

**ADDENDUM D1.— OPPS PAYMENT STATUS INDICATORS FOR CY 2017**

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.
		Services are subject to deductible or coinsurance unless indicated otherwise.
	<ul style="list-style-type: none"> <li>● Ambulance Services</li> </ul>	
	<ul style="list-style-type: none"> <li>● Separately Payable Clinical Diagnostic Laboratory Services</li> <li>● Separately Payable Non-Implantable Prosthetics and Orthotics</li> </ul>	Not subject to deductible or coinsurance.
	<ul style="list-style-type: none"> <li>● Physical, Occupational, and Speech Therapy</li> </ul>	
	<ul style="list-style-type: none"> <li>● Diagnostic Mammography</li> <li>● Screening Mammography</li> </ul>	Not subject to deductible or coinsurance.
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"> <li>● May be paid by MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS.</li> </ul>
		<ul style="list-style-type: none"> <li>● An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available.</li> </ul>
C	Inpatient Procedures	Not paid under OPPS. Admit patient. Bill as inpatient.
D	Discontinued Codes	Not paid under OPPS or any other Medicare payment system.

**ADDENDUM D1.— OPPTS PAYMENT STATUS INDICATORS FOR CY 2017**

Status Indicator	Item/Code/Service	OPPS Payment Status
E1	Items 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 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 and Hepatitis B Vaccines	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 SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.

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J2	Hospital Part B Services That May Be Paid Through a Comprehensive APC	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Comprehensive APC payment based on OPPS 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 OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
		(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 OPPS; separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; per diem APC payment.

**ADDENDUM D1.— OPSS PAYMENT STATUS INDICATORS FOR CY 2017**

Status Indicator	Item/Code/Service	OPSS Payment Status
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
(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 an SI=A and payment is made under the CLFS.		

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<b>Status Indicator</b>	<b>Item/Code/Service</b>	<b>OPPS Payment Status</b>
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.