

HANDOUT 9

Status 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 MACs under a fee schedule or payment system other than OPPS; may be contractor priced.
		Services are subject to deductible or coinsurance unless indicated otherwise.
	<ul style="list-style-type: none"> ● Ambulance Services 	
	<ul style="list-style-type: none"> ● Separately Payable Clinical Diagnostic Laboratory Services 	Not subject to deductible or coinsurance.
	<ul style="list-style-type: none"> ● Separately Payable Non-Implantable Prosthetics and Orthotics 	
	<ul style="list-style-type: none"> ● Physical, Occupational, and Speech Therapy 	
	<ul style="list-style-type: none"> ● Diagnostic Mammography 	
	<ul style="list-style-type: none"> ● Screening Mammography 	Not subject to deductible or coinsurance.
Unclassified drugs and biologicals reportable under HCPCS code C9399	Contractor priced at 95 percent of drug or biological's average wholesale price (AWP) using Red Book or an equivalent recognized compendium and paid under OPPS.	
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 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.
E1	Items, Codes, and Services:	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).
	<ul style="list-style-type: none"> • Not covered by any Medicare outpatient benefit category 	
	<ul style="list-style-type: none"> • Statutorily excluded by Medicare • Not reasonable and necessary 	
E2	Items, Codes, and Services:	Not paid by Medicare when submitted on outpatient claims (any outpatient bill type).
	For which pricing information and claims data are not available	
F	Corneal Tissue Acquisition; Certain CRNA Services	Not paid under OPSS. Paid at reasonable cost.
G	Pass-Through Drugs and Biologicals	Paid under OPSS; separate APC payment.
H	Pass-Through Device Categories	Separate cost-based pass-through payment; not subject to copayment.
J1	Hospital Part B Services Paid Through a Comprehensive APC	Paid under OPSS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPSS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services; and FDA-authorized or approved drugs and biologicals (including blood products) that are authorized or approved to treat or prevent COVID-19.

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J2	Hospital Part B Services That May Be Paid Through a Comprehensive APC	Paid under OPSS; Addendum B displays APC assignments when services are separately payable.
		(1) Comprehensive APC payment based on OPSS comprehensive-specific payment criteria. Payment for all covered Part B services on the claim is packaged into a single payment for specific combinations of services, except services with OPSS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services; and FDA-authorized or approved drugs and biologicals (including blood products) that are authorized or approved to treat or prevent COVID-19.
		(2) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "J1".
		(3) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
K	Nonpass-Through Drugs and Nonimplantable Biologicals, Including Therapeutic Radiopharmaceuticals	Paid under OPSS; separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine; Hepatitis B Vaccines; Covid-19 Vaccine; Monoclonal Antibody Therapy Product	Not paid under OPSS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the MAC	Not paid under OPSS.
N	Items and Services Packaged into APC Rates	Paid under OPSS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

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P	Partial Hospitalization	Paid under OPSS; per diem APC payment.
Q1	STV-Packaged Codes	Paid under OPSS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator “S”, “T”, or “V”.
		(2) Composite APC payment if billed with specific combinations of services based on OPSS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.
		(3) In other circumstances, payment is made through a separate APC payment.
Q2	T-Packaged Codes	Paid under OPSS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator “T”.
		(2) In other circumstances, payment is made through a separate APC payment.
Q3	Codes That May Be Paid Through a Composite APC	Paid under OPSS; Addendum B displays APC assignments when services are separately payable.
		Addendum M displays composite APC assignments when codes are paid through a composite APC.
		(1) Composite APC payment based on OPSS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.
		(2) In other circumstances, payment is made through a separate APC payment or packaged into payment for other services.
Q4	Conditionally Packaged Laboratory Tests	Paid under OPSS or CLFS.
		(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned published status indicator “J1”, “J2”, “S”, “T”, “V”, “Q1”, “Q2”, or “Q3”.
		(2) In other circumstances, laboratory tests should have a status indicator of "A" and payment is made under the CLFS.

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R	Blood and Blood Products	Paid under OPSS; separate APC payment.
S	Procedure or Service, Not Discounted When Multiple	Paid under OPSS; separate APC payment.
T	Procedure or Service, Multiple Procedure Reduction Applies	Paid under OPSS; separate APC payment.
U	Brachytherapy Sources	Paid under OPSS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPSS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPSS. All institutional providers other than home health agencies bill to a DME MAC.