Online Fee Lookup Help Guide

Fee information for:

- Texas Medicaid
- Texas Health Steps
- The Department of State Health Services Family Planning Program
- The Children with Special Health Care Needs Services Program
## Contents

- **Overview** .......................................................... 1  
- **What’s New** ....................................................... 1  
- **Accessing the Fee Schedules Tool** ............................ 2  
  - Secure Login .................................................. 2  
  - Public Access ................................................. 6  
- **Searching for Fee Schedules** .................................. 8  
  - Static Fee Schedules .......................................... 8  
  - Online Fee Search ............................................ 8  
  - Contracted Rate Search ....................................... 8  
- **Static Fee Schedule Searches** .................................. 9  
  - Using public access: ........................................ 9  
  - Using a Secure Login: ....................................... 12  
  - Reading Static Fee Schedule Files ............................ 14  
    - Static Fee Schedules Prior to October 2012 .......... 14  
    - Static Fee Schedules beginning October 2012 ....... 16  
- **Archived Fee Schedules** ........................................ 18  
  - Accessing Archived Fee Schedules ............................ 18  
    - Archived Fee Schedules Prior to October 2008 .... 18  
    - Archived Fee Schedules beginning October 2008 .. 19  
  - Reading the Archived File .................................. 20  
    - Prior to January 2013 .................................. 20  
    - Starting in January 2013 .................................. 22  
- **Online Fee Lookup Search** .................................... 24  
  - Accessing the Online Fee Lookup Search .................. 24  
  - Single Procedure Code .................................... 25  
  - List of Procedure Codes ................................... 28  
  - Range of Procedure Codes .................................. 31  
  - All Applicable Procedure Codes ............................... 34  
- **Results of Online Fee Searches** ............................... 37  
  - Online Screen Results ...................................... 37  
    - General Tab .................................................. 37  
      - Column Sections .......................................... 38  
    - DME Tab ....................................................... 39  
      - Column Sections .......................................... 39  
    - Clinical Lab .................................................. 40  
      - Column Headings .......................................... 40  
    - Additional Functions ...................................... 41  
      - New Lookup ................................................ 41  
      - Return with Search Criteria ............................ 41  
      - Print ......................................................... 41  
- **Contracted Rates Search** ...................................... 43  
- **Batch Search** ................................................... 46  
  - Performing a Batch Search .................................. 46  
  - Batch Status Pending ........................................ 48  
- **Tool Tip Definitions** ........................................... 49  
- **Note Codes** ...................................................... 50
Overview

The Fee Schedules tool provides fee information for Texas Medicaid, including Texas Health Steps (THSteps). Fee schedules are also available for the Department of State Health Services (DSHS) Family Planning Program and the Children with Special Health Care Needs (CSHCN) Services Program.

The Fee Schedules tool provides:

• Fee information for a single procedure code or multiple procedure codes
• Fee information by provider type and specialty
• Fee information for a specific provider (requires a TMHP website account)
• Quarterly Medicaid fee schedules

What’s New

As of August 24, 2012, the Fee Schedules tool has been updated to provide a better user experience and additional information about each fee.

The following items are new enhancements:

• Fee information is divided into three categories:
  – General
  – Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
  – Laboratory
• General fee information now shows Facility and Non-Facility fees.
• DME fee information shows fees for both Rental and Purchase.
• Laboratory fee schedules are divided into the different types of laboratories.
• Client Age now denotes age limitations in years, months, or days.
• Only Note Codes included in the fee schedule will be defined.
• Additional tool tips have been added.
• Last pricing review date is now available.
• Quarterly Summary Report has been removed.
• Help link added – Opens the Fee Schedules Help file.
• Claim Type is no longer a required field in most instances.
Accessing the Fee Schedules Tool

There are two ways to access the Fee Schedules tool – Secure login and Public access. The steps below provide information about how to access the Fee Schedules tool using a secure login and public access.

Secure Login

When using the secure login, only fee schedules for the current provider are shown. This allows the provider to access fee schedules specifically for that provider. Secure logins require an existing TMHP website account.

How to access the Fee Schedules tool using a secure login:

1) Open an Internet Explorer window. Type www.tmhp.com in the address bar and press <Enter>.

3) The AMA/ADA End-User Agreement window pops up.

![AMA/ADA End-User Agreement](image)

4) Scroll to the bottom of the window and then click Accept.

![Accept Button](image)
5) Click **Log in to My Account** in the upper right corner of the page.

![Log in to My Account](image)

6) Enter your **User name** and **Password** and then click **OK**.

**Note:** Passwords are case sensitive. If a letter in the password is capitalized, it must be capitalized when entered in the password field. If a letter is lower case, it must be entered in lower case when typed into the password field.

![Connect to secure.tmhp.com](image)
7) The TMHP - My Account page opens. Click **Fee Schedule**.

![Image of TMHP - My Account page]

8) The Fee Schedules home page opens in secure mode. Your login name is displayed in the upper right corner of the screen.

![Image of Fee Schedules home page]
Public Access

Public access allows any user to access the Fee Schedules tool. A TMHP website account is not required. When using the public access, the user will need to select the provider type, specialty, and program information when searching for fee schedules.

How to access the Fee Schedules tool using public access:

1) Open an Internet Explorer window. Type www.tmhp.com in the address bar and press <Enter>.

3) On the left navigation menu, click **Fee Schedules**.

**Note:** Fee Schedules can also be accessed from the CSHCN Services Program Home Page.

4) The Online Fee Lookup home page opens.
Searching for Fee Schedules

There are three different ways to search for fee schedules – Static Fee Schedules, Online Fee Search, and Contracted Rates.

