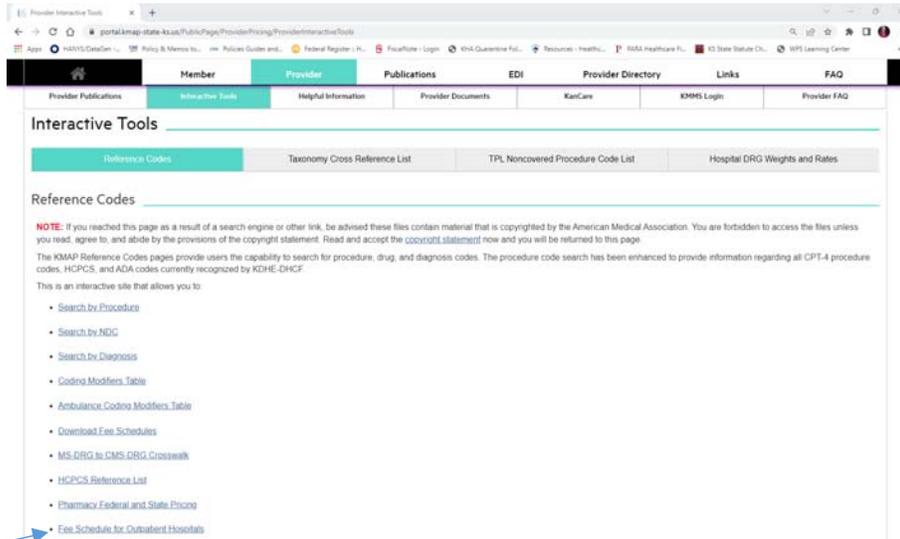


## How to locate the Medicaid Fee Schedules

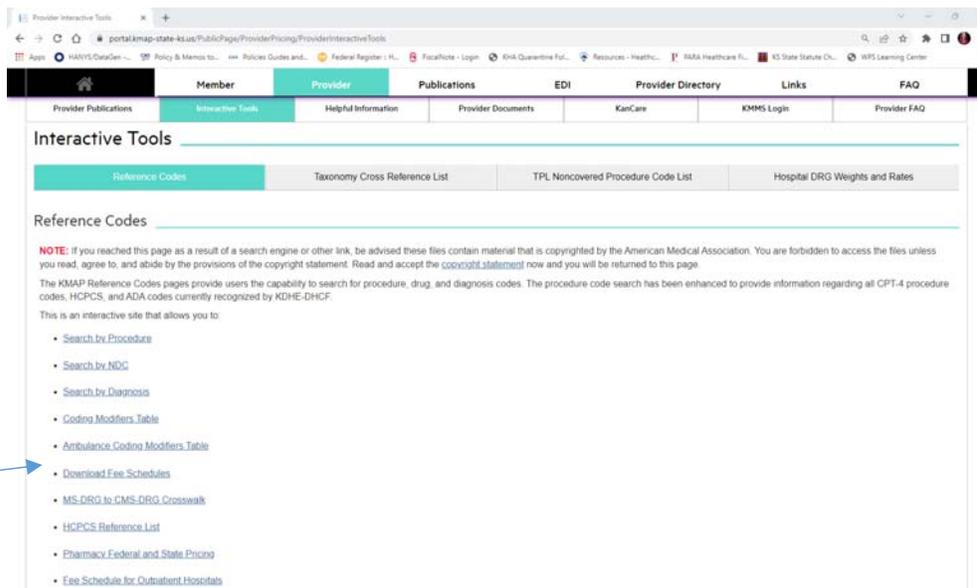
### Outpatient

- 1) <https://portal.kmap-state-ks.us/PublicPage>
- 2) Click on Provider
- 3) Click on Interactive Tools
- 4)



You are able to click on Fee Schedule for Outpatient Hospitals

- 5) If you do not find the specific code, you can search further in reference codes by procedure, NDC or Diagnosis. Another option is 'Download Fee Schedules'



## 6) Select Program *MediKan* and Rate Type *Outpatient*

FeeSchedules

portal.kmap-state-ks.us/PublicPage/ProviderPricing/FeeSchedules?searchBy=ScheduleList

KMAP

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### KMAP Fee Schedules

To access a fee schedule, select the program from the drop-down list. Next, choose the type of rates for which you want to view or print the fee schedule. After choosing the rate type, you will see a list of the current and historical versions of the corresponding schedule. Click the schedule you want to view.

