**Medicare Claims Entry Web Service (MCE-WS)**

**Unit Calculation**

Version 1.2

May 27, 2024

**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Type** | **Date** | **Description** |
| 1.0 | Published | December 21, 2023 | Initial version of the MCE-WS Integration Glossary |
| 1.1 | Published | January 19, 2024 | Updated section 3.4, removing the need for modifier eligibility table since the relevant data is already included in the existing anaes modifier ODG table |
| 1.2 | Published | May 27, 2024 | Updated sections 3.5.1.,3.5.2 to include anaesthesia premium minimum |

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# Purpose

This document outlines the steps required to accurately calculate the number of units on a claim. It does not include assessment\validation rules that could affect the amount a claim is paid.

Throughout the document **Units** is a value that flows from one step to the next and any changes to Units needs to be persisted.

# Service Eligibility

The first step when calculating Medicare units is to find the Service Eligibility for the Service Code being billed. The Service Eligibility has the billing configuration for the Service Code on the Service Date.

Open Data Gateway Tables Used:

|  |  |
| --- | --- |
| Table | Use |
| [SERVICE\_ELIGIBILITY](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_ELIGIBILITY) | Calculation |
| [SERVICE\_CODE](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_CODE) | EMR User Input |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Date | Date the service occurred. | Yes |
| Service Code | Selected or entered service code, limited to the values in the SERVICE\_CODE. | Yes |

For the EMR User inputted Service Code, find the corresponding SERVICE\_ELIGIBILITY (**Primary Service Eligibility**) entry where:

* SERVICE\_ELIGIBILITY.SERVICE\_CODE\_ID = Service Code
* SERVICE\_ELIGIBILITY.EFFECTIVE\_DATE <= Service Date
* SERVICE\_ELIGIBILITY.TERMINATION\_DATE > Service Date

# Anaesthesia Medicare Unit Calculation

Use this section when the Provider Role = 2 (Anaesthetist).

The steps for calculating units for Anaesthesia claims are:

1. Determine if the Service Code uses a time-based calculation.
2. Calculate Non-Time-Based Starting Units
3. Calculate Time-Based Starting Units
	1. Interval-Based Calculation
	2. Duration-Based Calculation
4. Anaesthesia Modifier Addons
5. Premium Calculation

## Determine if the Service Code uses a time-based calculation

To determine if the service uses a time-based calculation, the Primary Service Eligibility is checked. The Service Code uses time-based units if:

* [Primary Service Eligibility].EXCLUDE\_DURATION = FALSE

## Calculate Non-Time-Based Starting Units

Calculate the units using this method if the Service Code does not use a time-based calculation.

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Count | Number of services performed | Yes |

The calculation for non-time-based calculation is:

* Units = [Primary Service Eligibility]. ANAESTHETIST\_UNITS \* Service Count

## Calculate Time-Based Starting Units

Calculate the units using this method if the Service Code does use a time-based calculation.

Open Data Gateway Tables Used:

|  |  |
| --- | --- |
| Table | Use |
| VERSIONED\_PROPERTY\_VALUE | Calculation |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Start Time | The date and time the service started. | No |
| Service End Time | The date and time the service ended. | No |
| Anaesthesia time | The amount of time in HH:MM the anaesthesiologist spent on the service. | No |

There are two methods for determining time-based unit calculation:

* Interval-Based: Uses the Service Start Time and Service End Time divided by a configurable interval.
* Duration-Based: Uses the Anaesthesia time.

Determine which method to call:

* If [Primary Service Eligibility].SERVICE\_INTERVAL is not NULL AND [Primary Service Eligibility].SERVICE\_INTERVAL > 0 Then
	+ Use Interval-Based Unit Calculation
* Else
	+ Use Duration-Based Unit Calculation

### Interval-Based Unit Calculation

1. Duration = The difference in minutes between the Service Start Time to the Service End Time.
2. Time Units = Duration / [Primary Service Eligibility].SERVICE\_INTERVAL
	1. Round up.
3. Units = [Primary Service Eligibility]. ANAESTHETIST\_UNITS \* Time Units
4. If [Primary Service Eligibility].SERVICE\_COUNT\_MAXIMUM is not NULL AND
	1. Units > [Primary Service Eligibility].SERVICE\_COUNT\_MAXIMUM
		1. Units = [Primary Service Eligibility].SERVICE\_COUNT\_MAXIMUM

