

HAAD Mandatory Tariff List

Features , Rate Setting Methodology, and Impact

Version: V2012 -Q2.



هيئة الصحة
HEALTH AUTHORITY

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1 Overview

- In delivering against our vision “To Ensure Reliable excellence in Healthcare to the Community” a series of initiatives has been taken to sustain the market. The Mandatory Tariff and associated Claims and Adjudication Rules, as well as internationally refined Diagnosis Related Groups (DRG) Prospective Payment System, are key initiatives that have produced a positive impact on the healthcare system.
- The Mandatory Tariff rate is the Gross Amount due to the healthcare providers for services performed for insured patients and acts as the minimum insurance reimbursement rate¹. The Mandatory Tariff List objective is to set the right rate for the right care, and act as a shield for sudden inflation or deflation of healthcare cost. By including a rate for almost all the healthcare services the Mandatory Tariff as well has act as a market enabler by driving the interest of the private sector to invest in new and innovative services that haven’t traditionally been offered, or underserved, in Emirates of Abu Dhabi
- The Mandatory Tariff V2010-Aug (formerly known as Basic Product List, publication in August of 2010) was the first published rates list that is solely based on the “Relative Value Unit” (RVU); in the absence of cost data, RVUs are considered to be the most scientific and fair reimbursement scale to use. Along with the use of RVUs, the historical market rates, and market overall healthcare cost were used to establish the Mandatory Tariff V2010-Aug, notwithstanding has allowed for significant increase over the previous rates to enhance the insurance payment and further encourage investment in the healthcare market.
- Through the natural evolution, V2011-Q2 has started to suffer from increasing issues, as outlined in section 2, which necessitated the publication of new Mandatory Tariff (V2012-Q2) and revised Claims and Adjudication rules. The new rates list (V2012-Q2) has been established using the 2011 codes sets (CPT, HCPCS, CDA and ICD9-CM), and RVUs. Due to the significant rates increase in the Mandatory Tariff V2010-Aug, and the low visibility to the cost of healthcare services in the Emirate, the Health Authority-Abu Dhabi is issuing a V2012-Q2 rate list that is to be price-inflation free. To verify the final calculations and methodology of the new rate list and future rate lists, the Health Authority-Abu Dhabi will be conducting cost analysis, using experienced and qualified consultant, for the purpose of using the collected data as the basis of the future rates.
- The new Mandatory Tariff (V2012-Q2), rate setting methodology as well as the update frequency, schedule and implementation process (including market consultation) of the Mandatory Tariff has been made available to the market in Claims and Adjudication Rules Updates and Revisions section, which is published on HAAD website²

1 Subject to member liability: Deductible, copay, coverage inclusion and exclusions ...etc.

2 <https://www.shafafiya.org/> / Prices / Mandatory Tariff & Adjudication Rules.

2 V2012-Q2 Mandatory Tariff List Features:

- In its internal review and through the market feedback received, HAAD has identified several areas in need of enhancement as well as recommended changes in the rate setting methodology used to establish the current Mandatory Tariff (V2011-Q2):.

2.1 Upgrade the coding system from 2008 to 2011 code sets.

- V2012-Q2 Mandatory Tariff List is based on 2011 CPT, HCPCS, CDA code sets. This is a required maintenance to the system to accommodate the billing and payment for expanded clinical care offered and introduction of new technology in Emirate of Abu Dhabi.
- The new version (V2012-Q2) is now acting as the singular and comprehensive reference of all codes available for billing / reporting of healthcare activities in Emirate of Abu Dhabi.

2.2 Overall Improvement of rates structure.

- The Mandatory Tariff V2010-Aug (formerly known as Basic Product Pricelist), was published in August of 2010. The current rate list is created on the basis of maintaining constant (+/- 1%) overall healthcare spend for the Basic Product. while establishing a more enhanced distribution of rates:
 - Setting the reimbursement rates using 2011 Relative Value Units (RVUs); in the absence of cost data, Relative Value Units (RVUs) are considered the best available proxy for establishing rate differential.
 - Establishing higher monotonicity rate level between reimbursement rates over the former List, to ensure no services with lower complexity is paid at higher rate than the same service with higher complexity.
 - Establishing a narrower and more localization factor per service category. (Surgeries, Laboratory, Radiology, Medicine (medical Services) and Evaluation and Management)
 - Bringing the rate of excessively overpaid and excessively underpaid services to more reasonable rates relative to its category. 280 services were identified as excessively overpriced and 146 were identified as excessively underpriced in the current List³..
 - Accounted for the major market constrains, demand and supply, and underserved sectors. V2012-Q2 has a higher reimbursement rates for:
 - Outpatient Evaluation and Management reimbursement rates, to offset the impact of the increase in the pay-scale of clinician and physicians.
 - Enhanced localization factor for psychiatric and Homecare services to enhance the investment in under underserved sectors.
 - Medical and Surgical Day Stay per-diem enhanced and differentiated rates to improve the utilization of outpatient services.

• ³ Services considered excessively overpriced if 2011-Q2 price was > 130% Medicare 2011, and excessively underpriced if 2011-Q2 price was < 70% of Medicare 2011* final localization rate (Medicare USD per RVU 2011 = 33.9764, USD per AED = 3.672).

