

Ohio Department of Medicaid
OHIO MEDICAID REFERENCE FILE - FEE SCHEDULE APPLICATION

A Medicaid reference file application must be completed and received by the Ohio Department of Medicaid before the listed material can be mailed. **PLEASE NOTE: Reports are generated on a request only basis on the 10th of each month. The application cut-off date is the 5th of each month.**

Please print or type the information on this form.

Provider Name	Ohio Medicaid Provider Number (if applicable)
Street Address (No Delivery To P. O. Boxes)	Contact Person (Required)
City, State, Zip	Telephone Number

Check type of reference file needed, quantity, and total cost.

Description	Cartridge tape 4490 36-Trk	# of Copies	Microfiche	# of Copies	Hardcopy Printout	# of Copies
HCP/PCS/CPT Codes (All Provider Types)	\$60.00		\$45.00		\$70.00	
NDC (Drug Codes)	\$60.00		\$45.00		\$275.00	
Outpatient Hospital Clinic Codes Only	\$60.00		\$45.00		\$70.00	
HCP/PCS/CPT Codes (Inpatient/ Outpatient, All provide types)	\$95.00		\$55.00		\$100.00	
	Total		Total		Total	

STATE USE ONLY: PLEASE DO NOT WRITE BELOW THIS AREA

Approved By	Signature	Date
Prepared By	Signature	Date

Please make checks payable to: Treasurer of State, State of Ohio
Mail to: Ohio Department of Medicaid
P. O. Box 182367
Columbus, OH 43218-2367

The Reference File information is made available to any interested parties.
All types of reference file data will have a fee to offset production, and shipping and handling.
The requestor **MUST** pay all fees before the data will be mailed.

Procedure codes will be in the most recent Health Care Financing Administrations Common Procedural Coding System (HCP/PCS) structure. Drug codes are identified by their National Drug Code (NDC).