: Not all columns or values are used in every Fee Schedule. The **Effective Date** represents the fee schedule in effect for dates of service on and after the effective date.

BY REPORT

BR: When the fee/reimbursement for a procedure is to be determined by **BR**, information concerning the nature, extent and need for the procedure or service, the time, the skill and the equipment necessary, is to be furnished. Appropriate documentation (eg, operative report, procedure description, and/or itemized invoices) should accompany all claims submitted.

BR SC: For speciality enterals and prescription footwear, BR rules apply when the charge is greater than the fee (screen price) listed.

CHANGE: An asterisk in the **CHANGE** column alerts providers that there has been a change in the code since the last fee schedule was posted.

CODE: Procedure codes reimbursable by Medicaid.

DESCRIPTION: Procedure description truncated to the first forty letters.

FEE: Maximum reimbursable Medicaid fee. See Procedure Code section for further explanation by provider type.

FEE MOMS: Maximum reimbursable Medicaid fees for providers enrolled in the **"Medicaid Obstetrical and Maternal Services Program"**.

FEE OFFICE: Maximum reimbursable Medicaid fees for **"Office"** setting for Evaluation and Management codes.

FEE OUTPT: Maximum reimbursable Medicaid fees for **"Hospital Outpatient"** setting for Evaluation and Management codes.

FU DAYS: **Follow Up Days** - Listed fees for all procedures include the service and the follow-up care for the period indicated in days in the column headed **"FU DAYS"**. Necessary follow-up care beyond this listed period is to be added on a fee-for-service basis.

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MAX UNITS: For medical/surgical supplies, the maximum allowed per month. If the fiscal order exceeds this amount, the provider must obtain prior approval.

PA: When **PA** is indicated: Payment is dependent upon obtaining the approval of the Department of Health prior to provision of service. If such prior approval is not obtained, no reimbursement will be made. When no fee is listed, the service is priced in the PA process.

- **When a 1 is indicated:** Prior Approval utilizing eMedNY form 361501 is required.
- **When a 4 is indicated:** Automated voice interactive telephone prior authorization is required. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.
- **When a 6 is indicated:** Electronic prior authorization through the Medicaid Eligibility Verification System (MEVS) Dispensing Validation (**DVS**) is required.
- **When a 9 is indicated:** Prior authorization through the use of an automated telephone voice interactive phone system (VIPS) is required.

RENTAL FEE: Fee on file for DME items that can be rented without Prior Approval.

SITE: Certain dental procedure codes require specification of: surface (SURF), tooth (TOOTH), quadrant (QUAD) or arch (ARCH), when billing.