2.3 IR-DRG reimbursement for the inpatient admissions with high cost implants and supplies,

- Short-term as well as long-term fixes have been established in the Mandatory Tariff V2012-Q2 as the associated Claims and Adjudication rules to enhance the reimbursement for the inpatient admissions with high cost implants and supplies:
 - **Short-term fix:** V2012-Q2 Mandatory Tariff IR-DRG weights have been established using available supply/implant collected directly from Abu Dhabi market.
 - **Long-term fix:** the Health Authority has amended the Claims and Adjudication rules, as well as the e-claim business rules to mandate the reporting of the cost⁴ (as defined in the DRG standard) of the implant or supply in the transmitted claim. The future IR-DRG weigh update methodology will be utilizing the reported cost in calculating the new DRG weights.

2.4 Revised Claims and Adjudication rules and the inclusion of Medically Unlikely Edits

- Claims and adjudication rules document has maintain several of the rules included in the former version however several sections have been added to provide the much required clarity on the acceptable billing and adjudication rules in Emirate of Abu Dhabi such as: section 4.2.1.7 “Venipuncture and Injection Procedures” and 4.2.1.7 Blood and blood products. Refer to the Claims and Adjudication Rules V2012-Q2 for details.
- In new version of the Claims and Adjudication rules (V2012-Q2), and in its effort to minimize improper coding of healthcare services rendered, the Health Authority - Abu Dhabi has introduced the Medically Unlikely Edits (MUE); which represents frequencies in which a service is rendered typically based on clinical rationale. These edits define the maximum units of service provided to a single beneficiary on a single date of service, many of which are based on medical and anatomical limitations.

⁴ Refer to section 4.4.1 in the Claims and Adjudication Rules V2012-Q2 for details.

3 Rate Setting Methodology

3.1 Fee for Service and Per-diem Codes.

3.1.1 Input files:

3.1.1.1 2011 CDA, HCPCS, and CPTS Code Sets

- 2011 Code sets approved by Clinical Coding Steering Committee. Review CCSC MoM⁵ for details.

3.1.1.2 Medicare Relative Value Unit (RVU) 2011⁶.

- Relative value units are based entirely on the resource-based system. Under the resource-based system, the provider's practice expense relative value units are segregated into facility and non-facility settings. HAAD used:
 - **Total Fully Implemented Facility Relative Value Unit (RVU) 2011:** due to its relevance to the setting of Abu Dhabi (majority of surgeries and major procedures are performed in hospital setting, the fully implemented resource-based practice expense for facility where used in setting the prices for surgeries and procedures (CPT codes range: 10021-69990).
 - **Total Fully Implemented Non-Facility RVUs 2011:** Used for all CPTs; other than surgeries and procedures (CPT codes range: 10021-69990).

3.1.1.3 Medicare 2011 Clinical Diagnostic Laboratory Fee Schedule (CLAB)⁵

- Medicare 2011 Clinical Diagnostic Laboratory Fee Schedule was used for establishing the rate for the Laboratory Services, due to the absence of in Medicare RVUs 2011. The data selection from the CLAB was in accordance with the following hierarchy:
 - US National Limitation Amount, or
 - Median of the 2011 Base Fee Amounts, or
 - Average of laboratory rates of all states.

3.1.1.4 Medicare Anesthesia Base Units⁵

- Medicare 2011 Anesthesia Base Units were used on "as is" basis for the purpose of calculation of anesthesia reimbursement rates.

⁵ CCSC MoM agenda ID 003 dated 17-02-2010 and agenda ID 045 dated 19 Oct 2010.

⁶ CMS website <http://www.cms.gov>

3.1.1.5 HAAD current Mandatory Tariff (V2011-Q2).

- HAAD published Mandatory Tariff V2011-Q2, as rate input for services with no RVUs and as a control reference of the increase / decrease of the item rate.

3.1.1.6 Market Rates and utilization - KEH.

- Market utilization rates were used for
 - Calculation of the financial impact of the rate changes.
 - Credible Market rates where used for rate setting purposes. Rate was considered credible if met the following conditions:
 1. Credible count: if activity count is greater than or equal to 10.
 2. Credible Average rate: if Rate Avg. = or < Minimum rate times 3.
- Data Selection Parameters:
 - Source: KEH,
 - Activity date range: May 2010 - April 2011,
 - Activity Type: Outpatient Activity Count
 - Product: Basic Insurance Product.

3.1.1.7 Market localization factors set by Healthcare project - 2010.

- Localization factors set by consultants for establishing V2010-Aug and V2011-Q2 rate list:
 - Surgeries and Procedures (CPT range 10021 – 69979) = 90% of Medicare 2008 RVU1.
 - Radiology & Radiation (CPT range 70010– 77799) = 49.5% of Medicare 2008 RVU1.
 - Laboratory (CPT range 80047– 89398) = 90% of Medicare 2008 RVU1.
 - E&M Office (99201-99215) and Ophthalmology (92002-92014) = 32.5% of Medicare 2008 RVU1.
 - Medicine (Medical Services) (CPT range 90281– 99605, excluding 99201-99215 & 92002-92014) either 32.5% or 90% of Medicare 2008 RVU⁷.

3.1.2 Fee for Service Rate Calculations, before localization.

- The following steps were applied in the order provided to establish “per Code the Fee for Service” rate before localization:

1. If RVU is are available: apply formulas

• Before localization Fee for Service Rate = RVU multiplied by [AED per RVU]

• [AED per RVU] = [Medicare USD per RVU]⁽⁸⁾ multiplied by [USD per AED]⁽²⁾.

⁷ Medicare USD per RVU 2008 = 38.0870, USD per AED = 3.672.

⁸ Medicare USD per RVU 2011 = 33.9764, USD per AED = 3.672.

