



INDUSTRY INSIGHT

Industry Insight No. 104

September 2000

“INPATIENT ONLY” CODE CHANGES FOR MEDICARE’S OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

Addendum E of the outpatient prospective payment system (PPS) final rule, which was published in the April 7, 2000 *Federal Register*, identifies certain procedures that will not be paid by Medicare on an outpatient basis. A hospital will receive Medicare payment for these procedures only when they are provided to inpatients. In August 2000, HCFA released a Program Memorandum (Transmittal No. A-00-45) amending the list of “inpatient only” procedures.

The seventeen codes listed below were erroneously included on the “inpatient only” list and as a result will be removed from that list. These codes will be assigned and paid under the APCs indicated.

<u>HCPCS Code</u>	<u>Description</u>	<u>APC</u>
74300	X-ray bile ducts/ pancreas	0263
75945	Intravascular us	0267
75946	Intravascular us add on	0267
75960	Transcatheter intro, stent	0279
75961	Retrieval, broken catheter	0279
75962	Repair arterial blockage	0280
75964	Repair artery blockage, each	0279
75966	Repair arterial blockage	0280
75968	Repair artery blockage, each	0279
75970	Vascular biopsy	0279
75978	Repair venous blockage	0279
75992	Atherectomy	0279
75995	Atherectomy	0279
92977	Dissolve clot, heart vessel	0120
95920	Intraop nerve test add on	0216
95961	Electrode stimulation, brain	0216
95962	Electrode stim, brain add on	0216

The above changes are effective for services furnished on or after August 1, 2000. HCFA, however, will not be able to revise the Outpatient Code Editor (OCE) to properly pay for these outpatient services until October. Until then, hospital outpatient claims containing any of the above codes will result in rejection of the entire claim. In the interim, to avoid claim rejection, HCFA has proposed two options:

Option 1: Hold claims that contain any of the above codes until October 1, 2000.

Option 2: Hospitals not wishing to hold claims, may submit claims for all services furnished, with the exception of the codes listed above. Then, on or after October 1, 2000, submit an adjustment claim containing all services provided to the beneficiary, including any of the above codes not previously billed.

Intermediaries are to reprocess “inpatient only” rejected claims with the above codes no later than November 30, 2000.

Be sure to check the HSS website (www.hssweb.com) for up-to-date information on Medicare’s outpatient PPS. **Hssweb** provides analyses of regulatory issues, presents relevant APC statistics, and has copies of all pertinent APC regulations. **Hssweb** is updated regularly with new and timely **Industry Insights**, as well as access to source documents and relevant statistics.