Static Fee Schedules

Static Fee Schedules include all applicable rates of reimbursement by provider type and specialty. Static Fee Schedules only provide fees for the Medicaid programs. You can use the Online Fee Search to obtain fee information for the DSHS Family Planning Services Program and the CSHCN Services Program. Static Fee Schedules are available as a Microsoft Excel file or an Adobe Portable Document Format (PDF) file. Each fee schedule has a modified date which is the date the fee schedule was produced.

**Note:** You must already have Microsoft Excel or Adobe Reader installed on your computer to view the files. Adobe Reader is available free from the Adobe website. Microsoft Excel is available from Microsoft and must be purchased.

Online Fee Search

The Fee Search allows you to search fee information by procedure code, provider type, provider specialty, program, and date of service. The fee search allows you to search a single procedure code, list of procedure codes, a range of procedure codes, or all applicable procedure codes. Up to 10 procedure codes can be returned immediately and displayed on the screen.

Fee searches for more than 10 procedure codes, a range of procedure codes, and all applicable procedure codes result in the creation of a Batch ID. You can then use the Batch ID to locate the results. Batch results are available within 36 hours of submitting a fee search.

**Note:** You must already have Microsoft Excel or Adobe Reader installed on your computer to view the files. Adobe Reader is available free from the Adobe website. Microsoft Excel is available from Microsoft and must be purchased.

Contracted Rate Search

Providers with contracted rates should use the Online Fee Lookup (OFL) Contracted Rate Search tool to view their provider-specific rates for procedure codes that have modifiers and age range criteria. Providers must use a secure login to access the Contracted Rate Search.
Static Fee Schedule Searches

Both the PDF and Microsoft versions contain the same information. You can search for Static Fee Schedules using either a secure login or public access.

When accessing fee schedules, it is important to look at fee schedules that match the date of service. The modified date column for the fee schedules is the date the Static Fee Schedule was produced. If the date of service is not in the current quarter, use the Archived Fee Schedules.

If you already know which fee schedule you need, you can scroll down the page until you locate them. If you are not sure which fee schedules apply to you, use the instructions below.

Using public access:

1) From the home page of the Fee Schedules tool, click **Static Fee Schedules**

2) The Static Fee Schedule search screen opens. All available Static Fee Schedules are shown on this page.
3) To narrow the search, choose a **Provider Type** from the drop-down box.

4) Once you choose a Provider Type, the **Provider Specialty** drop-down becomes available. Choose a **Provider Specialty** from the drop-down box.

5) Click **Search**.
6) A list of Static Fee Schedules that apply to the Provider Type and Specialty are displayed.

![Fee Schedules Table]

7) Determine which file type you want to open – Microsoft Excel or Adobe PDF. Then click the Excel or PDF icon.

![File Download Dialog]

**Note:** You must already have Microsoft Excel or Adobe Reader installed on your computer to view the files. Adobe Reader is available free from the [Adobe website](https://www.adobe.com). Microsoft Excel is available from [Microsoft](https://products.office.com) and must be purchased.

8) A file download box appears. Click **Open**.

9) The file is displayed on your screen.
Using a Secure Login:

1) From the home page of the Fee Schedules tool, click **Static Fee Schedules**

![Static Fee Schedules](image)

2) The Static Fee Schedule search screen opens. All available Static Fee Schedules are shown on this page.

![Static Fee Schedules](image)
3) Choose the appropriate **NPI/API Number** from the drop-down list.

4) Click **Search**.

5) A list of Static Fee Schedules is displayed for the chosen Provider NPI/API.

6) Determine which file type you want to open – Microsoft Excel or Adobe PDF. Click the icon for the file type.

**Note:** You must already have Microsoft Excel or Adobe Reader installed on your computer to view the files. Adobe Reader is available free from the Adobe website. Microsoft Excel is available from Microsoft and must be purchased.
7) A file download box appears. Click **Open**.

8) The file is displayed on your screen.

**Reading Static Fee Schedule Files**

Static Fee Schedule files are created as both Microsoft Excel files and Adobe Acrobat files. The information is the same but the files are formatted differently. In addition, Static fee schedules prior to October 2012 are formatted differently than static fee schedules after October 2012.

**Static Fee Schedules Prior to October 2012**

Static Fee Schedule files prior to October 2012 are available in both Microsoft Excel and Adobe PDF format. These fee schedules have only one tab in Microsoft Excel. The Adobe PDF format looks just like the Microsoft Excel version.

The first page of the file contains definitions for the different fields in the report.
The second page contains a list of all of the Note Codes.

Starting on the third page, the place of service note codes and the rates of reimbursement are shown for each of the procedure codes listed.
Static Fee Schedules beginning October 2012

The static fee schedules starting in October 2012 are formatted slightly different. Instead of just one tab, the Excel file has multiple tabs. The note code definitions are listed on a separate tab. The tabs are General, DME, Clinical Lab, and Note Codes. With the exception of the Notes Codes tab, the other tabs show only if there is information on them.

The PDF file shows all of the same information as the Excel file except there are no tabs. Instead, the tabs are shown on different pages in the following order: General, DME, Clinical Lab, and Note Codes. Only pages with information are shown. For example, if the static fee schedule does not contain information about DME, then the DME page will not be present.