2. Laboratory Rates

- Due to the absence of RVUs for laboratory services (CPT range 80047 to 89398) in Medicare RVU reference, Medicare Clab files was used in establishing the required RVU.
- Laboratory US\$ price were converted into RVU using the following formula:

$$\bullet \text{ Laboratory RVU} = \text{US Clab rate} / \text{Medicare USD Per RVU}^{(2)}$$

- Calculated RVUs were used in setting Laboratory rates using rules #1.
- **If no RVUs or US\$ Laboratory price available** HAAD Mandatory Tariff V2011-Q2 rates were used as established.
- **If rate not available in Mandatory Tariff V2011-Q2**, credible market rates from KEH were utilized. Market rate is considered credible if

- Activity count = greater than 10
- Market Average Price is = or < Minimum Price multiplied by 3

- Appendix 6 includes a listing of market price used.

3.1.3 Localization of established Fee for Service Rates

- Calculated rates adjusted to reflect the variation in practice costs in Abu Dhabi with +/- 1% Basic Product historical cost (overall and per service category: E&M, Laboratory, Radiology ...etc) as the rate inflation benchmark.

3.1.3.1 Evaluation and Management (E&M), and related services.

- **Objective:** increase the Evaluation and Management reimbursement rate by ~ 30%; this would increase the average payment of E&M for the Basic Product members from AED 68 to AED 88 in hospital setting.
- Due to the higher credibility of the E&M coding, the calculation was performed utilizing Abu Dhabi hospital based E&M consultations for calculation of E&M distribution and establishing the localization factor⁹.
- Localization factor was set at 36% of Medicare 2011 reimbursement rates. *See Appendix 3 and 4 for the E&M distribution and Localization factor calculation.*
- Due to the similar resource utilization pattern and nature of the service rendered, E&M localization factors were applied to the following codes ranges:

90951-90999	End-Stage Renal Disease Dr. Visit	99324-99337	E&M Rest Home Care Services
92002-92014	Ophthalmology Dr. Visit	99339-99340	E&M Rest Home Care Plan Oversight Services
97802-97804	Medical Nutrition Therapy	99341-99350	E&M Home Services

- ⁹ The higher level E&M code when more than one E&M code is coded per claim.

98966-98969	Non-Face-To-Face Non-physician Services	99354-99360	E&M Prolonged Services
99000-99091	Special Services, Procedures and Reports	99363-99368	E&M Case Management Services
99201-99215	E&M Office/Other Outpatient Services	99374-99380	E&M Care Plan Oversight Services
99217-99220	E&M Hospital Observation Services	99381-99429	E&M Preventive Medicine Services
99221-99239	E&M Hospital Inpatient Services	99441-99444	E&M Non-Face-To-Face Physician Services
99241-99255	E&M Consultations	99450-99456	E&M Special Evaluation & Management Services
99281-99288	E&M Emergency Dept. Services	99460-99465	E&M New-born Care Services
99291-99292	E&M Critical Care Services	99466-99480	E&M Inpatient Neonatal Intensive
99304-99318	E&M Nursing Facility Services	99500-99602	Home Health Procedures/Services

- To maintain the monotonicity of the price deferential, the above listed ranges were not subject to capping.

3.1.3.2 Medicine (Medical Services) Fee for Service Codes.

- Medicine (Medical Services), CPT range 90281– 99605, excluding codes mentioned in the Evaluation and Management and other related services, rates were set using localization factor of 86% of Medicare 2011 reimbursement rates, which equated to 100% of aggregate charges of Basic Product members for the selected period.
- Minimize the impact of the sudden changes of the rates, by capping the individual code rate change at +/- 30% relative to the current rates. To further enhance rate appropriateness,
 - Rates of excessively high-priced services- after the application of 30% capping- were set at 130% of Medicare rates for 2011.
 - Prices for excessively low-priced services- after the application of 30% capping- were set at 70% of the localized Medicare for category.

3.1.3.3 Surgeries and Procedures Codes.

- Surgeries and Procedures (CPT range 10021 – 69979) rates were set at localization factor of 100% of Medicare 2011 reimbursement rates.
- Minimize the impact of the sudden changes of the rates, by capping the individual code rate change at +/- 30% relative to the current rates.. To further enhance price appropriateness,
 - Rates of excessively high-priced services- after the application of 30% capping- were set at 130% of Medicare rates for 2011.
 - Prices for excessively low-priced services- after the application of 30% capping- were set at 70% of the localized Medicare for category.

3.1.3.4 Radiology and Laboratory:

- Due to the similarity in resource utilization patterns Radiology (CPT range 70010– 77799) and laboratory (CPT range 80047– 89398) the variance in the localization factor of these two service

categories were minimized and were set at Radiology 57% and Laboratory 73% of Medicare 2011 reimbursement rates.

- Laboratory codes 86078, 86079 and 88720 were set based upon rates in Decree # 40 for 2006 of the cabinet of the UAE.
- Minimize the impact of the sudden changes of the rates, by capping the individual code rate change at +/- 30% relative to the current rates.. To further enhance price appropriateness,
 - Rates of excessively high-priced services- after the application of 30% capping- were set at 130% of Medicare rates for 2011.
 - Prices for excessively low-priced services- after the application of 30% capping- were set at 70% of the localized Medicare for category.

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3.1.3.5 Service Codes

- With exception of Per-diem - Day Stay (codes 25-01 and 25-02) and Dressing Codes (51-01, 51-02, and 51-03) all other codes prices – unless retired – have remained the same.

