

## **SELECT AMENDMENT**

### **EGID HEALTHCHOICE**

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

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

#### **NETWORK INDEPENDENT DIAGNOSTIC TESTING FACILITY CONTRACT**

EGID and the Independent Diagnostic Testing Facility incorporate by reference the terms and conditions of the currently effective HealthChoice Network Independent Diagnostic Testing Facility Contract (hereinafter referred to as "IDTF Contract") that is located at <https://omes.ok.gov/services/healthchoice/providers/contracts-and-applications>.

Pursuant to Section 11.5 of the IDTF Contract, this Select Amendment is authorized by mutual written consent of the parties.

Paragraph 6.2, in Section VI of the IDTF Contract is of no affect related to bundled services.

Paragraph 6.1 in Section VI of the IDTF Contract as it relates to bundled services is amended in its entirety, as follows, towit:

**6.1 The IDTF shall seek payment only from the EGID for the provision of medical services except as provided in paragraphs 6.3, 6.4 and 6.9. EGID agrees to pay the IDTF for those bundled services identified in Attachment A. For those identified services, EGID agrees to pay the IDTF the Allowable Fee set by EGID as indicated in the then current Select Fee Schedule.**

**If an IDTF 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.**

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

**For HealthChoice High Deductible Health Plan members and covered dependents, EGID shall reduce its payment to the facility by any deductible owed by the plan member.**

The following paragraph 6.10 in Section VI is added to the terms of the IDTF Contracts as they relate to bundled services, as follows, towit:

- 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.**

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

**FOR THE FACILITY:**

\_\_\_\_\_  
Legal Name of Owner (typed or printed)

\_\_\_\_\_  
Trade Name/dba (typed or printed)

\_\_\_\_\_  
Mailing Address of Facility:

\_\_\_\_\_

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Tax Identification Number

\_\_\_\_\_  
Name and Title of Authorized Officer or Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR EGID:**

\_\_\_\_\_  
Diana O’Neal  
Deputy Administrator  
Employees Group Insurance Division

\_\_\_\_\_  
Date

Return this page with appropriate signatures to:

EGID HealthChoice  
Attn: Network Management  
3545 N.W. 58th St., Ste. 110  
Oklahoma City, OK 73112  
Fax to (405) 717-8977  
Email to [EGID.NetworkManagement@omes.ok.gov](mailto:EGID.NetworkManagement@omes.ok.gov)