

MEDICARE OPPTS TO PAY SEPARATELY FOR SOME “SPECIAL” PACKAGED CODES

For CY 2007, CMS has created a new category of packaged codes that will be reimbursed when they are the only services billed on a claim. Previously, if packaged codes were billed without a payable OPPTS service, no reimbursement was allowed for these services.

Guidelines for these new “special” packaged codes can be found in Transmittal 1139 titled “January 2007 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes and OPPTS Pricer Logic Changes”. The contents of this December 22, 2006 Transmittal are additionally described in *Industry Insight No. 419, OPPTS Updates for CY 2007*.

CY 2007 “SPECIAL” PACKAGED CODES			
CPT® CODE	DESCRIPTION	2007 APC	2007 PSI
36540	Collect blood, venous access device	0624	X
36600	Arterial puncture; withdrawal of blood for diagnosis	0035	T
38792	Sentinel node identification	0389	S
75893	Venous sampling through catheter, with or without angiography, radiological supervision and interpretation	0668	S
94762	Noninvasive ear or pulse oximetry for oxygen saturation by continuous overnight monitoring	0443	X
96523	Irrigation of implanted venous access device	0624	X

Note: CMS has confirmed that APC 0624 has a PSI of “X” (Ancillary Service), even though it is incorrectly documented as “S” (Procedure, Not Discounted When Multiple) in Transmittal 1139.

Payment for the above services will be driven through Outpatient Code Editor (OCE) logic and therefore no coding changes are required on the part of the hospitals. “Special” packaged codes will initially be assigned a payment status indicator (PSI) of “Q” to indicate that they are usually packaged, except for special circumstances when they are separately payable. Through the OCE logic, the PSI would be changed to “N” (Packaged Service) if another code that is subject to APC payment is present on the same day. If no other code subject to APC payment is present on the claim for the same day, the OCE logic will assign the PSI and APC listed above.

If two or more “special” packaged codes are billed on the same date of service, with no other separately payable OPPTS service, then only the highest paying code will be assigned to an APC and will be separately paid. All other “special” codes will be packaged.

Payment for the “special” packaged code is inclusive of all of the associated hospital costs. Therefore, an E/M service should not be additionally billed unless the hospital provides a significant, separately identifiable service which can be distinguished from the services associated with the “special” packaged codes.

FOR FURTHER INFORMATION

If you have any questions about the information in this Insight, please contact our Client Services Department at 1-800-999-DRGS (3747). Be sure to check the Ingenix Web site for up-to-date information on changes to Medicare's OPPS (<http://www.ingenix.com/News/Industnews/>). You will find ***Industry Insights***, as well as source documents such as Transmittal 1139, under "News & Events".