### Duration-Based Unit Calculation

1. Calculation Threshold = VERSIONED\_PROPERTY\_VALUE.VALUE Where
	1. VERSIONED\_PROPERTY\_VALUE.EFFECTIVE\_DATE <= Service Date
	2. VERSIONED\_PROPERTY\_VALUE.TERMINATION\_DATE > Service Date
	3. VERSIONED\_PROPERTY\_VALUE.VERSIONED\_PROPERTY\_CODE = ANAES\_CALCA\_THRESHOLD
2. Duration = Anaesthesia time represented as minutes (e.g., 1:30 = 90)
3. Time Units = Duration/15
	1. Round up.
4. If [Primary Service Eligibility]. ANAESTHETIST\_UNITS <= Calculation Threshold
	1. If Time Units > 4 AND Time units < 17
		1. Time Units = ((Time Units – 4) \* 2) + 4
	2. Else if Time Units > 16
		1. Time Units = ((Time Units – 16) \* 3) + 28
5. Else [Primary Service Eligibility]. ANAESTHETIST\_UNITS > Calculation Threshold
	1. If Time Units > 8 AND Time units < 17
		1. Time Units = ((Time Units – 8) \* 2) + 8
	2. Else if Time Units > 16
		1. Time Units = ((Time Units – 16) \* 3) + 24
6. Units = Time Units + [Primary Service Eligibility]. ANAESTHETIST\_UNITS

## Anaesthesia Modifier Addons

Open Data Gateway Tables Used:

|  |  |
| --- | --- |
| Table | Use |
| [ANAESTHETIST\_MODIFIER](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html%22%20%5Cl%20%22ANAESTHETIST_MODIFIER) | Calculation |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Anaesthesia Modifier Code | EMR User can select multiple codes; each one is processed. | No |

Anaesthesia Modifier Units start at 0. For each Anaesthesia Modifier Code that has been selected for the claim, perform the following steps:

1. Find the corresponding ANAESTHETIST\_MODIFIER (**Anesthetist Modifier**) entry where:
	1. ANAESTHETIST\_MODIFIER.CODE = Anaesthesia Modifier Code
	2. ANAESTHETIST\_MODIFIER.EFFECTIVE\_DATE <= Service Date
	3. ANAESTHETIST\_MODIFIER.TERMINATION\_DATE > Service Date
2. If no [Anaesthesia Modifier] was found, then stop and go to the next modifier.
3. Anaesthesia Modifier Units = ANAESTHETIST\_MODIFIER.MODIFIER\_UNITS

After each selected Anaesthesia Modifier Code has been processed then:

* Units = Units + Anaesthesia Modifier Units

## Premium Calculation

Open Data Gateway Tables Used:

|  |  |
| --- | --- |
| Table | Use |
| PREMIUM\_RATE | Calculation |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| After Hours Premium | EMR User indicates this claim should add an After-Hours Premium | No |
| After Hours Midnight to 0659 Premium | EMR User indicates this claim should add an After-Hours Premium | No |

If the claim indicates that a premium is to be applied, then:

* If only After-Hours Premium is selected, then:
	+ Premium Units = After Hours Premium Calculation
	+ Units = Units + Premium Units
* If only After-Hours Midnight to 0659 is selected, then:
	+ Premium Units = After Hours Midnight to 0659 Premium Calculation
	+ Units = Units + Premium Units

### After-Hours Premium Calculation

Check that the service code allows an After-Hours Premium:

* Service code on the claim allows a premium if:
	+ [Primary Service Eligibility]. ANAESTHETIST\_PREMIUM\_ALLOWED = True

If the service code allows the premium, then:

* Rate = PREMIUM\_RATE.RATE Where
	+ PREMIUM\_RATE.Effective\_Date <= Service Date
	+ PREMIUM\_RATE.Termination\_Date > Service Date
	+ PREMIUM\_RATE.PremiumRateType = 3
* Premium Units = Units \* Rate
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.
* If Premium units < [Primary Service Eligibility].ANAESTHETIST\_PREMIUM\_MINIMUM
	+ Premium Units = [Primary Service Eligibility].ANAESTHETIST\_PREMIUM\_MINIMUM

### After Hours Midnight to 0659 Premium Calculation

Check that the service code allows an After-Hours Midnight to 0659 Premium:

* Service code on the claim allows a premium if:
	+ [Primary Service Eligibility]. ANAESTHETIST\_PREMIUM\_ALLOWED = True