Per-diem - Day Stay Code

- Codes 25-01 “Per-diem - Surgical Day Stay” and 25-02 “Per-diem - Surgical Day Stay” established to replace the retired code 25 “Per-diem - Day Stay”.
- Per-diems weren’t established using RVU; changes in the service rates were factored in the calculation of the new rates. Refer to appendix 5 for rate calculation of the new codes.

Dressing Codes:

- The following codes have been newly created for reimbursement of dressing performed within the E&M follow-up period, refer to the claims and adjudication rules on the use of the new codes.
 - 51-01: *Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: 16 sq. inches / 100 sq. centimeters or less.”*
 - 51-02: *Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: between 16 sq. inches / 100 sq. centimeters and 48 sq. inches / 300 sq. centimeters.”*
 - 51-03: *Non-surgical cleansing of a wound without debridement, with or without local anesthesia, with or without the application of a surgical dressing: more than 48 sq. inches / 300 sq. centimeters.”*
- The rates for the dressing codes have been established based on the reimbursement rates offered in the northern emirates.

3.1.3.6 HCPCS codes:

- Majority of the HCPCS rates have been migrated from the V2011-Q2 Mandatory Tariff.
- Blood and blood product rates were set based upon Decree # 40 for 2006 of the cabinet of the UAE.

3.1.3.7 Retired and Replaced Codes, and special rate

- Rates of retired and replaced, and where a crosswalk was possible to establish, were migrated “as is” to the V2012-Q2 List.
- Rates for injections IM, IV and SC have been set at unified rates of AED 20, to establish a rate differential between injections and lowest level of E&M.
- Appendix 6 includes a listing of migrated codes, market price used and codes with special pricing.

3.2 DRG codes

- Summary of the methodology in reflected in Appendix 1 of this document.
- Detailed IR-DRG update methodology available at HAAD website, www.shafafiya.org / Prices / Mandatory Tariff / DRG Weight Update - 2012Q2 v.12.xlsx.

3.2.1.1 Dental Codes

- Mandatory Tariff List includes the comprehensive list of CDA codes, however no dental rates have been set in this version.

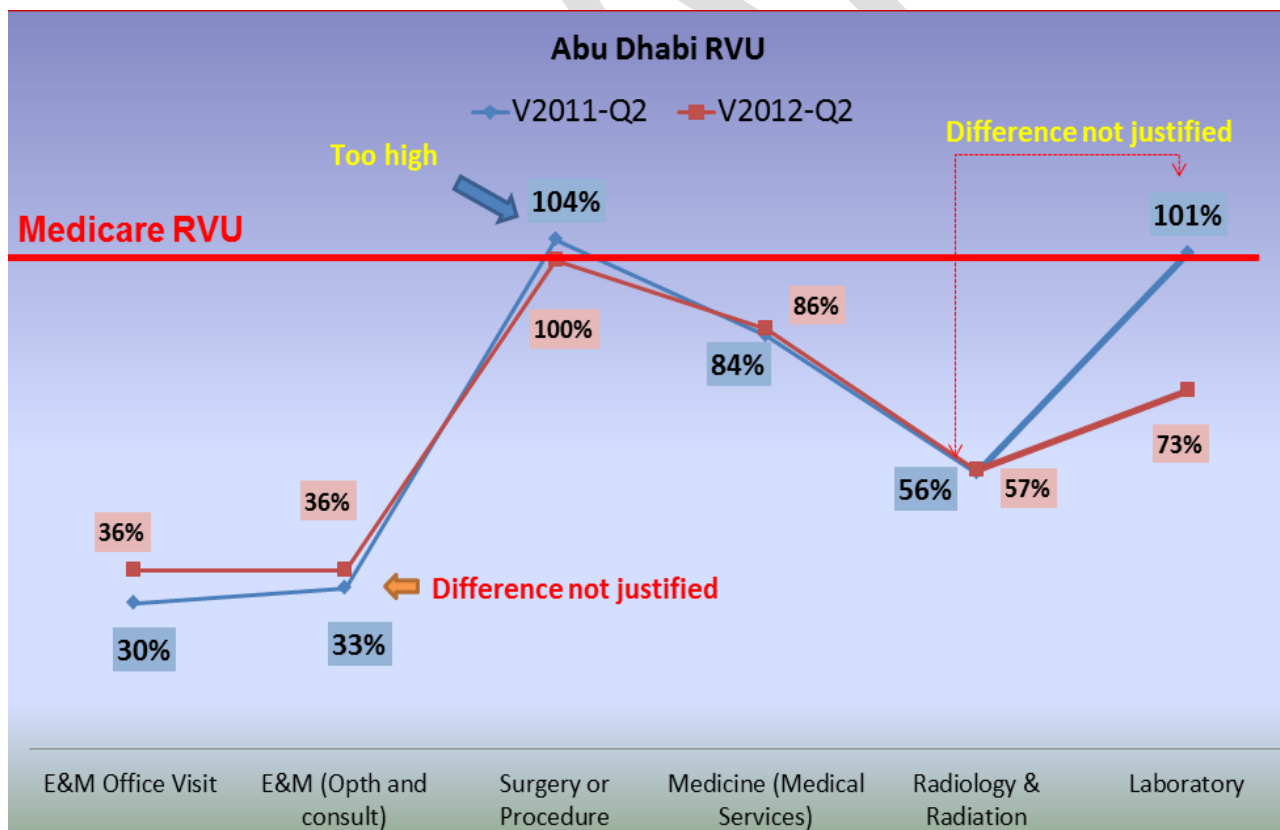
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4 New Rates Impact

4.1 Abu Dhabi RVU 2012

- The final Abu Dhabi Relative Value Units in comparison to Medicare RVU 2011 are as the following:

