

CHAPTER 13
 ADDENDUM C1

PAYMENT STATUS INDICATORS FOR HOSPITAL OPPS

Note: This reimbursement system is tentatively scheduled to become effective on November 1, 2006.

INDICATOR	ITEM/CODE/SERVICE	OPPS PAYMENT STATUS
A	<p>Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, e.g.:</p> <ul style="list-style-type: none"> • Ambulance Services • Clinical Diagnostic Laboratory Services • Non-Implantable Prosthetic and Orthotic Devices • EPO for ESRD Patients • Physical, Occupational, and Speech Therapy • Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital • Diagnostic Mammography • Screening Mammography 	<p>Not paid under OPPS. Paid by Intermediaries under a fee schedule or payment system other than OPPS.</p>
B	<p>Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x, 13x, and 14x).</p>	<p>Not paid under OPPS.</p> <ul style="list-style-type: none"> • May be paid by intermediaries when submitted on a different bill type, e.g., 75x (CORF), but not paid under OPPS. • An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x, 13x, and 14x) may be available.
C	<p>Inpatient Procedures</p>	<p>Not paid under OPPS. Admit patient. Bill as inpatient.</p>
E	<p>Items, Codes, and Services:</p> <ul style="list-style-type: none"> • That are not covered by Medicare based on Statutory Exclusion. • That are not covered by Medicare for reasons other than Statutory Exclusion. • That are not recognized by Medicare but for which an alternate code for the same item or service may be available. • For which separate payment is not provided by Medicare. 	<p>Not paid under OPPS.</p>

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INDICATOR	ITEM/CODE/SERVICE	OPPS PAYMENT STATUS
F	Corneal Tissue Acquisition; Certain CRNA Services	Not paid under OPPTS. Paid at reasonable cost.
G	Pass-through Drugs, Biologicals, and Radiopharmaceutical Agents	Paid under OPPTS; Separate APC payment includes Pass-Through amount.
H	(1) Pass-through Device Categories; (2) Brachytherapy Sources	Paid under OPPTS; (1) Separate cost-based Pass-Through payment; (2) Separate cost-based Non-Pass-Through payment.
K	Non-Pass-Through Drugs, Biologicals, and Radiopharmaceuticals Agents	Paid under OPPTS; Separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPTS. Paid at reasonable cost; Not subject to deductible or coinsurance.
N	Items and Services packaged into APC Rates	Paid under OPPTS; Payment is packaged into payment for other services, including outliers, therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPTS; Per diem APC payment.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPTS; Separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPTS; Separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPTS; Separate APC payment.
X	Ancillary Services	Paid under OPPTS; Separate APC payment.

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