If the service code allows the premium, then:

* Rate = PREMIUM\_RATE.RATE Where
	+ PREMIUM\_RATE.Effective\_Date <= Service Date
	+ PREMIUM\_RATE.Termination\_Date > Service Date
	+ PREMIUM\_RATE.PremiumRateType = 4
* Premium Units = Units \* Rate
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.
* If Premium units < [Primary Service Eligibility].ANAESTHETIST\_PREMIUM\_MINIMUM
	+ Premium Units = [Primary Service Eligibility].ANAESTHETIST\_PREMIUM\_MINIMUM

# Basic Unit Calculation

Use this section when the Provider Role is not 2 (Anaesthetist).

The steps to calculating the units for a non-Anaesthesia claim are:

1. Calculate the Starting Units
2. Calculate Manual Percentage
3. FMNB Calculation
4. Role Reduction
5. Premiums

## Calculate the Starting Units

Calculate the starting units. This will be the starting units before FMNB Calculations, Roles Reductions, and Premiums are considered.

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| [SERVICE\_ELIGIBILITY](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_ELIGIBILITY) | Calculation |
| [PROVIDER\_ROLE](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#PROVIDER_ROLE) | EMR User Input |
| [SERVICE\_CODE](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_CODE) | EMR User Input |
| [SERVICE\_BASE\_CODE](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_BASE_CODE) | EMR User Input |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Date | Date the service occurred. | Yes |
| Service Count | Number of services performed. | Yes |
| Provider Role  | Selected or entered Role ID, limited to the values in the PROVIDER\_ROLE. | Yes |
| Base Service Code | Selected Base Service Code. Valid values are only the SERVICE\_CODE\_IDs from the SERVICE\_BASE\_CODE table where the SERVICE\_ELIGIBILITY = Primary Service Eligibility.  | No |

Using the base service eligibility, determine which starting units should be used.

If the [Primary Service Eligibility].BASE\_CODE\_PERCENT is NULL then

If Provider Role = 7 (Nurse Service-FMNB) Then

Units = [Primary Service Eligibility].NURSING\_UNITS \* Service Count

Else

Units = [Primary Service Eligibility].BASIC\_UNITS \* Service Count

End

Else the [Primary Service Eligibility].BASE\_CODE\_PERCENT is not NULL then

1. Find the SERVICE\_ELIGIBILITY (Base Service Eligibility) for the Base Service Code (See section 1 Service Eligibility, using the Base Service Code)
2. Get the starting units for the Base Service Eligibility

If Provider Role = 7 (Nurse Service-FMNB) Then
 Starting Units = [Base Service Eligibility].NURSING\_UNITS \* Service Count
Else
 Starting Units = [Base Service Eligibility].BASIC\_UNITS \* Service Count
End

1. Units = Starting Units \* (SERVICE\_ELIGIBILIY.BASE\_CODE\_PERCENT/100)

End If

## Calculate Manual Percentage

If the EMR User has selected a Manual Percentage to use for the claim, continue with this step.

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Manual Percentage | EMR User-selectable percentage to apply to the claim. | No |
| Service Count | The number of services performed. | Yes |

If the selected manual percent is one of 100, 75, 50, 40 then:

* Units = Units \* (Manual Percent / 100)

If the selected manual percent is First at 100%, subsequent at 75% (100/75)

* Calculated Percentage = (1 + (.75 \* (Service Count – 1))/Service Count
	+ To 4 decimal places
* Units = Units \* Calculated Percentage
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.

If the selected manual percent is First at 100%, subsequent at 50% (100/50)

* Calculated Percentage = (1 + (.50 \* (Service Count – 1))/Service Count
	+ To 4 decimal places
* Units = Units \* Calculated Percentage
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.

## FMNB Calculation

This section outlines the FMNB calculation logic.

### Determine if this is an FMNB Claim

FMNB claims go through an additional calculation that non-FMNB claims do not. This step will determine if the claim is an FMNB claim.

