

OPPS PAYMENT STATUS INDICATORS FOR CY 2014

Status Indicator	Item/Code/Service	OPPS Payment Status
A	<p>Services furnished to a hospital outpatient that are paid under a fee schedule or payment system</p> <ul style="list-style-type: none"> ● Ambulance Services ● Separately Payable Clinical Diagnostic Laboratory Services ● Non-Implantable Prosthetic and Orthotic Devices ● EPO for ESRD Patients ● Physical, Occupational, and Speech Therapy ● Diagnostic Mammography ● Screening Mammography 	<p>Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.</p>
B	<p>Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).</p>	<p>Not paid under OPPS.</p> <ul style="list-style-type: none"> ● May be paid 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 bill type (12x and 13x) may be available.
C	<p>Inpatient Procedures</p>	<p>Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.</p>
D	<p>Discontinued Codes</p>	<p>Not paid under OPPS or any other Medicaid payment system.</p>
E	<p>Items, Codes, and Services:</p> <ul style="list-style-type: none"> ● That are not covered by any Medicare outpatient benefit based on statutory exclusion. 	

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	<ul style="list-style-type: none"> ● That are not covered by any Medicare outpatient benefit for reasons other than statutory exclusion ● That are not recognized by Medicare for outpatient claims but for which an alternate code for the same item or service may be available. ● For which separate payment is not provided on outpatient claims 	Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.
G	Pass-Through Drugs and Biologicals	Paid under OPPS; separate APC payment.
H	Pass-Through Device Categories	Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital 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. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.
M	Items and Services Not Billable to the Fiscal Intermediary/MAC	Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.
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	Not a covered service for Iowa Medicaid

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Q1	STV-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same date of service as a HCPCS code assigned status indicator "S," "T," "V," or "X."
		(2) In other circumstances, payment is made through a separate APC payment.
Q2	T-Packaged Codes	Paid under OPPS; Addendum B displays APC assignments when services are separately payable.
		(1) Packaged APC payment if billed on the same date of service 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 OPPS; Addendum B displays APC assignments when services are separately payable.
		In other circumstances, payment is packaged into payment for other services.
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 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.
X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. If covered by Iowa Medicaid, payment is based on the Iowa Medicaid fee schedule for outpatient hospital services.