

## **Estimate of OPPS Implementation**

March 28, 2006

This document is intended to provide insight into the process used to determine budget neutrality for the implementation of a Michigan Medicaid Outpatient Prospective Payment System.

### **Background:**

Data selection: We analyzed available data sets to determine reasonableness. The data sets reviewed included:

- Requested claims submission from hospitals which replicated Medicare's OPPS billing requirements and matched claims paid under the current Medicaid system.
- Encounter claims submitted by all HMOs contracted to serve Medicaid recipients.
- Fee-for-Service (FFS) claims paid under the current Medicaid system.

There are limitations to each of the data sets reviewed above. The submitted claims were insufficient in volume, diversity, and utilization to effectively extrapolate to the entire Medicaid population. The encounter claims submitted by the HMOs did not contain complete data elements necessary to price/pay the claims (such as charges). The FFS data was coded using current Medicaid billing requirements which are very different from the proposed adoption of Medicare billing requirements (with State specific modifications).

After careful consideration of each data set, it was determined that the FFS dataset could be utilized to approximate the effect on the HMO population, to an extent, and that the dataset was the only complete population that could be reasonably adjusted to approximate Medicare billing requirements. There are limitations such that 100% accuracy is not attainable, due to the varying billing requirements.

The adjustments necessary to approximate Medicare billing requirements are discussed in depth below.

### **Adjustments:**

The FFS data selected for this estimate includes dates of service in the first quarter of 2005. The data was converted to 2006 formats and adjusted for each of the following:

- Diagnoses codes: ICD-9-CM diagnoses code valid under prior dates of service, but not valid effective January 1, 2006 were converted to the 2006 equivalent. Invalid diagnoses codes that were not subject to edits (secondary) were converted to the most reasonably similar valid 2006 code. Refer to Appendix B, Table 1.
- CPT/HCPCS codes: The hcpcs valid for 2005 but not for 2006 were converted to the 2006 equivalent. All hcpcs were subject to editing and therefore only Medicaid valid hcpcs are present in the dataset (unlike secondary diagnoses codes discussed above). Refer to Appendix B, Table 2.
- Blank HCPCS: In specific instances where Medicare OPPS requires a hcpcs, but Medicaid does not, the hcpcs must be inferred. This was accomplished by converting the blank line using the revenue code as a guide. Refer to Appendix B, Table 3.
- Blank lines of data: Certain instances occurred where a blank line of data was stored upon the data warehouse where the claims' data was accumulated. These lines needed to be removed. Remaining lines were renumbered, beginning with 1 (or lowest blank line number).

- Surgical HCPCS: Medicaid requires the surgical units be billed as a quantity of time, whereas Medicare requires the units be billed as quantity of procedure performed. The scope of the problem was determined to be minimal and the solution was to change all units to 1 (accomplished goal while causing the least impact upon data results).
- Valid HCPCS not paid by OPPTS: There are many HCPCS which are valid and payable under Medicaid billing requirements but are not payable under Medicare billing requirements. These include Status Indicator “B” and “E” codes. Many of these have alternative hcpcs that are paid under the Medicare billing requirements. We converted the codes in these instances. There are also codes for which an alternative payment is determined exclusive of OPPTS. These codes (“wrap arounds”) will be paid using a Michigan Medicaid specific fee schedule.
- OCE 021: “Med visit same day as sig proc wo modifier 25” was turned off to accommodate the Medicaid billing requirements (lack of requiring modifier 25).

**Financial information:**

The adjusted claims’ dataset was priced according to the modified Medicare OPPTS. The following assumptions were applied. The data reflects the latest available information and may be subject to change.

- Medicaid outpatient cost to charge ratios, effective April 1, 2005 (rebase year), are applied for all in-State facilities. The new and out-of-State ratio is applied for all out-of-State facilities, CORFs and ESRDs.
- No wage index is applied.
- Total reimbursement is limited to charges.
- Discount factor is set at 50%.
- Rest of State physician fee schedule is applied to all facilities.
- All facilities treated the same (no exclusion for CAH or Children’s facilities).
- Other fee schedules applicable to Michigan for Medicare are applied (National, Labs, DME).
- Ambulance is calculated at Rest of State rates, however, no codes exist in FFS population. Furthermore, upon implementation, existing Medicaid Ambulance fee schedule will apply (coordinated with freestanding ambulance providers).
- Outlier multiplier is set at 1.75.
- Outlier threshold is set at \$1,175. The threshold should be set at \$1,250 for 2006.
- A conversion factor is applied to all payments. This factor is initially set at 60% for this study.
- Status Indicator “B” (Not allowed for OPPTS) and Status Indicator “E” (Not covered by Medicare – alternate code may be available) codes that cannot be converted via a crosswalk are assumed to be payable (when billed using new requirements) at 80% of Medicaid approved amount. The 80% figure is based on limited studies of data after modifying codes to a similar code that is payable under the OPPTS – this includes the anticipated 100% payment for wrap around codes that fall into these two Status Indicators.
- Invalid hcpcs, including blank hcpcs that cannot be reasonably converted (such as hcpcs 36430 which triggers OCE 043 – “Transfusion/exchange w/o spec blood product”) are assumed to be payable at 80% of Medicaid approved amount. These are assumed to be payable once the new billing requirements are utilized.
- Rejected population is expected to add 1.2% of charges to total payment. A sample population of the rejected population was reviewed claim by claim. We found 16% of all rejected claims will be likely to be payable under the proposed OPPTS. When matched to the specific hospitals, the rejected claims account for 8% of the new charges, with an estimated payment at 15% of charges (8% times 15% equals 1.2%).

