

Donald Ross, Manager
DMAP Policy and Planning Section

Number: DMAP IM 12-122

Authorized Signature

Issue Date: 11/14/2012

Topic: Medical Benefits

Subject: **Provider announcement:** More Revenue Center Codes will require HCPCS codes upon APC implementation

Applies to:

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the AMH, APD, CW, DMAP and SS transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will post the following letter to the [OHP Provider Announcements](#) and [Managed Care Organization \(MCO\) Announcements](#) Web pages and distribute via eSubscribe.

This is a “heads-up” to providers that:

- We are not yet ready to implement software that applies the Medicare Ambulatory Payment Classification (APC) reimbursement methodology under the Outpatient Prospective Payment System for payments to DRG in-State hospitals for out-patient services.
- When we do implement the APC, new codes (list included in attached letter) will be added to the list of codes that require HCPCS.
- We also posted the updated Revenue Center Codes table including the new codes on the [Hospital Program provider guidelines Web page](#).

If you have any questions about this information, contact:

Contact(s):	Angel Wynia, DMAP Hospital Policy Analyst		
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E-mail:	angel.wynia@state.or.us		



Date: November 14, 2012

To: Diagnosis-related groups (DRG) in-state hospitals

From: Don Ross, Manager
Policy and Planning Section, DMAP

Subject: More Revenue Center Codes will require HCPCS codes upon APC implementation

As you know, the Division of Medical Assistance Programs (DMAP) is waiting to implement software that applies Medicare's Ambulatory Payment Classification (APC) methodology under the Outpatient Prospective Payment System in processing claims from Oregon DRG hospitals for outpatient services.

While we are not yet ready for this new software, we want to give you important information to help prepare for this change.

New codes that require HCPCS

The following table shows **new** Revenue Center Codes that will require HCPCS reporting once we update our system with the APC software.

Oregon Health Authority Division of Medical Assistance Programs Revenue Center Codes Requiring HCPCS Reporting			
275	Pacemaker	384	Platelets
310	General Classification	385	Leukocytes
311	Cytology	386	Other Components
312	Histology	387	Other Derivatives (Cyroprecipitates)
314	Biopsy	389	Other Blood
322	Arthrography	412	Inhalation Services
380	General Classification	413	Hyperbaric Oxygen Therapy
381	Packed Red Cells	456	Urgent Care
382	Whole Blood (Not covered)	483	Echocardiology
383	Plasma	519	Other Clinic

We have also posted a new Revenue Center Codes table to show HCPCS reporting, including these codes on the [Hospital Program provider guidelines Web page](#).

As always, thank you for your patience and willingness to provide needed care for Oregon's Medicaid clients.

Questions?

If you have questions about this announcement, please contact Angel Wynia, DMAP Hospital Program Policy Analyst at 503-945-5754 or via e-mail at angel.wynia@state.or.us.