Service Category	Abu Dhabi RVU 2012 vs. Medicare RVU 2011
Laboratory (CPT range 80047– 89398)	73%
Medicine (Medical Services) (CPT range 90281– 99605 excluding listed E&M)	86%
Radiology & Radiation (CPT range 70010– 77799)	57%
Surgeries and Procedures (CPT range 10021 – 69979)	100%
E&M Office Visit (99201-99215)	36%
Other E&M Outpatient (92002-92014, 99241-99255)	36%
Average RVU	90%





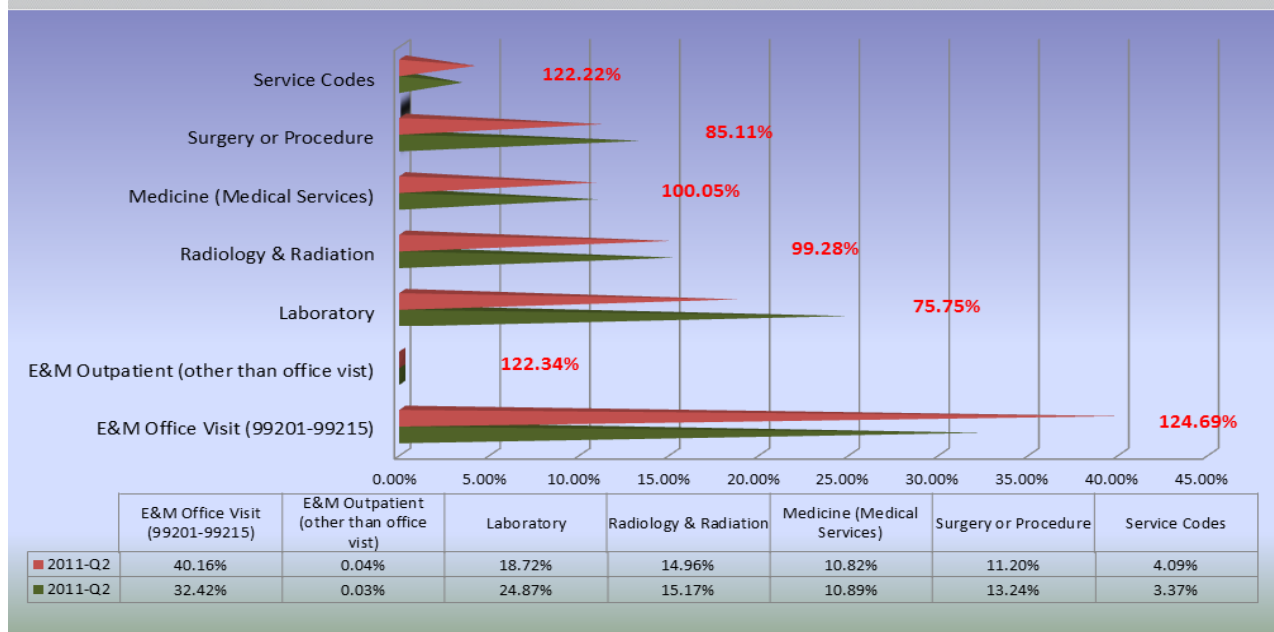
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4.2 Financial Impact

- Calculated rates adjusted to reflect the variation in practice reimbursement from insurance in Abu Dhabi with +/- 1% Basic Product historical reimbursement from insurance (overall and per service category) as the rate inflation benchmark.
- Using the Mandatory Tariff V2012-Q2 rates, the aggregate charges distribution in 2012 using 2011 utilization is expected to be as the following:

Service Category	Aggregate charges distribution 2012 vs. 2011
Laboratory (CPT range 80047– 89398)	76%
Medicine (Medical Services) (CPT range 90281– 99605 excluding listed E&M)	100%
Radiology & Radiation (CPT range 70010– 77799)	99%
Surgeries and Procedures (CPT range 10021 – 69979)	85%
E&M Office Visit (99201-99215)	125%
Service Codes	122%
Other E&M Outpatient (92002-92014, 99241-99255)	122%
Diagnosis Related Groups (CMI)	100%
Totals Net impact	100.66%

Basic Product Payment Split (2011 vs 2012)



- Source: Outpatient Activity Count Source: KEH Data, May 2010 - April 2011
- Using average cost * quantity for Service codes other than Dressing and Perdiem-Day Stay.

