

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) - AMBULATORY PAYMENT CLASSIFICATIONS (APCs)

SECTION	SUBJECT
1	General
2	Billing And Coding Of Services Under APC Groups
FIGURE 13-2-1	CY 2009 Device-Dependent APCs
FIGURE 13-2-2	Groups Of Cardiac Electrophysiologic Evaluation And Ablation Procedures Upon Which The Composite APC 8000 Is Based
FIGURE 13-2-3	OPPS Imaging Families And Multiple Imaging Procedure Composite APCs - Final CY 2009
FIGURE 13-2-4	Composite APCs And Criteria For Composite Payment
FIGURE 13-2-5	Revenue And HCPCS Level I And II Codes Used In Billing For Partial Hospitalization Services And Other Mental Health Services Outside Partial Hospitalization For CY 2009
FIGURE 13-2-6	PHP For CY 2008
FIGURE 13-2-7	Reporting Of Partial Hospitalization Services Spanning Two Or More Dates - HIPAA 837 Format
FIGURE 13-2-8	Reporting Of Partial Hospitalization Services Spanning Two Or More Dates - CMS 1450 Format
FIGURE 13-2-9	Criteria For Payment Of Extended Assessment And Management Composite APCs
FIGURE 13-2-10	Required Diagnoses For Maternity
FIGURE 13-2-11	Billing For Bone Marrow And Stem Cell Processing Services
FIGURE 13-2-12	Comprehensive List Of Brachytherapy Sources Paid Under Cost-To-Charge Methodology Up Through December 31, 2009
FIGURE 13-2-13	New HCPCS Codes Effective For Certain Drugs, Biologicals, And Radiopharmaceuticals In CY 2008
FIGURE 13-2-14	HCPCS Code And Dosage Descriptor Changes Effective For Certain Drugs, Biologicals And Radiopharmaceuticals In CY 2008

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002
 CHAPTER 13 - OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) - AMBULATORY PAYMENT
 CLASSIFICATIONS (APCs)

SECTION	SUBJECT
	FIGURE 13-2-15 New Drug Codes Separately Payable Under Opps As Of January 1, 2008
	FIGURE 13-2-16 Comprehensive List Of Therapeutic Radiopharmaceuticals Payable As Of January 1, 2009
	FIGURE 13-2-17 New Drug Administration CPT Codes Effective In CY 2009
	FIGURE 13-2-18 HCPCS Code(s) For Billing Echocardiograms With Contrast
3	Prospective Payment Methodology
	FIGURE 13-3-1 List Of Revenue Centers Packaged Into Major HCPCS Codes When Appearing In The Same Claim
	FIGURE 13-3-2 Discounting Formulas For Bilateral Procedures
	FIGURE 13-3-3 Application Of Discounting Formulas
	FIGURE 13-3-4 TTPA Adjustment Percentages For 10 Visit APC Codes
	FIGURE 13-3-5 Drugs And Biologicals With Pass-Through Status In CY 2009
	FIGURE 13-3-6 Antiemetics Exempted From CY 2008 \$60 Packaging Threshold
	FIGURE 13-3-7 Crosswalk From HCPCS Level I ¹ Codes For Drug Administration To Drug Administration APCs
	FIGURE 13-3-8 Non-Chemotherapy Prolonged Infusion Codes That Require A Pump
	FIGURE 13-3-9 Vaccine Administration Codes And Status Indicators
	FIGURE 13-3-10 Assignment Of Blood And Blood Product Codes
	FIGURE 13-3-11 Devices For Which "FC" And "FB" Modifiers Must Be Reported With The Procedure When Furnished Without Cost Or At Full Or Partial Credit For A Replacement Device
	FIGURE 13-3-12 Adjustments To APCs In Cases Of Devices Reported Without Cost Or For Which Full Or Partial Credit Is Received For CY 2009
	FIGURE 13-3-13 Final HCPCS Codes To Be Used To Report ED Visits Provided In Type B EDs
	FIGURE 13-3-14 Assignment Of CPT E/M Codes And Other HCPCS Codes To New Visit APCs For CY 2007
	FIGURE 13-3-15 Proportional Payment For "T" Line Items

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002
CHAPTER 13 - OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) - AMBULATORY PAYMENT
CLASSIFICATIONS (APCs)

SECTION	SUBJECT
4	Claims Submission And Processing Requirements
	FIGURE 13-4-1 Actions Taken When Multiple Medical Visits Occur On The Same Day
5	Medical Review And Allowable Charge Review Under The Outpatient Prospective Payment System (OPPS)
ADDENDUM A1	Development Schedule For TRICARE OCE/APC Quarterly Update
ADDENDUM A2	OPPS OCE Notification Process For Quarterly Updates
ADDENDUM A3	Approval Of OPPS - OCE/APC And NGPL Quarterly Update Process

