

Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal A-00-45

Date: AUGUST 1, 2000

CHANGE REQUEST 1296

SUBJECT: Interim Process for Certain "Inpatient Only" Code Changes

As discussed in the outpatient prospective payment system (OPPS) final rule, which was published in the *Federal Register* on April 7, 2000, there are certain procedures that will not be paid if performed on an outpatient basis. A hospital will receive Medicare payment for these procedures only when they are furnished to their inpatients. The HCPCS codes that are on the "inpatient only" list were published in Addendum E of the final rule. However, certain codes from the list were erroneously included as inpatient only procedures and as a result will be removed from the list.

The following is a list of HCPCS codes which will be removed from the inpatient only 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

Although these changes will be effective for services furnished on or after August 1, 2000, we will not be able to revise the Outpatient Code Editor (OCE) to properly pay these services as outpatient services until the OCE is released for the October update. Therefore, hospital outpatient claims containing any of the above codes will result in rejection of the claim. The October update to the OCE will be revised to properly process these codes for hospital outpatient claims submitted to you on or after October 1, 2000, even if the date of service on the claim occurs during the period August 1, 2000 through September 30, 2000.

In order to prevent claims containing these codes from being rejected under the revised OCE for August, please advise your hospitals to implement one of the following options:

OPTION 1

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

OPTION 2

If the hospital does not wish to hold their claims, they may submit the claim for all services furnished to a beneficiary with the exception of the codes listed above. Then, on or after October 1, 2000, the hospital must submit an adjustment claim containing all the services provided (including any of the above codes previously not billed).

In the event a hospital submits a claim containing any of the above codes prior to October 1, 2000, the claim will be rejected. Intermediaries are to reprocess those claims with any of the above codes that were rejected as "inpatient only" no later than November 30, 2000.

Advise your hospitals of these procedures immediately.

The effective date for this Program Memorandum (PM) is August 1, 2000.

The implementation date for this PM is no later than November 30, 2000.

Funding for implementation will be made available through the regular budget process.

This PM may be discarded after August 1, 2001.

If you have any questions related to the above policy, contact Kitty Ahern, (410) 786-4515.