Excel File Format

The first tab of the Excel file shows the definitions of each column and then the rates of reimbursement are shown for each procedure code. The first tab can be the General, DME, or Clinical Lab since only tabs that have information are shown.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Field Descriptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>TOS: One-character type-of-service (TOS) code assigned to each procedure code for system administration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>TOS Desc: Description of the TOS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Proc Code: The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System (HCPCS).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Mod 1: 1st Modifier, if required for pricing determination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Mod 2: 2nd Modifier, if required for pricing determination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Client Age: The “from age” is the beginning of an age range, if it is required for determining pricing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Excel File Format Example:

<table>
<thead>
<tr>
<th>TOS</th>
<th>TOS Desc</th>
<th>Proc Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Client Age</th>
<th>Total RVUs/Units</th>
<th>Conversion Factor</th>
<th>Medicaid Fee</th>
<th>Fee End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>SURGERY</td>
<td>50563</td>
<td>M1</td>
<td>M2</td>
<td>0</td>
<td>23</td>
<td>47.05</td>
<td>28.6400</td>
<td>$1,347.51</td>
</tr>
<tr>
<td>2</td>
<td>SURGERY</td>
<td>50563</td>
<td></td>
<td></td>
<td>0</td>
<td>23</td>
<td>47.05</td>
<td>28.6400</td>
<td>$1,347.51</td>
</tr>
</tbody>
</table>
PDF File Format

The PDF file format shows the Static Fee schedules as a flat file. The tabs are listed on different pages. The first page shows the definitions of each column and then the rates of reimbursement are shown for each procedure code. Any applicable note codes are defined on the last page.

<table>
<thead>
<tr>
<th>TOS</th>
<th>TOS Desc</th>
<th>Proc Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Frm</th>
<th>Thru</th>
<th>Units</th>
<th>Total RVUs/Base Units</th>
<th>Conversion Factor</th>
<th>Medicaid Fee</th>
<th>Fee Effect Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>SURGERY</td>
<td>58563</td>
<td>21</td>
<td>999</td>
<td>Years</td>
<td>47.05</td>
<td>27.2760</td>
<td>$1,283.34</td>
<td>04/01/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SURGERY</td>
<td>58563</td>
<td>M1</td>
<td>M2</td>
<td>0</td>
<td>20</td>
<td>Years</td>
<td>47.05</td>
<td>28.6400</td>
<td>$1,347.51</td>
<td>04/01/2010</td>
</tr>
</tbody>
</table>
Archived Fee Schedules

New fee schedules are available quarterly. The previous quarter’s fee schedules are archived when the new fee schedules are updated. The archived files are available as either a PDF or an Excel file. Unlike the current fee schedules display, archived fee schedule results cannot be searched or limited by provider type or specialty.

The quarterly delivery schedule is:

- January
- April
- July
- October

Archives can also be created if new fee schedules are produced within the quarter. This is usually the result of legislation.

Accessing Archived Fee Schedules

The Archived Fee Schedules are listed below the current static fee schedules. To access the Archived Fee Schedules, scroll down until you see Archives.

Archived Fee Schedules Prior to October 2008

Clicking Archives will take you to the area on the TMHP website where fee schedules prior to October 2008 are available.
Below is an image of the Archived Fee Schedules screen for archives created prior to October 2008.

**Archived Fee Schedules beginning October 2008**

The archives for October 2008 through the current year are available by clicking the archive file name. Archived fee schedules cannot be searched or limited by provider type and specialty. The date field in the archive name is the date the archive was created.

Click the archive name. A new window will open and display a list of the available static fee schedules for that period of time. The Modified Date is shown for each schedule. The modified date is the date the fee schedule was produced.
Reading the Archived File

The archived fee schedule files are available in both Microsoft Excel and Adobe PDF format. The format of the Microsoft Excel and Adobe PDF files are different based on the date of the Archive.

**Note:** You must already have Microsoft Excel or Adobe Reader installed on your computer to view the files. Adobe Reader is available free from the Adobe website. Microsoft Excel is available from Microsoft and must be purchased.

Prior to January 2013

Fee schedules archived prior to January 2013 have a different format than fee schedules archived after January 2013. This is due to an update to the Fee Schedules tool.

The Archived Fee Schedules are available in both PDF and Excel formats. These fee schedules have only one tab in Microsoft Excel. The Adobe PDF format looks just like the Microsoft Excel version.

The first page of the file contains definitions for the different fields in the report.

The second page contains a list of all of the Note Codes.
Starting on the third page, the place of service note codes and the rates of reimbursement are shown for each of the procedure codes listed.

<table>
<thead>
<tr>
<th>TOS</th>
<th>TOS Desc</th>
<th>Proc Code</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Client Age From</th>
<th>Client Age Through</th>
<th>Resource-Based Fee</th>
<th>Total RVUs/Base Units</th>
<th>Conv Factor</th>
<th>PPS Fee</th>
<th>Access-Based or Max Fee</th>
<th>Effective Date</th>
<th>Adjusted Fee for Report Date</th>
<th>Note Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>OTHERS</td>
<td>0922-2</td>
<td>0</td>
<td>999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$5.05</td>
<td>$1/1/2007</td>
<td>$5.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>PURCHASE - USED</td>
<td>0936-2</td>
<td>0</td>
<td>999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$20.39</td>
<td>$1/1/1999</td>
<td>$19.61</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>PURCHASE - USED</td>
<td>0936-2</td>
<td>0</td>
<td>999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$20.39</td>
<td>$1/1/2009</td>
<td>$19.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Starting in January 2013

The archived fee schedules available starting in January 2013 are formatted slightly different. Instead of just one tab, the Excel file has multiple tabs. All applicable note code definitions are listed on a separate tab. The tabs are General, DME, Clinical Lab, and Note Codes. With the exception of the Notes Codes tab, the other tabs are only shown if applicable.