Information provided on fee schedules does not guarantee coverage or payment. Providers must reference provider manuals for specific coverage information or program limitations and verify if services are covered for their provider type and specialty and the beneficiary. For additional information, please refer to the FAQ page and select the Fee Schedule category.

Disclaimer: Effective with the processing date of July 26, 2017, retroactive to dates of service on and after July 1, 2017, the previously implemented provider payment reduction was restored. Claims with a date of service prior to July 1, 2017, continue to receive the reduction. Effective for claims with DOS on and after 07/01/2018 the DRG adjustment percentage was increased to 78% for outliers (both cost outlier and day outlier).

Select Program **MediKan** Select Rate Type **Outpatient**

Current Version	Last Updated
FeeSchedule_20230101_MKN_OPS.txt.zip	01-Jan-23

Historical Versions	Last Updated
FeeSchedule_20221201_MKN_OPS.txt.zip	01-Dec-22
FeeSchedule_20221101_MKN_OPS.txt.zip	01-Nov-22
FeeSchedule_20221001_MKN_OPS.txt.zip	01-Oct-22
FeeSchedule_20220901_MKN_OPS.txt.zip	01-Sep-22

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## Inpatient

- 1) <https://portal.kmap-state-ks.us/PublicPage>
- 2) Click on Provider
- 3) Click on Interactive Tools
- 4) Click on Hospital DRG Weights and Rates
- 5)

Kansas Kansas Medical Assistance Program (KMAP)

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### Interactive Tools

Reference Codes Taxonomy Cross Reference List TPL Noncovered Procedure Code List **Hospital DRG Weights and Rates**

Hospital DRG Weights and Rates

[Hospital DRG Weights and Limits](#)

[Hospital Rates](#)

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- 6) Click on Hospital DRG Weights and Limits to receive the daily rates and limits (you may need to unhide rows in the excel file)
- 7) Click on Hospital Rates to gather your individual hospital outlier CCR and weights
- 8) To figure specific hospital payment, you can calculate as in the following example:

Urban Hospital	0.1660	\$3,859.00		
<b>Enter Values in blue fields below</b>		<b>DRG Payment Calculation</b>		
<b>Hospital</b>	Urban Hospital		<b>Base Payment</b>	
Total Charges Billed on Claim	\$60,000.00		Peer Group Rate	\$3,859.00
MS DRG #	542		DRG Weight	3.2700
Claim Date of Admission	3/1/2022			<b>\$12,618.93</b>
Claim Date of Discharge	3/17/2022			
<b>Hospital information:</b>			<b>Cost Outlier</b>	
Peer Group Rate	\$3,859.00		Charges	\$60,000.00
IP Cost to Charge Ratio (CCR)	0.1660		CCR	0.1660
<b>DRG information:</b>			Claim Cost	\$9,960.00
DRG Weight	3.2700		Less Limit	-\$37,684.00
Cost Outlier Limit	\$37,684		Amount	-\$27,724.00
Cost Outlier Adjustment	78%		78% allowed	78%
Daily Rate	\$5,007			<b>0.00</b>
Days Limit	11		<b>Days Outlier</b>	
<b>Note 1:</b> The DRG amount is the Base Payment plus the greater of the cost outlier or the days outlier.			Covered Days for Claim	16
<b>Note 2:</b> Medicaid does not attach the payments for IME, DGME or DSH to the claim-by-claim payment. These amounts are paid quarterly.			Minus Days Threshold	-11
			Days Over Limit	5
			Daily Rate	\$5,007
			Amount	\$25,035.00
			78% allowed	78%
				<b>\$19,527.30</b>
			Greater of Cost Outlier or Days Outlier	\$19,527.30
			<b>Plus Outlier Amount</b>	<b>\$32,146.23</b>
			<b>Payment is Lesser of Billed Charges or DRG Amount</b>	<b>\$32,146.23</b>