

Related Change Request (CR) #: 3145

Medlearn Matters Number: MM3145

Related CR Release Date: February 27, 2004

Effective Date: January 1, 2004

Implementation Date: April 5, 2004

Transmittal #: 113

MMA - Claims Requiring Adjustment as a Result of April 2004 Changes to the Outpatient Prospective Payment System (OPPS)

Provider Types Affected

Hospitals reimbursed under the Outpatient Prospective Payment System (OPPS).

Provider Action Needed

STOP

This change applies to you only if you are an OPPS hospital. The changes required by MMA do not apply to payments to non-OPPS hospitals. Also, the related CR makes a correction to the relative weight, payment rate, and co-payment amount for APC 0384.

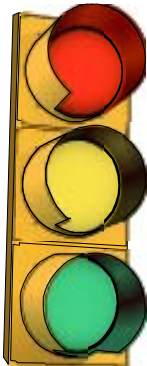
CAUTION

The correct amounts for APC 0384, for services that you provide on and after January 1, 2004, appear in the **Background** section below. In addition, payment rates for a number of HCPCS related to drugs, biologicals, and radio-pharmaceuticals, in the Interim Final Rule (CMS-1371-IFC) published in the Federal Register on January 6, 2004, were also incorrect.

The correct payment rates for these codes and the services related to the codes that are provided on and after January 1, 2004, appear in **Background** below.

GO

Make sure that your billing offices are aware of these corrections. Note that the fiscal intermediaries will automatically adjust the payment for claims you submitted for the services you provided between January 1, 2004 and March 31, 2004. You don't need to send an adjustment for these claims. Lastly, you should expect to see these adjusted payments on or before June 5, 2004.



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Background

This One-Time Notification describes changes to the hospital Outpatient Prospective Payment System (OPPS). The information it provides reflects changes resulting from enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) on December 8, 2003, and corrects payment rates for APC 0384.

The December 31, 2003 Correction Notice (68 FR 75442) incorrectly stated the relative weight, payment rate, and co-payment amounts for APC 0384.

Table 1 below displays the correct relative weight, payment rate, and co-payment amounts for APC 0384, effective for services furnished on and after January 1, 2004. These changes apply to CPT codes 43219, 43256, 43268, 43269, 44370, 44379, 44383, 45345, 44397, 45327, and 45387, all of which map to APC 0384.

Table 1 – Payment Rates for APC 0384

APC	Group Title	Status Indicator	Relative Weight	Payment Rate	National Unadjusted Co-payment	Minimum Unadjusted Co-payment
0384	GI Procedures with Stents	T	28.9631	\$1,580.26	\$343.22	\$316.05

In addition, the Interim Final Rule (CMS-1371-IFC), published in the Federal Register on January 6, 2004 (69 FR 820), incorrectly stated the payment rates for certain HCPCS related to drugs, biologicals, and radio-pharmaceuticals. In some cases, the drug codes were mis-classified as multiple-source instead of sole-source drugs, and in other cases, the payment rates were based on an inaccurate Average Wholesale Price (AWP).

Table 2 displays the affected HCPCS codes and the payment rates that are in effect for services furnished on and after January 1, 2004.

Table 2 - Payment Rate Changes Effective January 1, 2004

HCPCS	SI	Description	APC	IFC Payment	Corrected Payment	Corrected Co-payment
A9502	K	Technetium TC99M tetrofosmin	0705	\$665.28	\$110.88	\$22.18
A9511	K	Technetium TC 99m depreotide	1095	\$704.00	\$37.87	\$7.57
A9605	K	Samarium sm153 lexidronamm	0702	\$493.89	\$944.84	\$188.97
C1091	K	IN111 oxyquinoline,per 0.5mCi	1091	\$224.52	\$396.00	\$79.20
C9008	K	Baclofen Refill Kit-500 mcg	9008	\$73.92	\$10.82	\$2.16
C9105	K	Hep B imm glob, per 1 ml	9105	\$65.58	\$125.45	\$25.09
J0288	K	Ampho b cholesteryl sulfate	0735	\$20.86	\$15.20	\$3.04
J0289	K	Amphotericin b liposome inj	0736	\$20.86	\$33.16	\$6.63
J1563	K	Immune globulin, 1 g	0905	\$37.95	\$72.60	\$14.52
J1564	K	Immune globulin 10 mg	9021	\$0.41	\$0.79	\$0.16
J1745	K	Infliximab injection	7043	\$31.81	\$60.86	\$12.17
J7190	K	Factor viii	0925	\$0.42	\$0.81	\$0.16

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J7192	K	Factor viii recombinant	0927	\$0.61	\$1.17	\$0.23
J7193	K	Factor IX non-recombinant	0931	\$0.51	\$1.04	\$0.21
J7194	K	Factor ix complex	0928	\$0.18	\$0.37	\$0.07
J7198	K	Anti-inhibitor	0929	\$0.69	\$1.32	\$0.26
J7517	K	Mycophenolate mofetil oral	9015	\$1.36	\$2.60	\$0.52
J9395	G	Injection, Fulvestrant	9120	\$78.36	\$78.36	\$13.09
Q0166	K	Granisetron HCl 1 mg oral	0765	\$171.78	\$41.40	\$8.28
Q0180	K	Dolasetron mesylate oral	0763	\$152.38	\$67.09	\$13.42
Q2006	K	Digoxin immune fab (ovine)	7025	\$1.79	\$352.00	\$70.40
Q2022	K	VonWillebrandFactrCmplxperlU	1618	\$0.46	\$0.95	\$0.19
Q3005	K	Technetium tc99m mertiatide	1622	\$1,650.00	\$33.00	\$6.60
Q3007	K	Sodium phosphate p32	1624	\$66.44	\$100.70	\$20.14
Q3011	K	Chromic phosphate p32	1628	\$81.27	\$155.47	\$31.09
Q3025	K	IM inj interferon beta 1-a	9022	\$13.36	\$78.93	\$15.79
A9508	K	Iobenguane sulfate I-131, per 0.5 mCi	1045	\$165.82	\$1,056.00	\$211.20
Q3012	K	Cyanocobalamin cobalt co57	1089	\$47.38	\$90.64	\$18.13

The corrected payment rates in Table 2 are in effect for services furnished on or after January 1, 2004. Your Medicare intermediaries will adjust the payment for claims that were incorrectly paid for services furnished January 1, 2004 through March 31, 2004.

Please note that the corrected payment for J9395 is the same as the payment listed in the IFC payment column. The IFC payment amount of \$78.36 was determined to be correct.

Hospitals need take no action to make these adjustments. The adjustments should be paid on or before June 5, 2004.

Additional Information

To view the actual CR 3145, which contains the instructions to your intermediary, go to:

http://www.cms.gov/manuals/pm_trans/R113CP.pdf

If you have additional questions, please feel free to contact your intermediary at their toll-free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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