

**Addendum D1.—Payment Status Indicators for the Hospital Outpatient Prospective Payment System**

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, for example:</p> <ul style="list-style-type: none"> <li>● Ambulance Services</li> <li>● Clinical Diagnostic Laboratory Services</li> <li>● Non-Implantable Prosthetic and Orthotic Devices</li> <li>● EPO for ESRD Patients</li> <li>● Physical, Occupational, and Speech Therapy</li> <li>● Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital</li> <li>● Diagnostic Mammography</li> <li>● Screening Mammography</li> </ul>	<p>Not paid under OPPS. Paid by fiscal 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"> <li>● May be paid by intermediaries when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.</li> <li>● 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.</li> </ul>
C	<p>Inpatient Procedures</p>	<p>Not paid under OPPS. Admit patient. Bill as inpatient.</p>
D	<p>Discontinued Codes</p>	<p>Not paid under OPPS.</p>
E	<p>Items, Codes, and Services:</p>	<p>Not paid under OPPS.</p>

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	<ul style="list-style-type: none"> <li>● That are not covered by Medicare based on statutory exclusion.</li> <li>● That are not covered by Medicare for reasons other than statutory exclusion.</li> <li>● That are not recognized by Medicare but for which an alternate code for the same item or service may be available.</li> <li>● For which separate payment is not provided by Medicare.</li> </ul>	
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	(1) Pass-Through Device Categories	(1) Separate cost-based pass-through payment; Not subject to coinsurance.
	(2) Brachytherapy Sources	(2) Separate cost-based non-pass-through payment.
	(3) Radiopharmaceutical Agents	(3) Separate cost-based non-pass-through payment.
K	Non-Pass-Through Drugs and Biologicals	Paid under OPSS; Separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPSS. Paid at reasonable cost; Not subject to deductible or coinsurance.
M	Items and Services Not Billable to the Fiscal Intermediary	Not paid under OPSS.
N	Items and Services Packaged into APC Rates	Paid under OPSS; Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPSS; Per diem APC payment.

<b>Indicator</b>	<b>Item/Code/Service</b>	<b>OPPS Payment Status</b>
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.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.
X	Ancillary Services	Paid under OPPS; Separate APC payment.