Fee Schedule Database Fields

COLUMN	DETAIL
Code:	CPT-4 code or RI Fee Schedule Code. More detail on CPT-4 codes is available in the American Medical Association's 2022 Physicians' Current Procedural Terminology. The AMA can be reached at (800) 621-8335.
BAV:	The Basic Anesthesia Value for a procedure. This column is only populated in the anesthesia code section of the rates (00000 - 09999).
Rate:	The dollar value for the "Code" which includes both the professional and technical portions of the medical procedure. "BR stands for a "By Report" procedure. These procedures are either too new to establish the rate or are generic codes that are used in rare and unusual situations. A "BR" needs to be given individual consideration when determining the reimbursement rate. A rate of $0.00 indicates this code is not reimbursable separately.
Modifier:	The modifier column contains "NU" which is the purchase price, "RR" which is the rental cost or it has been left blank which also represents the purchase price.
TC (27):	The dollar value for the "Code" which reflects the technical portion of the medical procedure. These services should be billed with a "TC" modifier. A rate of $0.00 indicates the technical portion of the "Code" is not reimbursable separately. This column is only populated in the radiology section of the rates (70000 – 79999).
PC (26):	The dollar value for the "Code" which reflects the professional portion of the medical procedure. These services should be billed with a "26" modifier. A rate of $0.00 indicates the professional portion of the "Code" is not reimbursable separately. This column is only populated in the radiology section of the rates (70000 – 79999).
Asst Surg:	This column lists the appropriateness of an assistant surgeon being charged in addition to the primary physician by category. According to the Rhode Island Fee Schedule, the three possible categories each surgical procedure can fall into are 0, 1, 2 see the fee schedule rules for more detail. This column is only populated in the surgical code section of the rates (10000 - 69999). Any code not defined, with no "like" procedures to compare to, should follow (0) guidelines.
ASC Ind:	These indicators define services which are payable in an ASC setting:
ASC:	This column defines the ambulatory surgical procedure code payment. Each surgical code has been assigned a maximum facility fee. See the fee schedule rules for more detail. This column is only populated in the surgical code section of the rates (10000 - 69999).