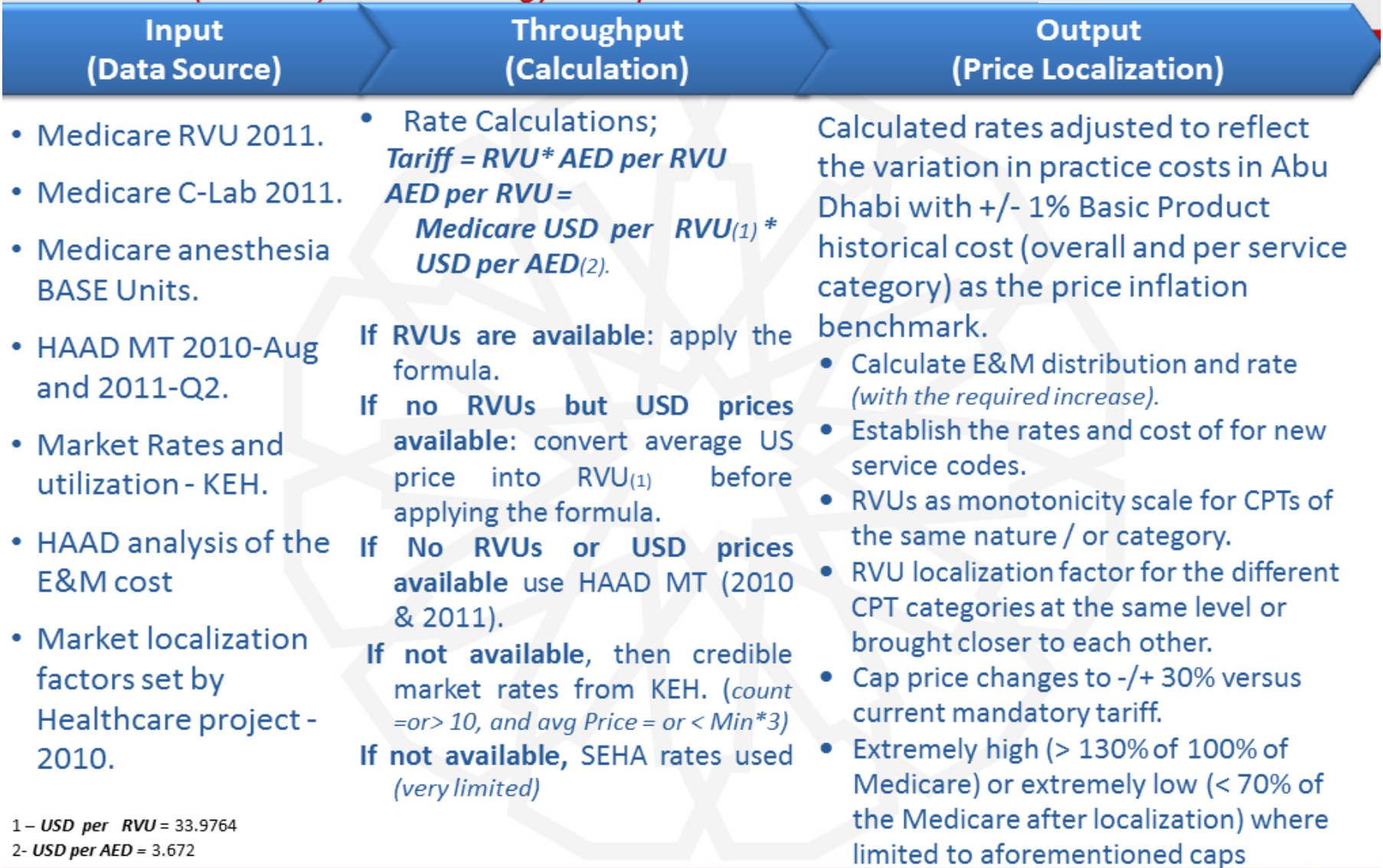


5 Appendices

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Appendix 1:

