

ADDENDUM B.—PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION CALENDAR YEAR 2004—Continued

CPT/ HCPCS	Status indicator	Condition	Description	APC	Relative weight	Payment rate	National unadjusted copayment	Minimum unadjusted copayment
V5240	E		Dispensing fee bicros					
V5241	E		Dispensing fee, monaural					
V5242	E		Hearing aid, monaural, cic					
V5243	E		Hearing aid, monaural, itc					
V5244	E		Hearing aid, prog, mon, cic					
V5245	E		Hearing aid, prog, mon, itc					
V5246	E		Hearing aid, prog, mon, ite					
V5247	E		Hearing aid, prog, mon, bte					
V5248	E		Hearing aid, binaural, cic					
V5249	E		Hearing aid, binaural, itc					
V5250	E		Hearing aid, prog, bin, cic					
V5251	E		Hearing aid, prog, bin, itc					
V5252	E		Hearing aid, prog, bin, ite					
V5253	E		Hearing aid, prog, bin, bte					
V5254	E		Hearing id, digit, mon, cic					
V5255	E		Hearing aid, digit, mon, itc					
V5256	E		Hearing aid, digit, mon, ite					
V5257	E		Hearing aid, digit, mon, bte					
V5258	E		Hearing aid, digit, bin, cic					
V5259	E		Hearing aid, digit, bin, itc					
V5260	E		Hearing aid, digit, bin, ite					
V5261	E		Hearing aid, digit, bin, bte					
V5262	E		Hearing aid, disp, monaural					
V5263	E		Hearing aid, disp, binaural					
V5264	E		Ear mold/insert					
V5265	E		Ear mold/insert, disp					
V5266	E		Battery for hearing device					
V5267	E		Hearing aid supply/accessory					
V5268	E		ALD Telephone Amplifier					
V5269	E		Alerting device, any type					
V5270	E		ALD, TV amplifier, any type					
V5271	E		ALD, TV caption decoder					
V5272	E		Tdd					
V5273	E		ALD for cochlear implant					
V5274	E		ALD unspecified					
V5275	E		Ear impression					
V5298	E		Hearing aid noc					
V5299	E		Hearing service					
V5336	E		Repair communication device					
V5362	A		Speech screening					
V5363	A		Language screening					
V5364	A		Dysphagia screening					

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ADDENDUM D.—PAYMENT STATUS INDICATORS FOR THE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Indicator	Service	Status
A	Services Paid under a Fee Schedule Other than OPPS, e.g., Clinical Diagnostic Laboratory Services; Physical, Occupational and Speech Therapy; and Screening Mammography.	Paid under a Payment System other than OPPS.
C	Inpatient Procedures	Not Paid under OPPS; Admit Patient; Bill as Inpatient.
D	Deleted Code	Not Paid under Medicare.
E	Non-Covered Items and Services; Codes not Payable in Hospital Outpatient Setting; Codes Not Recognized by OPPS but for Which an Alternate Code may be Applicable..	Not Covered under Medicare, or not an Allowed Code when Performed in a Hospital Outpatient Setting.
F	Corneal Tissue Acquisition	Paid at Reasonable Cost.
G	Drug/Biological Pass-Through	Paid under OPPS; Separate APC Payment Includes Pass-Through Amount.
H	Device Category Pass-Through	Paid under OPPS; Separate Cost-Based Pass-Through Payment.
K	Non Pass-Through Drug/Biological, Radiopharmaceutical Agent, Certain Brachytherapy Sources.	Paid under OPPS; Separate APC.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Paid at Reasonable Cost; Not Subject to Deductible or Coinsurance.