Web Services:

|  |  |
| --- | --- |
| Web Service | Use |
| /FMNB/getGroupProviderConfig | Retrieves the EMR-specific FMNB Configuration information for all service providers in FMNB Groups in the Org ID. Only service providers with FMNB membership will have values returned. |
| /FMNB/syncRoster | Reports changes to the provider’s roster in the Roster Registry to the EMR. |
| /FMNB/syncResident | Reports changes to a patient’s roster data and history in the Roster Registry to the EMR. |

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| [SERVICE\_ELIGIBILITY](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_ELIGIBILITY) | Calculation |
| FMNB\_CONFIG | Calculation |
| FMNB\_CONFIG\_SERVICE\_LOCATION\_TYPE | Calculation |
| EXCLUSIVE\_MEDICARE\_NUMBERS | Calculation |
| [SERVICE\_MODIFIER\_TYPE](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#SERVICE_MODIFIER_TYPE) | EMR User Input |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Location  | Location the service was performed at (e.g. Office) | Yes |
| Service Date | Date the service occurred. | Yes |
| Service Modifier | Selectable service modifier | No |
| Patient | Selected patient | Yes |
| Service Code | Selected or entered service code, limited to the values in the SERVICE\_CODE. | Yes |

First find the relevant FMNB\_CONFIG for the claim:

* FMNB\_CONFIG.EffectiveDate <= Service Date
* FMNB\_CONFIG.TerminationDate > Service Date

A claim is considered FMNB if (all must be true)

* The patient is not an exclusive Medicare number, no results found when:
	+ EXCLUSIVE\_MEDICARE\_NUMBERS.MEDICARE\_NUMBER = Patient.Medicare Number
* Service Provider is active in an FMNB Group. If using the available web service, then a Membership entry exists where:
	+ Membership.EffectiveDate <= Service Date
	+ Membership.TerminationDate > Service Date
* Service Location Type is considered FMNB (see section 4.3.1.1 below).
* Service Modifier Type is NULL OR
	+ Service Modifier Type is not FMNB - NON-PRIMARY OFFICE (14)

#### FMNB Service Location Types

Not all Service Location Types are considered FMNB. FMNB Service Location Types are driven from the FMNB\_CONFIG\_SERVICE\_LOCATION\_TYPE ODG table. Find the corresponding FMNB\_CONFIG\_SERVICE\_LOCATION\_TYPE (**FMNB Location Config**):

* + FMNB\_CONFIG\_SERVICE\_LOCATION\_TYPE. FMNB\_CONFIG\_ID = [FMNB Config].ID
	+ FMNB\_CONFIG\_SERVICE\_LOCATION\_TYPE.SERVICE\_LOCATION\_TYPE\_CODE = Service Location Type

If FMNB Location Config is NULL (not found) then:

* The location is not considered FMNB.

If the FMNB Location Config was found, then next determine if the location considers all service codes as FMNB or only a subsection. For the subsection locations, the FMNB Location Config.RESTRICTED\_SERVICES\_CODES value is a CSV string of Service Codes that will be considered FMNB.

* If FMNB Location Config.SERVICE\_CODE\_RESTRICTED\_FG = 0
	+ The location is considered FMNB.
* If FMNB Location Config.SERVICE\_CODE\_RESTRICTED\_FG = 1
	+ If the Service Code exists in the FMNB Location Config. RESTRICTED\_SERVICES\_CODES then:
		- The location is considered FMNB.
	+ Else
		- The location is not considered FMNB.

### Zero Amount Check

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Provider Role | Selected or entered Provider Role ID, limited to the values in the PROVIDER\_ROLE. | Yes |

If the claim is not considered an FMNB claim:

* If Provider Role = 7 (Nurse Service-FMNB) then:
	+ Units = 0

### Check FMNB Reduction Exclusion

If the claim is considered an FMNB claim, then check if it is excluded from reduction.

Web Services

|  |  |
| --- | --- |
| Web Service | Use |
| /FMNB/syncRoster | Reports changes to the provider’s roster in the Roster Registry to the EMR. |
| /FMNB/syncResident | Reports changes to a patient’s roster data and history in the Roster Registry to the EMR. |

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| FMNB\_ROSTER\_STATUS\_CONFIG | Calculation |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Patient | Selected patient | Yes |
| Service Date | Date the service occurred. | Yes |
| Exclude From FMNB | Indicates the claim should be excluded from FMNB | No |
| Exclude From FMNB Reason | The reason for the exclusion. | No |
| Provider Role | The role of the provider  | Yes |

First retrieve the patient’s roster status (**Patient Roster Status**) from the EMR.

* RosterEntry.EffectiveDate <= Service Date
* RosterEntry.TerminationDate > Service Date

Next find the FMNB\_ROSTER\_STATUS\_CONFIG (**Roster Status Config**) if a Patient Roster Status was found.

