

ADDENDUM D1.—PAYMENT STATUS INDICATORS FOR THE HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Indicator	Item/code/service	Status
A	Services furnished to a Hospital Outpatient that are paid under a Fee Schedule/Payment System other than OPSS, e.g.: • Ambulance Services • Clinical Diagnostic Laboratory Services • Non-Implantable Prosthetic and Orthotic Devices • EPO for ESRD Patients • Physical, Occupational, and Speech Therapy • Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital. • Screening Mammography	Not paid under OPSS. Paid by Intermediaries under a Fee Schedule/Payment System other than OPSS.
B	Codes that are not recognized by OPSS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x).	Not paid under OPSS. • May be paid by Intermediaries when submitted on a different bill type, e.g., 75x (CORF), but not paid under OPSS. • An alternate code that is recognized by OPSS when submitted on an Outpatient Hospital Part B bill type (12x, 13x, and 14x) may be available.
C	Inpatient Procedures	Not paid under OPSS. Admit patient; Bill as Inpatient.
D	Deleted Codes	Not paid under OPSS. Not paid under Medicare.
E	Items, Codes, and Services: • That are not covered by Medicare based on Statutory Exclusion. • That are not covered by Medicare for reasons other than Statutory Exclusion. • That are not recognized by Medicare but for which an alternate code for the same item or service may be available. • For which separate payment is not provided by Medicare	Not paid under OPSS.
F	Corneal Tissue Acquisition; Certain CRNA Services	Not paid under OPSS. Paid at reasonable cost.
G	Drug/Biological Pass-Through	Paid under OPSS; Separate APC payment includes Pass-Through amount.
H	Device Category Pass-Through	Paid under OPSS; Separate cost-based Pass-Through payment.
K	Non Pass-Through Drugs and Biologicals; Radiopharmaceutical Agents; Certain Brachytherapy Sources.	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.
N	Items and Services packaged into APC Rates	Paid under OPSS. However, 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.
S	Significant Procedure, Not Discounted when Multiple	Paid under OPSS; Separate APC payment.
T	Significant Procedure, Multiple Procedure Reduction Applies	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 DMERC.
X	Ancillary Service	Paid under OPSS; Separate APC payment.

ADDENDUM D2.—CODE CONDITIONS

Code condition	Descriptor
DG	Deleted code with a grace period; Payment will be made under the deleted code during the 90-day grace period.
DNG	Deleted code with no grace period; Payment will not be made under the deleted code after December 31, 2003.
NF	New code final APC assignment; Comments were accepted on a proposed APC assignment in the Proposed Rule; APC assignment is no longer open to comment.
NI	New code interim APC assignment; Comments will be accepted on the interim APC assignment for the new code.

ADDENDUM E.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES
[Calendar Year 2004]

CPT/HCPCS	NPRM SI	Description
0001T	C	Endovas repr abdo ao aneurys
0001T	C	Endovas repr abdo ao aneurys
0005T	C	Perc cath stent/brain cv art