The PDF file shows all of the same information as the Excel file except there are no tabs. Instead, the tabs are shown on different pages in the following order: General, DME, Clinical Lab, and Note Codes. Only pages with information are shown. For example if the archived fee schedule does not contain information about DME, then the DME page will not be present.

Excel File Format

The first tab of the Excel file shows the definitions of each column and then the rates of reimbursement for each of the procedure codes listed. The first tab can be General, DME or Clinical Lab since only tabs that have information are shown.
PDF File Format

The PDF file format shows the Archived Fee Schedules as a flat file. The tabs are listed on different pages. The first page shows the definitions of each column and then the rates of reimbursement are shown for each of the procedure codes listed. Any applicable note code definitions are shown on the last page.
Online Fee Lookup Search

The Online Fee Lookup search allows you to lookup fees based on a procedure code or codes, the provider type, provider specialty, and program type. If you are using a secure login you can select the applicable NPI/API, which eliminates the need to enter the provider type and specialty.

There are four different types of Online Fee Lookup searches:

- Single Procedure Code
- List of Procedure Codes
- Range of Procedure Codes
- All Applicable Procedure Codes

The results for up to 10 procedure codes can be displayed on the screen. Results for more than 10 procedure codes are created as a batch submission. The batch results are available within 36 hours of the request.

Accessing the Online Fee Lookup Search

Use the login procedures for accessing the Fee Schedules tool using either a Secure login or Public access. Once the home page appears, click Fee Search.
Single Procedure Code

You can search for fees for a particular procedure code. The results are returned immediately and displayed on the screen. If the procedure code is not a benefit for the provider type, specialty, and program, a message is displayed providing this information.

**Note:** Fields with a red dot are required fields.

**How to Search for a Single Procedure Code:**

1) Follow the instructions for accessing the Fee Schedules tool using either a [secure login](#) or [public access](#).

2) Click **Fee Search** on the Fee Schedules tool home page.

3) Select **Single Procedure Code** for the type of search.

4) Enter a **Procedure Code**. This is a required field.
5) If you are using public access, follow the instructions in 5a. If you are using a secure login, follow the instructions in 5b.

   a) If you are using public access, select the Provider Type from the drop-down box. This is a required field.

   b) If you are using a secure login, select the correct Provider NPI/API from the drop-down box. This is a required field.

6) If you are using a secure login, skip to step 7. Select the Provider Specialty from the drop-down box. This is a required field.

7) Select the Program from the drop-down box. This is a required field for both secure login or public access.
8) Select the **Date of Service**. You can type the date of service or you can click the calendar icon and select the date. The default date is today’s date. This is a required field. The fee schedule returned will be for the date of service only.

![Calendar Icon]

9) The Claim Type is no longer a required field in most instances.

![Select a Claim Type]

**Note:** There are instances where the Claim Type is required. This occurs when more than one claim type exists for the selected Provider Type, Provider Specialty, and Program. An error message is displayed to alert the user.

![Error Message]

10) Click **Submit**.

![Submit Clear Form]

For information about the results of the search, see the **Results of Online Fee Searches** section in this document.
List of Procedure Codes

You can search for more than one procedure code by using the List of Procedure Codes search. Searches for up to 10 procedure codes are returned immediately and displayed on the screen. However, if you search for more than 10 procedure codes at a time, a batch file will be created. Batch results are available within 36 hours of submitting a fee search. The List of Procedure Codes search is limited to 50 procedure codes at one time.

How to Search for a List of Procedure Codes:

1) Follow the instructions for accessing the Fee Schedules tool using either a secure login or public access.

2) Click Fee Search on the Fee Schedules tool home page.

3) Select List of Procedure Codes for the type of search.

4) The Procedure Code section of the screen changes showing blocks for 10 procedure codes. Enter the procedure codes you want to search in the individual blocks. If you have more than 10, click the Add button to enter additional procedure codes. This search is limited to 50 procedure codes. You must enter at least one procedure code. This is a required field.

Note: Searches for up to 10 procedure codes will be returned immediately and displayed on the screen. However, if you search for more than 10 procedure codes at a time, a batch file will be created. Batch results are available within 36 hours of submitting a fee search. See the Batch Search section of this document.
5) If you are using a **public access** follow the instructions in 5a. If you are using a **secure login**, follow the instructions in 5b.

   a) If you are using a **public access**, select the **Provider Type** from the drop-down box. This is a required field.

   ![Provider Type dropdown](image)

   b) If you are using a **secure login**, select the correct **Provider NPI/API** from the drop-down box. This is a required field.

   ![Provider NPI/API dropdown](image)

6) If you are using a **secure login**, skip to step 7. Select the **Provider Specialty** from the drop-down box. This is a required field.

   ![Provider Specialty dropdown](image)

7) Select the **Program** from the drop-down box. This is a required field.

   ![Select a Program](image)
8) Select the **Date of Service**. You can type the date of service or you can click the calendar icon and select the date. The default date is today's date. This is a required field. The fee schedule returned will be for the date of service only.

9) The **Claim Type** is no longer a required field in most instances.

**Note:** There are instances where the **Claim Type** is required. This occurs when more than one claim type exists for the selected Provider Type, Provider Specialty, and Program. An error message is displayed to alert the user.

10) Click **Submit**.

For information about the results of the search, see the **Results of Online Fee Searches** section in this document.

If you entered more than 10 procedure codes, a Batch ID number will be returned. Be sure to write the **Batch Request ID** down. You will need it to locate the results. Refer to the **Batch Search** section of this document for more information.
Range of Procedure Codes

If you are searching for several procedure codes and they are in consecutive order, you can use the **Range of Procedure Codes** search. This eliminates the need to type in each procedure code. The range of procedure codes can be as large as necessary.

