



**OKLAHOMA**  
Office of Management  
& Enterprise Services

Employees Group Insurance Division

# HealthChoice

Facility Select Amendment



## Facility Select Amendment

This Select Amendment to the EGID HealthChoice Network Facility Contract is between the Office of Management and Enterprise Services Employees Group Insurance Division, (hereinafter, EGID), and the EGID HealthChoice Network Facility contracted entity identified by its authorized signature below.

In consideration of the promises and mutual covenants, EGID and the Facility agree as follows:

### Network Facility Contract

EGID and the Facility incorporate by reference the terms and conditions of the currently effective HealthChoice Network Facility Contract (hereinafter, Facility Contract) located at [oklahoma.gov/healthchoice/providers/provider-forms/provider-contracts-and-applications.html](http://oklahoma.gov/healthchoice/providers/provider-forms/provider-contracts-and-applications.html).

Pursuant to Section XII (6) of the Facility Contracts, this Select Amendment is authorized by mutual written consent of the parties.

Section VI (2), (5), (11) and (13) of the Facility Contracts are of no affect related to bundled services.

The following paragraph is added to the terms of the Facility Contract as they relate to bundled services under Article VI, as follows, to wit:

6.1 EGID agrees to pay the Facility for those inpatient and outpatient bundled services identified in Attachment A. For those identified services, EGID agrees to pay the Facility the Allowable Fee set by EGID as indicated in the current Select Fee Schedule. EGID also agrees to pay the Facility for outpatient implants subject to the provisions of Section VI (1.a) below.

a. Implants are defined as material(s) inserted into the body, including living, inert, or biological material (i.e., screws, grafts, plates, or fixation devices) used for the purpose of creating stability (to correct, protect, or stabilize a deformity) where the majority of the product is left under the skin after surgery. EGID reimburses separately for implants found on the implant list on the HealthChoice provider website. It is EGID's further intent to update the implant list as it deems necessary when new codes are identified by the American Medical Association or the Center for Medicare and Medicaid Services (CMS). A Facility may request a

review of an implant for inclusion by providing a request with supporting documentation to: [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov). EGID does not reimburse separately for mesh, sutures, suture anchors, staples, wire, catheters, vascular stents, stents used in the intestinal tract, devices associated with sterilization or fertility procedures, or implants from an inpatient service. EGID's reimbursement of implants is subject to the following conditions:

1. Implants must be billed at invoice cost; less any rebates and/or discounts received by the Facility. Implants shall be billed using the most descriptive CPT/HCPCS code and EGID will allow up to the net cost, including shipping, handling, and tax. Shipping, handling and tax must be prorated for the billed implant for invoices including supplies other than the billed implant. If there is no CPT/HCPCS code available for a certain implant, EGID will accept the appropriate unlisted CPT/HCPCS code with an explanation of each item and the corresponding charge.
  2. Upon request, EGID requires the actual invoice for the implant billed.
  3. EGID requires the Facility to include a description of implant items on both electronic and paper claims.
  4. EGID may conduct quarterly retrospective audits of the Facility's charges for implants. Upon the occurrence of an audit, EGID will request invoices for audited claims and any other documentation showing discounts that are not listed on the invoice. Invoices must identify which implants listed on the invoice apply to the claim being audited. Upon request, the Facility has 30 days to submit this information to EGID. During the audit, if EGID finds that the Facility is billing more than acquisition costs, the Facility will be required to refund any overpayments made by EGID to the Facility and to provide copies of invoices for all subsequent claims submitted prior to payment. If the Facility continues to bill above the acquisition cost or does not provide copies of requested invoices with the required timeframe, EGID will no longer allow reimbursement to the Facility for implants as a separate reimbursable item.
- b. If a Facility bills a CPT/HCPCS code that EGID considers to be part of another more comprehensive code that is also billed for the same patient on the same date of service, only the more comprehensive code is covered for the purposes of reimbursement.
- c. A list of the CPT/HCPCS codes and the Allowable Fees for each bundled service can be found on the EGID website at [gateway.sib.ok.gov/feeschedule/Login.aspx](http://gateway.sib.ok.gov/feeschedule/Login.aspx). It is EGID's intent to review and update the fee schedule annually, in accordance with current methodologies. It is EGID's further intent to update the list as necessary when new CPT/HCPCS codes are identified by the AMA or CMS.

d. All services on the date of the bundled service/procedure are inclusive of the Bundled Allowable Fee.

e. For HealthChoice High Deductible Health Plan members and covered dependents, EGID shall reduce its payment to the Facility by any deductible owed by the Member.

Section VI (18) of the Facility Contracts as it relates to bundled services is amended in its entirety, as follows, to wit:

6.18 The Facility shall bill EGID on standard forms acceptable to EGID within 180 days of providing the Medical or Dental Services, or receipt of primary payors explanation of benefits, or from discovery that EGID is responsible for payment. The Facility shall use the current revenue codes, ADA, CPT codes with appropriate modifiers, HCPCS codes, and ICD or DSM diagnosis codes, when applicable. The Facility shall furnish, upon request at no cost, all appropriate medical and billing records, reasonably required by EGID to verify and substantiate the provision of medical services and the charges for such services if the Member and the Facility are seeking reimbursement through EGID. This provision shall not apply in cases involving litigation, multiple payers, or where the patient has failed to notify the Facility they were a plan member. The Facility may bill EGID on alternate forms as approved by EGID.

Section VI (19) is added to the terms of the Facility Contracts as they relate to bundled services, as follows, to wit:

- a. EGID shall consider multiple combinations of CPT/HCPCS codes as specified within the Select fee schedule.
- b. Bilateral procedures will be reimbursed at 150% of the Select Allowable Fee.



## Facility Select Amendment

EGID and the provider/facility that is identified by its signature below sign this Select Amendment to the HealthChoice Network Facility Contract, by and through their respective authorized representatives.

### FOR THE FACILITY:

\_\_\_\_\_  
Legal name

\_\_\_\_\_  
Trade name/DBA

\_\_\_\_\_  
Federal Tax ID

\_\_\_\_\_  
Primary NPI (attach list if necessary)

\_\_\_\_\_  
Authorized officer name and title

\_\_\_\_\_  
Authorized officer signature

Primary Service Address:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

### FOR EGID:

\_\_\_\_\_  
Yasmine Barve, Administrator  
Employees Group Insurance Division  
Office of Management and Enterprise Services

**Return this Signature Page and Attachments to:**

[EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov)

Or fax: 405-717-8977