* FMNB\_ROSTER\_STATUS\_CONFIG.FMNB\_ROSTER\_STATUS\_CODE = Patient Roster Status

Next determine if the service code is considered **Excluded**. It is if:

* The [Primary Service Eligibility].FMNB\_EXCLUDED\_FG = 1 AND
	+ - [Primary Service Eligibility]. FMNB\_EXCLUDED\_AGE\_LIMIT is NULL or 0 OR
		- [Primary Service Eligibility]. FMNB\_EXCLUDED\_AGE\_LIMIT > 0 AND
			* [Primary Service Eligibility].FMNB\_EXCLUDED\_AGE\_LIMIT >= Difference in days between the Service Date and Patient.Date of birth

The claim will be excluded from FMNB reduction if any of the following statements are True:

* Provider Role = 7 (Nurse Service-FMNB)
* The Patient Roster Status was not found AND
	+ Exclude From FMNB is True AND
	+ Exclude From FMNB Reason is entered.
* The Patient Roster Status is found AND
	+ Roster Status Config.REDUCE\_FFS\_FG = 0
* [Primary Service Eligibility].FMNB\_BYPASS\_REDUCTION\_FG = 1 AND
	+ - [Primary Service Eligibility].FMNB\_BYPASS\_AGE\_LIMIT is NULL or 0 OR
		- [Primary Service Eligibility].FMNB\_BYPASS\_AGE\_LIMIT > 0 AND
			* [Primary Service Eligibility].FMNB\_BYPASS\_AGE\_LIMIT >= Difference in days between the Service Date and Patient.Date of birth

### Nursing Claim Checks

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| [IMMUNIZATION\_PRODUCT](https://hpspub.gnb.ca/MCE/WebServices/Site/OpenDataGateway.html#IMMUNIZATION_PRODUCT) | Calculate |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Code | Selected or entered service code, limited to the values in the SERVICE\_CODE. | Yes |
| Service Date | Date the service occurred. | Yes |

If the Provider Role = 7 (Nurse Service-FMNB), then extra checks are performed.

If:

* Patient Roster Status was not found OR
* Patient Roster Status is one of De-rostered or Refused to Roster Then
	+ Units = 0

Nursing units for immunization claims need to be reduced by 45% for patients older than 1 year old.

Check to see if the Service Code is an immunization code where:

* IMMUNIZATION\_PRODUCT.SERVICE\_CODE = Service Code

If the Service Code is an immunization code then

* If difference in days between the Service Date and Patient.Date of birth > 365 Then
	1. Units = Units \* .45
		1. Round half up.
			1. Anything .5 and above rounds up, anything less than .5 rounds down.

### FMNB Unit Reduction

If the claim is considered an FMNB claim and it is not excluded from FMNB reduction, then continue.

Web Services:

|  |  |
| --- | --- |
| Web Service | Use |
| /FMNB/getGroupProviderConfig | Retrieves the EMR-specific FMNB Configuration information for all service providers in FMNB Groups in the Org ID. Only service providers with FMNB membership will have values returned. |

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| PREMIUM\_RATE | Calculate |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Service Date | The date of the service. | Yes |
| FMNB Premium | EMR User indicates this claim should use the FMNB Premium reduction percentage. | No |

Determine the provider reduction rate.

Using the data available from the getGroupProviderConfig web service, find the corresponding Service Provider reduction override (**Reduction Override**) entry where:

* ReductionOverrides.EffectiveDate <= Service Date
* ReductionOverrides.TerminationDate > Service Date

Next, determine the Service Provider reduction rate for the Service Date.

* If Reduction Override is not NULL then
	+ FMNB Reduction Percentage = ReductionOverrides.ReductionPercent
* Else Reduction Override is NULL
	+ FMNB Reduction Percentage = FMNB\_CONFIG.REDUCTION\_PAYMENT\_PERCENTAGE

If the FMNB Premium has been selected, then:

1. Find the PREMIUM\_RATE.RATE (**FMNB Premium Rate**) where:
	1. PREMIUM\_RATE.EFFECTIVE\_DATE <= Service Date
	2. PREMIUM\_RATE.TERMINATION\_DATE > Service Date
	3. PREMIUM\_RATE.PREMIUM\_RATE\_TYPE\_CODE = 7 (FMNB EXTENDED HOURS)
2. If FMNB Premium Rate > FMNB Reduction Percentage
	1. FMNB Reduction Percentage = FMNB Premium Rate

Calculate the units:

* Units = Units \* (FMNB Reduction Percentage/100)

## Role Reduction

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| ROLE\_3\_EXEMPT\_CODES | Calculate |
| ROLE\_6\_EXEMPT\_CODES | Calculate |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| Provider Role | The role of the provider  | Yes |

Check the Provider Role being claimed and reduce the units by the percentage indicated.