The **Range of Procedure Codes** search creates a batch file. Batch results are available within 36 hours of submitting a fee search. For information on locating and reading batch files, see the Batch Search section of this document.

**How to Search for a Range of Procedure Codes:**

1) Follow the instructions for accessing the Fee Schedules tool using either a secure login or public access.

2) Click **Fee Search** on the Fee Schedules home page.

3) Select **Range of Procedure Codes** for the type of search.

4) The **Procedure Code** section of the screen changes, providing blocks for the beginning and ending procedure code range.

   Enter the **Procedure Code From** and the **Procedure Code To**. Both of these fields are required.
5) If you are using **public access**, follow the instructions in 5a. If you are using a **secure login**, follow the instructions in 5b.

a) If you are using a **public access**, select the **Provider Type** from the drop-down box. This is a required field.

![Public Access Provider Type Selection](image)

b) If you are using a **secure login**, select the correct **Provider NPI/API** from the drop-down box. This is a required field.

![Secure Login Provider NPI/API Selection](image)

6) If you are using a secure login, skip to step 7. Select the **Provider Specialty** from the drop-down box. This is a required field.

![Provider Specialty Selection](image)

7) Select the **Program** from the drop-down box. This is a required field.

![Program Selection](image)

8) Select the **Date of Service**. You can type the date of service or you can click the calendar icon and select the date. The default date is today's date. The fee schedule returned will be for the date of service. This is a required field.

![Date of Service Selection](image)
9) **Claim Type** is no longer a required field in most instances.

![Select Claim Type](image)

**Note:** There are instances where the Claim Type is required. This occurs when more than one claim type exists for the selected Provider Type, Provider Specialty, and Program. An error message is displayed to alert the user.

![Error Message](image)

10) Click **Submit to Batch**.

![Submit to Batch](image)

11) A **Batch Request ID** is returned. Be sure to write the **Batch Request ID** down. You will need it to locate the results. Batch results are available within 36 hours of submission.

![Batch Results](image)

For information about locating and reading the batch results of a search, see the [Batch Search](#) section in this document.
All Applicable Procedure Codes

There are times when you may want to find all applicable procedure codes for a particular provider type and specialty. The All Applicable Procedure Codes search can provide this information.

The All Applicable Procedure Codes search creates a batch file. Batch results are available within 36 hours of submitting a fee search. For information on locating and reading batch files, see the Batch Search section of this document.

How to Search for All Applicable Procedure Codes:

1) Follow the instructions for accessing the Fee Schedules tool using either a secure login or public access.

2) Click Fee Search on the Fee Schedules tool home page.

3) Select All Applicable Procedure Codes for the type of search.

4) If you are using public access, follow the instructions in 4a. If you are using a secure login, follow the instructions in 4b.
   a) If you are using public access, select the Provider Type from the drop-down box. This is a required field.
b) If you are using a secure login, select the correct Provider NPI/API from the drop-down box. This is a required field.

5) If you are using a secure login, skip to step 6. Select the Provider Specialty from the drop-down box. This is a required field.

6) Select the Program from the drop-down box. This is a required field.

7) Select the Date of Service. You can type the date of service or you can click the calendar icon and select the date. The default date is today's date. The fee schedule returned will be for the date of service. This is a required field.

**Note:** The earliest date of service you can search is March 27, 2009. If you need a date of service earlier than this, search the Archived Fee Schedules.
8) The Claim Type is an optional field. You can select it if you would like.

![Image of Claim Type selection]

**Note:** There are instances where the Claim Type is required. This occurs when more than one claim type exists for the selected Provider Type, Provider Specialty, and Program. An error message is displayed to alert the user.

![Image of error message]

9) Click **Submit to Batch**.

![Image of batch request form]

10) A Batch Request ID is returned. Be sure to write the Batch Request ID down. You will need the Batch Request ID to locate the results. Batch results are available within 36 hours of submission.

![Image of OFL search results]

For information about locating and reading the batch results of a search, see the **Batch Search** section in this document.
Results of Online Fee Searches

The Online Fee Search results displays the fees for any procedure codes searched using the Online Fee Lookup tool. There are some restrictions which determine whether a fee schedule is displayed on the screen or whether a batch file is created.

Fee Searches for a Single Procedure Code are always returned immediately and displayed on the screen. Fee searches for a List of Procedure Codes are displayed on the screen as long as there are 10 procedure codes or less in the list. A List of Procedure Codes search with 11 or more procedure codes will create a batch file. Fee searches for a Range of Procedure Codes or All Applicable Procedure Codes always produce a batch file.

For information on finding batch files and viewing them, refer to the Batch Search section of this document.

Online Screen Results

Online screen results are shown on separate tabs. The three possible tabs are General, DME, and Clinical Lab. The number of tabs visible varies depending on the procedure codes submitted, the Provider Type and the Provider Specialty. If the provider type or specialty cannot bill for a particular procedure code, the on-screen result will be Not Payable and all columns will be blank.

Each tab is formatted differently. For instance, the DME tab has pricing for purchase and a rental while the General tab has pricing for Facility and Non-Facility. The following sections detail the specifics of each tab.

General Tab

The General tab displays fee schedule information for services provided in either a facility or non-facility. Each section displays the fee schedule information for the procedure code, Provider Type, Provider Specialty, and Program Type for the Date of Service.

