

Addendum D1

Addendum D1.--Payment Status Indicators

Indicator	Item/Code/Service	OPPS Payment Status
A	Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, for example:	Not paid under OPPS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPPS.
	<ul style="list-style-type: none"> ● Ambulance Services 	
	<ul style="list-style-type: none"> ● Clinical Diagnostic Laboratory Services 	Not subject to deductible or coinsurance.
	<ul style="list-style-type: none"> ● Non-Implantable Prosthetic and Orthotic Devices 	
	<ul style="list-style-type: none"> ● EPO for ESRD Patients 	
	<ul style="list-style-type: none"> ● Physical, Occupational, and Speech Therapy 	
	<ul style="list-style-type: none"> ● Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital 	
	<ul style="list-style-type: none"> ● Diagnostic Mammography 	
	<ul style="list-style-type: none"> ● Screening Mammography 	Not subject to deductible.
B	Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).	Not paid under OPPS.
		<ul style="list-style-type: none"> ● May be paid by fiscal intermediaries/MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.
		<ul style="list-style-type: none"> ● An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.
C	Inpatient Procedures	Not paid under OPPS. Admit patient. Bill as inpatient.

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D	Discontinued Codes	Not paid under OPSS or any other Medicare payment system.
E	Items, Codes, and Services:	Not paid under OPSS or any other Medicare payment system.
	<ul style="list-style-type: none"> • That are not covered by Medicare based on statutory exclusion. 	
	<ul style="list-style-type: none"> • That are not covered by Medicare for reasons other than statutory exclusion. 	
	<ul style="list-style-type: none"> • That are not recognized by Medicare but for which an alternate code for the same item or service may be available. 	
	<ul style="list-style-type: none"> • For which separate payment is not provided by Medicare. 	
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Not paid under OPSS. Paid at reasonable cost.
G	Pass-Through Drugs and Biologicals	Paid under OPSS; separate APC payment includes pass-through amount.
H	Pass-Through Device Categories	Separate cost-based pass-through payment; not subject to copayment.
K	(1) Nonpass-Through Drugs and Biologicals	(1) Paid under OPSS; separate APC payment.
	(2) Therapeutic Radiopharmaceuticals	(2) Paid under OPSS; separate APC payment.
	(3) Brachytherapy Sources	(3) Paid under OPSS; separate APC payment.
	(4) Blood and Blood Products	(4) Paid under OPSS; separate APC payment.

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L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the Fiscal Intermediary/MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; per diem APC payment.
Q	Packaged Services Subject to Separate Payment under OPPS Payment Criteria.	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Separate APC payment based on OPPS payment criteria.
		(2) If criteria are not met, payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.
X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.