Payment for Nonexcepted Items and Services by OPPS Status Indicator

OPPS Status Indicator	Item/Service Category	OPPS Payment Prior to Section 603 Implementation	MPFS Payment Adopted in this Interim Final Rule with Comment Period
A	Ambulance Services	Paid according to Ambulance fee schedule	No change relative to current payment
	Separately payable clinical diagnostic laboratory services	Paid according to CLFS fee schedule	
	Separately payable non-implantable prosthetics and orthotics	Paid according to DMEPOS fee schedule	
	Physical, Occupational, and Speech Therapy	Paid according to MPFS Facility Rate	
B	Codes not recognized by OPPS when submitted on outpatient hospital bill type	Not Applicable	
C	Inpatient Procedures	Not Applicable	
D	Discontinued Codes	Not Applicable	
E1	Not covered by any Medicare outpatient benefit category	Not Applicable	
E2	Medicare covered item; no pricing available	Not Applicable	
F	Corneal tissue acquisition	Paid at reasonable cost	No change relative to current payment
	Certain CRNA services		
	Hepatitis B Vaccines		
G	Pass-through drugs and biologicals	ASP+6%	ASP+6%
H	Pass-through device categories	Amount by which the hospital's charges, adjusted to cost, exceeds the OPPS payment rate associated with the device	No change relative to current payment
J1	Hospital Part B services paid through a comprehensive APC	Claim-level packaged payment	Paid 50 % of C-APC rate
J2	Hospital Part B services that may be paid through a Comprehensive APC (Observation)	Comprehensive APC Payment	Paid 50% of C-APC rate
K	Nonpass-through drugs, biologicals, therapeutic radiopharmaceuticals	ASP+6%	ASP+6%
L	Influenza Vaccine	Paid at reasonable cost	Paid at reasonable cost
	Pneumocccal Pneumonia Vaccine		
M	Items and Services not billable to the MAC	Not Applicable	

OPPS Status Indicator	Item/Service Category	OPPS Payment Prior to Section 603 Implementation	MPFS Payment Adopted in this Interim Final Rule with Comment Period
N	Items and Services Packaged into APC rates	Payment packaged with procedure	No change relative to current payment
P	Partial hospitalization	Separate APC payment	CMHC Rate
Q1	STV-packaged codes	Packaged APC payment if billed on same claim with "S," "T," or "V" procedure	Paid at 50% of APC rate if billed without "S," "T," or "V" procedure; otherwise packaged
Q2	T-packaged codes	Packaged APC payment if billed on same claim with "T" procedure	Paid at 50% of APC rate if billed without "T" procedure; otherwise packaged
Q3	Codes that may be paid through a composite APC	Composite payment when criteria met; otherwise separate APC payment or packaged payment	Paid at 50% of APC rate if composite criteria met; otherwise packaged
Q4	Conditionally packaged laboratory tests	Conditionally packaged APC payment when billed on same claim with HCPCS codes assigned SI J1, J2, S, T, V, Q1, Q2, or Q3; otherwise paid under clinical laboratory fee schedule	Paid at CLFS rate when billed without primary service; otherwise packaged
R	Blood and blood products	Charges reduced to costs	No change relative to current payment
S	Procedure or Service, Not Discounted when multiple	Separate APC payment	Paid at 50% of APC rate
T	Procedure or Service, Multiple Procedure Reduction Applies	Separate APC payment	Paid at 50% of APC rate Existing MPFS Multiple Procedure Payment Reduction Policies Apply
U	Brachytherapy sources	Charges reduced to costs	No change relative to current payment
V	Clinic Visit	Separate APC payment	Paid at 50% of APC Rate
Y	Non-implantable Durable Medical Equipment	Paid according to DMEPOS fee schedule	No change relative to current payment