

**HANDOUT 9**

| <b>Status Indicator</b> | <b>Item/Code/Service</b>  | <b>OPPS Payment Status</b>   |
|-------------------------|---|--|
| 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.  |
|                         | • Ambulance Services  |  |
|                         | • Separately Payable Clinical Diagnostic Laboratory Services  | Not subject to deductible or coinsurance.  |
|                         | • Separately Payable Non-Implantable Prosthetics and Orthotics  |  |
|                         | • Physical, Occupational, and Speech Therapy  |  |
|                         | • Diagnostic Mammography  |  |
|                         | • 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.   |
|                         |   | • May be paid by MACs when submitted on a different bill type, for example, 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 and 13x) may be available.                         |
| C                       | Inpatient Procedures  | Not paid under OPPS. Admit patient. Bill as inpatient.   |

**HANDOUT 9**

|    |   |  |
|----|---|--|
| D  | Discontinued Codes  | Not paid under OPPTS 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"> <li>• Not covered by any Medicare outpatient benefit category</li> </ul> |  |
|    | <ul style="list-style-type: none"> <li>• Statutorily excluded by Medicare</li> </ul>                        |  |
|    | <ul style="list-style-type: none"> <li>• Not reasonable and necessary</li> </ul>                            |  |
| 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 OPPTS. Paid at reasonable cost.   |
| G  | Pass-Through Drugs and Biologicals  | Paid under OPPTS; 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 OPPTS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPTS 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. |
|    |   |  |

**HANDOUT 9**

|    |  |   |
|----|--|---|
| 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.  |

**HANDOUT 9**

|    |  |  |
|----|--|--|
| 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.   |

**HANDOUT 9**

|   |  |   |
|---|--|---|
| R | Blood and Blood Products                                   | Paid under OPPS; separate APC payment.  |
| S | Procedure or Service, Not Discounted When Multiple         | Paid under OPPS; separate APC payment.  |
| T | Procedure or Service, Multiple Procedure Reduction Applies | Paid under OPPS; separate APC payment.  |
| U | Brachytherapy Sources                                      | 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 a DME MAC. |