Provider Role = 3 (Assistant) AND Service Code not in ROLE\_3\_EXEMPT\_CODES:

* Units = Units \* .33
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.

Provider Role = 6 (Collaborating Surgeon) AND Service Code not in ROLE\_6\_EXEMPT\_CODES:

* Units = Units \* .70
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.

## Premiums

Open Data Gateway Tables:

|  |  |
| --- | --- |
| Table | Use |
| PREMIUM\_RATE | Calculate |

EMR User Inputted Values:

|  |  |  |
| --- | --- | --- |
| Input | Description | Required |
| After Hours Premium | EMR User indicates this claim should add an After-Hours Premium | No |
| After Hours Midnight to 0659 Premium | EMR User indicates this claim should add an After-Hours Midnight to 0659 Premium | No |
| Cancer Premium | EMR User indicates this claim should add a Cancer Premium | No |

If the claim indicates that a premium is to be applied, then:

* If only After-Hours Premium is selected, then:
	+ Premium Units = After-Hours Premium Calculation
	+ Units = Units + Premium Units
* If only After-Hours Midnight to 0659 Premium is selected, then:
	+ Premium Units = After Hours Midnight to 0659 Premium Calculation
	+ Units = Units + Premium Units
* If only Cancer Premium is selected, then:
	+ Premium Units = Cancer Premium Calculation
	+ Units = Units + Premium Units
* If After-Hours Premium and Cancer Premium are selected, then:

First calculate the Cancer Premium units to add to the units:

* + Premium Units = Cancer Premium Calculation
	+ Units = Units + Premium Units

Then calculate the After-Hours Premium units to add to the units:

* + Premium Units = After-Hours Premium Calculation
	+ Units = Units + Premium Units

### After-Hours Premium Calculation

Check that the service code allows an After-Hours Premium:

* Service code on the claim allows a premium if:
	+ [Primary Service Eligibility].BASIC\_PREMIUM\_ALLOWED = True

If the service code allows the premium, then:

* Rate = PREMIUM\_RATE.RATE Where
	+ PREMIUM\_RATE.Effective\_Date <= Service Date
	+ PREMIUM\_RATE.Termination\_Date > Service Date
	+ PREMIUM\_RATE.PremiumRateType = 3
* Premium Units = Units \* Rate
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.
* If Premium Units < [Primary Service Eligibility]. BASIC\_PREMIUM\_MINIMUM Then
	+ Premium Units = [Primary Service Eligibility]. BASIC\_PREMIUM\_MINIMUM

### After Hours Midnight to 0659 Premium Calculation

Check that the service code allows an After-Hours Midnight to 0659 Premium:

* Service code on the claim allows a premium if:
	+ [Primary Service Eligibility].BASIC\_PREMIUM\_ALLOWED = True

If the service code allows the premium, then:

* Rate = PREMIUM\_RATE.RATE Where
	+ PREMIUM\_RATE.Effective\_Date <= Service Date
	+ PREMIUM\_RATE.Termination\_Date > Service Date
	+ PREMIUM\_RATE.PremiumRateType = 4
* Premium Units = Units \* Rate
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.
* If Premium Units < [Primary Service Eligibility]. BASIC\_PREMIUM\_MINIMUM Then
	+ Premium Units = [Primary Service Eligibility]. BASIC\_PREMIUM\_MINIMUM

### Cancer Premium calculation

Check that the service code allows a Cancer Premium:

* Service code on the claim allows a premium if:
	+ [Primary Service Eligibility].CANCER\_PREMIUM\_ALLOWED = True

If the service code allows the premium, then:

* Rate = PREMIUM\_RATE.Rate Where
	+ PREMIUM\_RATE.Effective\_Date <= Service Date
	+ PREMIUM\_RATE.Termination\_Date > Service Date
	+ PREMIUM\_RATE.PremiumRateType = 5
* Premium Units = Units \* Cancer Rate
	+ Round half up.
		- Anything .5 and above rounds up, anything less than .5 rounds down.