In order to determine the correct fee schedule, you must determine if the procedure was performed in a facility or non-facility Place of Service (POS).
Column Sections

The General Tab is divided into several sections and columns. Each of the sections provides information related to the fee results. The following sections are listed on the General Tab:

- **Modifiers** - shows up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the DSHS Family Planning Program, or CSHCN Services Program. Additional information about modifiers can be found in the TMPPM or the CSHCN Services Program Provider Manual.

- **Client Age** - describes the client age range for each fee schedule line. The From column is the beginning of the age range and the Through column is the end of the age range. The Unit column describes the unit of measurement used for the age range. The Unit can be days, months, or years.

- **Non-Facility** - provides fee schedule information for procedures or services performed in a non-facility setting. Some procedures and services cannot be reimbursed if performed in a non-facility setting. In this case, the fee information in the Facility section will be blank.

The following list shows the types of Non-Facility settings. Refer to the TMPPM or the CSHCN Services Program Provider Manual for the numeric code used for each Place of Service (POS).

- Office
- Home
- Nursing Home
  - Skilled Nursing Facility
  - Intermediate Care Facility
  - Extended Care Facility
- Independent Laboratory
- Birthing Center
- Other Locations

- **Facility** - provides fee schedule information for procedures or services performed in a hospital setting. This can be either an inpatient or outpatient hospital or an ambulatory surgical center. Some procedures and services cannot be reimbursed if performed in a facility setting. In this case, the fee information in the Facility section will be blank.

Refer to the TMPPM or the CSHCN Services Program Provider Manual for the numeric code used for each POS.

There are multiple column headings that apply to the fee schedule. To see the column heading descriptions, move your mouse over the column heading. After a few seconds a Tool Tip pops up explaining the heading.

<table>
<thead>
<tr>
<th>Program</th>
<th>Date of Service</th>
<th>Claim Type</th>
<th>Procedure Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>78453</td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOS</th>
<th>TOS Description</th>
<th>Procedure Code(s)</th>
<th>Modifiers</th>
<th>Client Age</th>
<th>Total</th>
<th>Conversion Factor</th>
<th>Medicaid Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Radiology</td>
<td>78453</td>
<td>1234</td>
<td>999</td>
<td>Years</td>
<td>8.63</td>
<td>$295.39</td>
</tr>
<tr>
<td>4</td>
<td>Radiology</td>
<td>78453</td>
<td>1234</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>$247.16</td>
</tr>
<tr>
<td>1</td>
<td>Professional</td>
<td>78453</td>
<td>0</td>
<td>20</td>
<td>Years</td>
<td>1.42</td>
<td>$40.66</td>
</tr>
</tbody>
</table>

The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.

For a list of all column headings and meanings, refer to the Tool Tips section of this document.
DME Tab

The DME tab provides fee information for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. The tab shows fee schedule information for both Rental and Purchased equipment. Each section displays the rates of reimbursement information for the procedure code, Provider Type, Provider Specialty, and Program Type for the Date of Service.

To determine the correct fee schedule, you must determine if the procedure was for purchased or rented equipment.

<table>
<thead>
<tr>
<th>Search Results - DME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase</td>
</tr>
<tr>
<td>Fee</td>
</tr>
</tbody>
</table>

Column Sections

The DME Tab is divided into several sections and columns. Each of the sections provides information related to the fee results. For additional information on guidelines for Purchased equipment and Rental equipment, refer to the TMPPM or the CSHCN Services Program Provider Manual.

The following sections are listed on the DME Tab:

- **Modifiers** - list up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the DSHS Family Planning Program, or CSHCN Services Program. Additional information about modifiers can be found in the TMPPM or the CSHCN Services Program Provider Manual.

- **Client Age** - describes the client age range for each fee schedule line. The **From** column is the beginning of the age range and the **Through** column is the end of the age range. The **Unit** column describes the unit of measurement used for the age range. The Unit can be days, months, or years.

- **Purchase** - provides fee schedule information for equipment that is purchased by Medicaid. For additional information about what DME can be purchased or rented, refer to the TMPPM or the CSHCN Services Program Provider Manual.

- **Rental** - provides fee schedule information for equipment that is rented by Medicaid. For additional information about what DME can be purchased or rented, refer to the TMPPM or the CSHCN Services Program Provider Manual.

There are multiple column headings that apply to the fee schedule. To see the column heading descriptions, move your mouse over the column heading. After a few seconds a Tool Tip pops up explaining the heading.

For a list of all column headings and meanings, refer to the Tool Tips section of this document.
Clinical Lab

The Clinical Lab tab provides fee information for laboratory services. The tab shows fee schedule information for Clinical, Sole Community Hospital, and Department of State Health Services (DSHS) labs. Each section displays the rates of reimbursement information for the procedure code, Provider Type, Provider Specialty, and Program Type for the Date of Service.

To determine the correct fee schedule, you must determine the type of lab that performed the test.

<table>
<thead>
<tr>
<th>Modifiers</th>
<th>Client Age</th>
<th>Clinical Lab</th>
<th>Sole Community Hospital (SCH)</th>
<th>Clin. Lab &amp; SCH</th>
<th>DSHS Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4</td>
<td>From</td>
<td>Through</td>
<td>Units</td>
<td>Fee</td>
<td>Adjusted Fee for Date of Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjusted Fee for Date of Service</td>
</tr>
<tr>
<td></td>
<td>From</td>
<td>Through</td>
<td>Units</td>
<td>Fee</td>
<td>Adjusted Fee for Date of Service</td>
</tr>
<tr>
<td></td>
<td>From</td>
<td>Through</td>
<td>Units</td>
<td>Fee</td>
<td>Adjusted Fee for Date of Service</td>
</tr>
</tbody>
</table>

Column Headings

The Clinical Lab tab is divided into several sections and columns. Each of the sections provides information related to the fee results. For additional information about guidelines for laboratories and testing, refer to the TMPPM or the CSHCN Services Program Provider Manual.