Calculation (Revised): Methodology and process

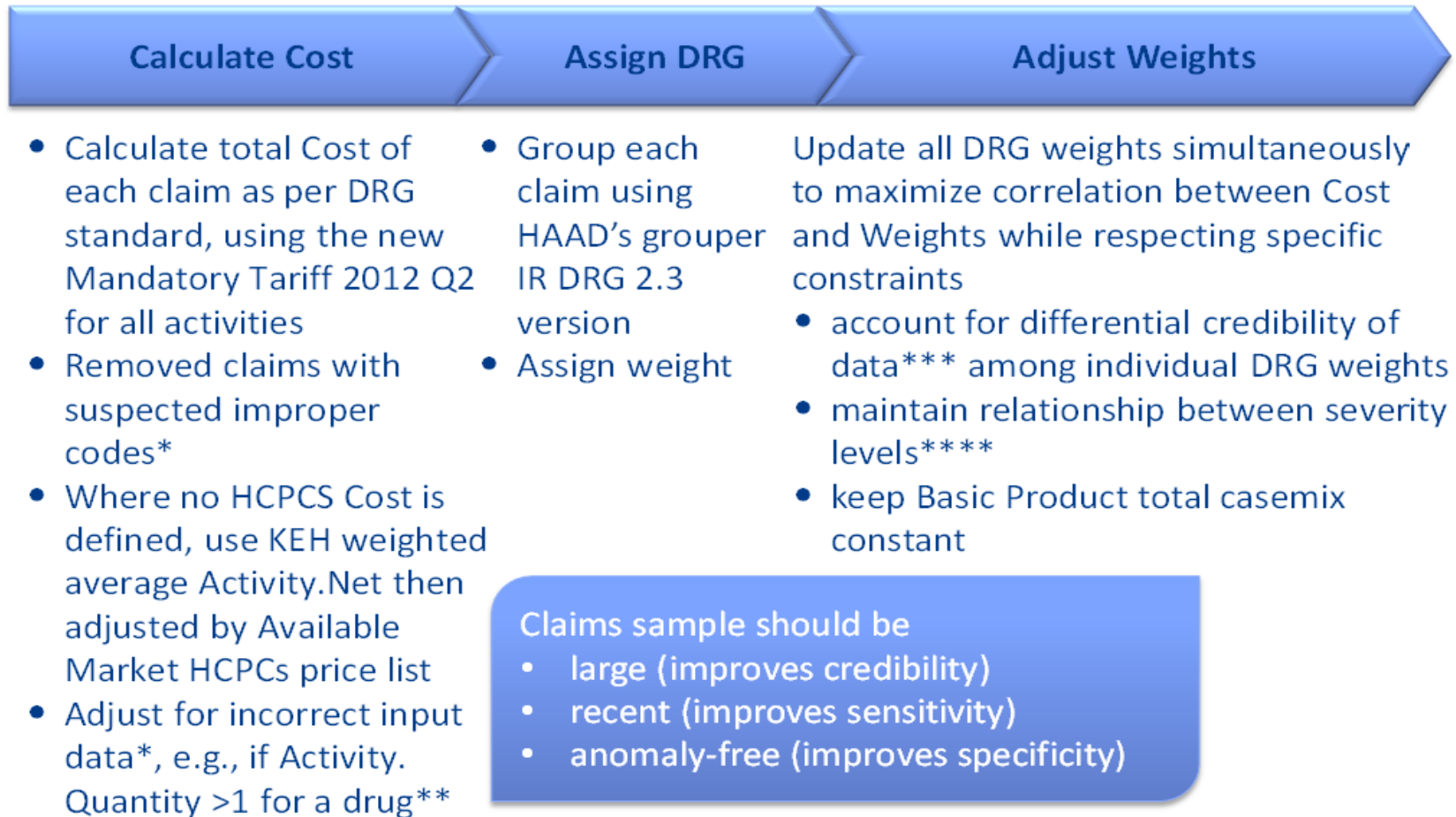


1 – USD per RVU = 33.9764

2- USD per AED = 3.672

Appendix 2:

Method of localizing IR-DRGs' Weights.



* Excluded claims: where providers are not HAAD licensed, long term care related, or admission prior to 2010

** Some facilities appear to report unit quantity, rather than package quantity. Provided better estimate for the drugs cost by using the drug cost = ActivityNet if Activity Net > 0, otherwise = ActivityQuantity * UnitPublicPrice

*** For instance, for some DRGs there may only be a few claims, (lower credibility), while others have more data (higher credibility) as a basis for updating

**** For a given base DRG, a high severity case should always have a higher weight than a low severity case



Appendix 3 Establishing Levels Distribution....

Level	New Patient Visit					Established Patient Visit									
	I	II	III	IV	V	I	II	III	IV	V					
Current	Using Adjusted Medicare distribution					1.2%	3.6%	5.9%	3.5%	2.5%	4.2%	10.8%	40.3%	25.4%	2.7%
Distribution 1	Using All Hospitals experience - All Products					10.5%	15.6%	5.6%	1.2%	0.3%	10.4%	22.4%	25.0%	8.4%	0.7%
Distribution 2	All hospitals after 6mos of coding (May, Jun, & Jul) - All Products					10.0%	15.4%	5.5%	1.2%	0.3%	7.2%	24.0%	26.9%	8.9%	0.7%
Distribution 3*	E&M consultations for hospitals only (Basic Only)					13.6%	18.5%	6.8%	1.2%	0.2%	5.1%	21.0%	25.7%	7.2%	0.6%
Distribution 4	Certified Facilities only - May month - All Products					2.4%	9.5%	9.3%	1.3%	0.4%	5.8%	20.7%	34.2%	15.9%	0.5%
Distribution 5	Certified Facilities only - Including experience after - All Products certification only (dominated by 1 Private hospital)					2.7%	10.9%	11.2%	1.6%	0.4%	7.6%	16.1%	29.8%	19.0%	0.6%

Distribution 1, 2, 4, and 5 are calculated using Oct 2010-March 2011 activities

Distribution 3 are calculated using Jan to Sept 2011 activities

- *Distribution 3 was used:**
- **Basic product specific.**
- **Higher credibility as hospitals had access to coders.**
- **Sizable activity.**
- **Accounts for seasonality effect**



Appendix 4 Calculation of the new E&M rates....

Objective:

Using Abu Dhabi E&M consultations for hospitals only, to increase the consultation payment by 30% (AED 88 for the basic Product)

Service Codes consultations for hospitals only***

KEH Experience from may 2010 to April 2011 - Mandatory Tariff 2012 experience period

Designation Level	New & Established Patients			All
	GP	Specialist	Consultant	
Current Basic Plan Price	45	85	112	
Activity Count (Basic)	512596	361821	132248	1,006,665
Distribution (Basic)	51%	36%	13%	100%
Basic Plan Avg payment				68.00
Activity Count (All Products)	1,372,332	2,179,644	801,272	4,353,248
Distribution (All Products)	32%	50%	18%	100%
All Products Avg payment				77.00

E&M consultations for hospitals only

KEH Experience from January 2011 to December 2011 - choosing the higher level E&M code when more than one E&M code is coded per claim

CPT Code Level	New Patient Visit					Established Patient Visit					Weighted Average
	99201 I	99202 II	99203 III	99204 IV	99205 V	99211 I	99212 II	99213 III	99214 IV	99215 V	
E&M consultations for hospitals only (Basic Only)	13.6%	18.5%	6.8%	1.2%	0.2%	5.1%	21.0%	25.7%	7.2%	0.6%	88.00
E&M consultations for hospitals only (All Products)	9.7%	15.6%	6.9%	1.3%	0.3%	7.4%	20.5%	27.9%	9.8%	0.7%	89.00
2011 E&M Medicare (Not Localized)	175	302.4	438.2	672	833	78.4	173.6	292.6	431.2	581	270.00
2011 Mandatory Tariff E&M Price	45	78	114	175	220	24	46	75	113	153	
2012 Mandatory Tariff E&M Price	63	109	158	242	300	28	62	105	155	209	

New E&M Localization factor
(Medicare RVU to AED 125)

36.0%

Appendix 5

Code 25-01 and 25-02 Pricing

Surgical and Medical per diem prices were set based on the below assumed included services, to enhancing the pricing of those periderms in future, reporting of all included services is now mandatory.