The following sections are listed on the Clinical Lab tab:
- **Modifiers** - list up to four modifiers that apply to the fee schedule. Modifiers describe and qualify the services provided by Texas Medicaid, the DSHS Family Planning Program, or CSHCN Services Program. Additional information about modifiers can be found in the TMPPM or the CSHCN Services Program Provider Manual.
- **Client Age** - describes the client age range for each fee schedule line. The From column is the beginning of the age range and the Through column is the end of the age range. The Unit column describes the unit of measurement used for the age range. The Unit can be days, months, or years.
- **Clinical Lab** - provides fee schedule information for lab tests performed in a Clinical Lab. For additional information about what laboratory test can be performed in a Clinical Lab and the requirements for a Clinical Lab, refer to the TMPPM or the CSHCN Services Program Provider Manual.
- **Sole Community Hospital (SCH)** - provides fee schedule information for lab tests performed in a Sole Community Hospital (SCH). For additional information about what lab tests can be performed in a SCH and the requirements for a SCH lab, refer to the TMPPM or the CSHCN Services Program Provider Manual.
- **DSHS Lab** - Department of State Health Services (DSHS) Lab provides fee schedule information for lab tests performed in a DSHS Lab. Some lab tests must be performed by the DSHS Lab. For additional information about what lab test can be performed in DSHS Lab and when a DSHS Lab must be used, refer to the TMPPM or the CSHCN Services Program Provider Manual.

There are multiple column headings that apply to the fee schedule. To see the column heading descriptions, move your mouse over the column heading. After a few seconds a Tool Tip pops up explaining the heading. For a list of all column headings and definitions, refer to the Tool Tips section of this document.
Additional Functions

There are three buttons at the top, right corner of the results screen – Print, Return to Search Criteria, and New Search. Below is a description of each of the buttons and how to use them.

New Lookup

The New Lookup button is used to return to the Online Fee Lookup Search screen. All previous search criteria are cleared.

Return with Search Criteria

The Return with Search Criteria button returns to the Online Fee Lookup Search screen. All previous search criteria are retained. This prevents you from having to re-enter the Provider Type, Provider Specialty, Program Type, Date of Service, and Claim Type. Any of the search criteria can be changed if desired.

Print

You can print a fee schedule that is displayed on the screen. Once you click the print button a print preview window is displayed showing what will be printed.

How to Print a Fee Schedule Displayed on the Screen:

1) Click Print in the upper right corner of the screen.

2) A dialog box pops up notifying you to select the paper size as legal and the orientation as landscape. You must do this manually, it cannot be done automatically. Click OK.
3) A print preview window opens displaying what will be printed. Click **Print**.

![Print Preview Window](image.png)

4) The printer selection window opens. Select the printer you would like to use.

5) Open the printer preferences. Select **Legal** as the paper size and **Landscape** as the page orientation. Click **OK** to save your changes. Ensure you have legal size paper loaded in the printer.

6) Click **Print** in the Printer Selection window.

**Note:** The printer selection window varies from computer to computer. Steps 4 through 6 are general instructions for printing a fee schedule. Please refer to your printer's documentation for specific instructions.
Contracted Rates Search

Providers with contracted rates should use the Online Fee Lookup area to obtain the reimbursements rates that apply to them. Below are the steps to access the Contracted Rates Search.

How to Search for Contracted Rates:

1) Follow the instructions for accessing the Fee Schedules tool using a secure login. Contracted Rates are only available if you use a secure login. You will not see the option for Contracted Rates search if you are using public access.

2) Click Fee Search on the Fee Schedules tool home page.

3) The Online Fee Lookup Search screen appears. Click Contracted Rate Search located near bottom of the screen.
4) Select the Provider NPI/API from the drop-down box. This is a required field.

5) The Program selection box becomes available. Select the Program. Contracted rates are only available for Medicaid. This is a required field.

6) Enter the Procedure code if applicable. A procedure code is not required to view encounter rates, standard dollar amounts, inpatient or outpatient reimbursement rates, and per diem rates.

7) Select the Date of Service. You can type the date in or use the calendar icon to select a date. The default date is today’s date. This is a required field.
8) The **Modifier** fields can be selected to narrow the results. These are optional fields for some provider types and required for others. If the Modifier fields are required, there will be a red dot • next to the field.

![Modifier fields example]

9) The **From Age** and **To Age** can be entered to narrow the results. These are optional fields for some provider types and required for other. If the Modifier fields are required, there will be a red dot • next to the field.

![From Age and To Age fields example]

10) Click **Submit**.

![Submit button]

11) The search results are displayed.

![Contracted Rate Search Results]

**Search Results**

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Start Date</th>
<th>End Date</th>
<th>Mod1</th>
<th>Mod2</th>
<th>Mod3</th>
<th>Mod4</th>
<th>Client Age From</th>
<th>Client Age To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Dollar Amount (SDA)</td>
<td>3276.52</td>
<td>06/01/2011</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inpatient</td>
<td>47.00</td>
<td>02/01/2012</td>
<td>02/01/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient</td>
<td>32.00</td>
<td>02/01/2012</td>
<td>02/01/2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Batch Search

When you use the Online Fee Lookup to search for more than 10 procedure codes using the List of Procedure Codes search, or you search for a Range of Procedure Codes, or All Applicable Procedure Codes, you will receive a Batch Request ID. The Batch Request ID is used to retrieve the results of the search. Batch results are available within 36 hours of submitting the search.