Assumptions and calculation of financial impact:

Code 25 utilization was split into medical and surgical based on the following logic:

- Using KEH Data for the defined period
- Total count of code 25 with and without Surgical CPTs.
- Case is surgical if code 25 is present, the code is between 10000 and cost of CPT exceeds 1,000,

Inclusion of the new codes

Service Code	Service	FFS charge	Remarks
25-01	Recovery Room - Hourly Rate	150	1 unit
	Consultation	0	Not billable on the day of surgery
	Day Stay (Day care) Room - Daily Rate	300	1 unit
	Operating Room Services - First Hour	1050	50% minor and 50% "OR 1st hr."
	Drug & Supplies	100	Estimate, not inclusive of high cost drugs and supplies
	Lab & Rad	100	Estimate, diagnostics required on the day of service only, not inclusive of high cost radiology tests
	Total	1700	
25-02	Day Stay (Day care) Room - Daily Rate	300	1 unit
	Consult	88	Avg consultation charge
	Drug & Supplies	50	Estimate, not inclusive of high cost drugs and supplies
	Lab & Rad	140	Estimate, diagnostics required on the day of service only, not inclusive of high cost radiology tests
	Total	578	



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Appendix 6: Retired and Replaced Codes, and special rates

2011 Code	2008 Code (if replaced)	Price	Remark
0019T		385.00	Market Rate
0055T	20986	575.00	Migrated Price
0055T	20987	575.00	Migrated Price
0055T	20986	575.00	Migrated Price
14302	14300	3,518.00	Migrated Price
22856	0090T	N/A	
22861	0096T	N/A	
22864	0093T	N/A	
36148	36145	1,562.00	Migrated Price
36468		750.00	Market Price
41530	0088T	N/A	
45172	45170	2,415.00	Migrated Price
46930	46934	1,218.00	Migrated Price
51729	51772	864.00	Migrated Price
51729	51795	1,066.00	Migrated Price
55706	0137T	N/A	
63621	61793	3,997.00	Migrated Price
63664	63660	1,393.00	Migrated Price
75791	75790	354.00	Migrated Price
76140		50.00	Market Price (SEHA)
77786	77781	467.00	Migrated Price
77786	77782	1,082.00	Migrated Price
77786	77783	1,988.00	Migrated Price
77787	77784	3,614.00	Migrated Price
78451	78464	509.00	Migrated Price
78452	78465	940.00	Migrated Price
78453	78460	393.00	Migrated Price
78454	78461	387.00	Migrated Price
86077		75.00	Fixed Price
86078		75.00	Fixed Price
86079		75.00	Fixed Price
88720	88400	26.00	Migrated Price
89259		1,300.00	Market Price
89280		10,400.00	Market Price
89281		10,400.00	Market Price
90460	90467	15.00	Migrated Price
90461	90466	13.00	Migrated Price
90461	90468	13.00	Migrated Price
90471		20.00	Migrated & Unified Rate
90472		20.00	Migrated & Unified Rate



90473		11.00	Migrated & Unified Rate
90474		11.00	Migrated & Unified Rate
90889		50.00	Market Price (SEHA)
90967	90922	67.00	Migrated Price
90967	90918	2,041.00	Migrated Price
90968	90923	49.00	Migrated Price
90968	90919	1,491.00	Migrated Price
90969	90924	42.00	Migrated Price
90969	90920	1,287.00	Migrated Price
90970	90925	26.00	Migrated Price
90970	90921	794.00	Migrated Price
92570	92569	39.00	Migrated Price
93293	93736	142.00	Migrated Price
93293	93733	147.00	Migrated Price
93294	93734	138.00	Migrated Price
93294	93731	162.00	Migrated Price
93294	93735	221.00	Migrated Price
93294	93732	269.00	Migrated Price
93295	93741	237.00	Migrated Price
93295	93744	328.00	Migrated Price
93298	93727	148.00	Migrated Price
95803	0089T	N/A	
96360	90760	71.00	Unified Rate
96361	90761	20.00	Unified Rate
96365	90765	86.00	Unified Rate
96366	90766	27.00	Unified Rate
96367	90767	41.00	Unified Rate
96368	90768	24.00	Unified Rate
96369	90769	190.00	Unified Rate
96370	90770	20.00	Unified Rate
96371	90771	85.00	Unified Rate
96372	90772	20.00	Unified Rate
96373	90773	20.00	Unified Rate
96374	90774	20.00	Unified Rate
96375	90779	20.00	Unified Rate
96376	90776	20.00	Unified Rate
99080		50.00	Market Price (SEHA)
99143		315.00	Market Price



99148		289.00	Market Price
99149		236.00	Market Price
99150		105.00	Market Price
99460	99431	66.00	Migrated Price
99461	99432	105.00	Migrated Price
99462	99433	36.00	Migrated Price
99463	99435	92.00	Migrated Price
99464	99436	84.00	Migrated Price
99465	99440	474.00	Migrated Price
99466	99289	281.00	Migrated Price
99467	99290	151.00	Migrated Price
99471	99293	934.00	Migrated Price
99471	99295	1,082.00	Migrated Price
99472	99294	452.00	Migrated Price
99472	99296	464.00	Migrated Price
99478	99298	161.00	Migrated Price
99479	99299	145.00	Migrated Price
99480	99300	146.00	Migrated Price
99503		250.00	Market Price
99504		250.00	Market Price
99505		150.00	Market Price
99506		49.00	Market Price
99507		150.00	Market Price
99509		451.00	Market Price
99512		331.00	Market Price
99601		150.00	Market Price
99602		75.00	Market Price