Performing a Batch Search

Once you receive a Batch Request ID, you will use the Batch ID to search for the results. A batch file is only available as a Microsoft Excel file.

How to Search for a Batch File:

1) Follow the instructions for accessing the Fee Schedules using either a secure or public login.

2) Click Batch Search on the Fee Schedules home page.

3) The Batch Search screen opens. Scroll to the bottom of the page. Enter the Batch ID from a previous search.

4) Click Search.
5) The Batch Search results are returned. Click the Microsoft Excel icon to open the file.

**Note:** Batch files are only available in Microsoft Excel format. There is no Adobe PDF version.

6) The Microsoft Excel file opens. The top of the report shows the search criteria used for the batch search. Depending on the search results there can be as many as four different tabs in the spreadsheet.

Each tab contains the same information that is displayed on the Online Screen Results except for the Benefits Limitations link. **Note codes** are displayed for each line item when applicable. The Note Codes tab contains an explanation of each of the note code listed on any tabs of the report.

Below is an image of the Microsoft Excel file showing all possible tabs.
Batch Status Pending

If the batch file has not been completed, you will see the following screen once you enter the Batch ID. The Status column indicates the batch is in **Pending** status. It takes up to 36 hours for a batch file to be processed. Once the batch file is processed and available, the batch status changes to **Processed**.

![Batch Search](image-url)

**Batch Search**

Click the icon for the requested Batch ID to download the results.

Note: Batch results are available within 36 hours of submitting a fee search. Batch results will be available for 120 days from the Submit Date.
Tool Tip Definitions

Anytime you hold your mouse over a column heading a Tool Tip pops up explaining what the column heading means. Below is an alphabetical list of the Column Headings and available Tool Tips explanations.

<table>
<thead>
<tr>
<th>Column Heading</th>
<th>Tool Tip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted %</td>
<td>A percentage adjustment has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on the TMHP website at <a href="http://www.tmhp.com/pages/topics/rates.aspx">www.tmhp.com/pages/topics/rates.aspx</a>.</td>
</tr>
<tr>
<td>Adjusted Fee for Report Date</td>
<td>A percentage adjustment has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include, but are not limited to, place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at <a href="http://www.tmhp.com">www.tmhp.com</a>.</td>
</tr>
<tr>
<td>Automated Test Panel</td>
<td>A “Y” in this column indicates that the procedure code is part of an automated test panel. Refer to the Clinical Laboratory, Automated Test Panel—Insert static fee schedule for panel pricing.</td>
</tr>
<tr>
<td>Client Age From</td>
<td>The “from age” is the beginning of an age range, if it is required for determining pricing. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for the exact age limitations.</td>
</tr>
<tr>
<td>Client Age Through</td>
<td>The “through age” is the end of an age range, if it is required for determining pricing. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.</td>
</tr>
<tr>
<td>Client Age Units</td>
<td>Medicaid rates are based on the client’s age in days, months, or years.</td>
</tr>
<tr>
<td>Clinical Lab Fee</td>
<td>The rate for diagnostic tests that are performed in a clinical laboratory.</td>
</tr>
<tr>
<td>Conversion Factor</td>
<td>The Texas Medicaid conversion factor that is applicable for determining the amount payable when the rate is based on base units for anesthesia services or RVUs for other services.</td>
</tr>
<tr>
<td>DSHS Lab Fee</td>
<td>The rate for services performed by a Department of State Health Services-designated laboratory.</td>
</tr>
<tr>
<td>Facility</td>
<td>Facility pricing is for services that are rendered in an inpatient hospital (POS 3), an outpatient hospital (POS 3), or ambulatory surgical center (POS 5).</td>
</tr>
<tr>
<td>Fee Effective Date</td>
<td>The effective date of service for which the fee is payable.</td>
</tr>
<tr>
<td>Last Pricing Review Date (Clinical Lab Tab)</td>
<td>Medicaid rates are reviewed annually. This column shows the date on which the most recent review was conducted.</td>
</tr>
<tr>
<td>Last Pricing Review Date (General and DME Tab)</td>
<td>Medicaid rates are reviewed every two years or as necessary. This column shows the date on which the most recent review was conducted.</td>
</tr>
<tr>
<td>Medicaid Fee</td>
<td>The Medicaid allowed amount.</td>
</tr>
<tr>
<td>Mod 1</td>
<td>1st Modifier, if required for pricing determination.</td>
</tr>
<tr>
<td>Mod 2</td>
<td>2nd Modifier, if required for pricing determination.</td>
</tr>
<tr>
<td>Mod 3</td>
<td>3rd Modifier, if required for pricing determination.</td>
</tr>
<tr>
<td>Mod 4</td>
<td>4th Modifier, if required for pricing determination.</td>
</tr>
<tr>
<td>Non-Facility</td>
<td>Non-Facility pricing is for services that are rendered in places of service other than an inpatient hospital or an outpatient hospital.</td>
</tr>
<tr>
<td>Note Codes</td>
<td>Note code indicator. Providers should review each note code to identify specific payment explanation or limitation. See Note Codes worksheet for applicable payment explanation or limitation.</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.</td>
</tr>
<tr>
<td>Provider Type</td>
<td>Classification assigned during provider enrollment and used to determine payable services.</td>
</tr>
</tbody>
</table>
### Note Codes

Note Codes provide additional information about a procedure code and the rate of reimbursement. Active note codes will display in static fee schedules and OFL search results.

The note codes are defined within the static report or by clicking the note code displayed on the screen.