**Impact Analysis:**

This is not a precise estimate. Too many adjustments, assumptions, and approximations have been made to arrive at this point. It does, however, enable the user of this document to forecast the impact within a reasonable range. Further analysis should be sought before finalizing the process. The following observations should be pointed out for consideration:

- The average hospital specific effect has OPSS payments set at 103% of current Medicaid approved.
- The overall effect has OPSS payments set at 97% of current Medicaid approved. Difference is due solely to weighting (larger facilities impact overall data more than smaller, whereas average treats the same).
- Minimum OPSS payment as a percentage of Medicaid approved was 75% with a standard deviation of 18%.
- Outliers comprise less than 2.5% of total OPSS reimbursement (\$665,000 out of \$27+ million).
- Appendix A contains hospital specific impacts.

**APPENDIX A**  
Impact by Hospital

MEDICARE NUMBER	HOSPITAL NAME	APPROVED AMOUNT	ESTIMATED OPPTS PAY	OPPTS:T19 RATIO
23-0042	Allegan General Hospital	55,673.87	54,639.94	98%
23-0036	Alpena General Hospital	214,092.97	177,187.37	83%
23-1307	Baraga County Memorial Hospital	17,895.30	15,692.46	88%
23-0075	Battle Creek Health System	406,411.98	333,604.65	82%
23-0041	Bay Medical Center, Inc.	244,598.45	227,676.51	93%
23-1321	Bell Memorial Hospital	25,552.42	35,592.04	139%
23-0204	Bi-County Community Hospital	100,393.38	102,303.12	102%
23-0089	Bon Secours Hospital	32,717.82	32,974.29	101%
23-0117	Borgess Hospital	200,773.42	202,429.22	101%
23-2034	Borgess-Pipp Health Center	26,901.71	27,999.31	104%
23-0151	Botsford General Hospital	182,996.38	161,765.50	88%
23-0017	Bronson Methodist Hospital	927,553.12	776,084.42	84%
23-0190	Bronson Vicksburg Hospital	11,953.76	12,078.61	101%
23-0235	Caro Community Hospital	28,833.22	26,936.82	93%
23-0208	Carson City Osteopathic Hospital	57,296.36	62,353.30	109%
23-0080	Central Michigan Community Hospital	367,035.84	338,024.91	92%
23-1322	Charlevoix Area Hospital	66,757.50	69,207.11	104%
23-0034	Cheboygan Memorial Hospital	239,985.17	195,007.97	81%
23-0259	Chelsea Community Hospital	16,263.22	21,614.34	133%
23-3300	Children's Hospital of Michigan	1,868,671.59	1,703,414.26	91%
23-0239	Chippewa War Memorial Hospital	89,049.99	70,456.72	79%
23-0103	Clinton Memorial Hospital	22,534.30	23,411.61	104%
23-0022	Community Health Center of Branch County	151,506.26	144,009.72	95%
23-0078	Community Hospital - Watervliet	81,034.29	63,534.08	78%
23-0135	Cottage Hospital of Grosse Pointe	20,356.87	20,924.89	103%
23-0070	Covenant Medical Center, Inc.	624,206.14	643,423.50	103%
23-0254	Crittenton Hospital	50,621.72	65,940.25	130%
23-1311	Deckerville Community Hospital	2,116.66	2,056.92	97%
23-0273	Detroit Receiving Hospital	159,481.71	191,424.99	120%
23-0055	Dickinson County Memorial Hospital	58,302.60	75,245.32	129%
23-0153	Eaton Rapids Medical Center	12,133.67	12,899.31	106%
23-0230	Edward W. Sparrow Hospital	826,515.84	764,080.52	92%
23-0005	Emma L. Bixby Medical Center	182,987.74	153,823.97	84%
23-0244	Garden City Osteopathic Hospital	137,284.81	158,416.12	115%
23-0197	Genesys Regional Medical Center	326,523.44	337,335.93	103%
23-0106	Gerber Memorial Hospital	91,127.15	81,181.81	89%
23-0143	Grand View Hospital	30,168.42	29,031.28	96%
23-0030	Gratiot Community Hospital	213,202.85	196,220.51	92%
23-0066	Hackley Hospital	409,590.13	326,402.28	80%
23-1313	Harbor Beach Community Hospital	2,994.30	3,945.45	132%
23-0104	Harper University Hospital	1,009,837.09	1,015,225.56	101%
23-0006	Hayes Green Beach Memorial Hospital	48,033.67	45,738.34	95%

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MEDICARE NUMBER	HOSPITAL NAME	APPROVED AMOUNT	ESTIMATED OPPTS PAY	OPPTS:T19 RATIO
23-0275	Healthsource Saginaw	1,272.41	1,013.76	80%
23-1304	Helen Newberry Joy Hospital	34,675.86	26,658.22	77%
23-0053	Henry Ford Hospital	548,779.17	570,421.90	104%
23-0146	Henry Ford Wyandotte Hospital	141,831.36	186,410.85	131%
23-0120	Herrick Memorial Hospital, Inc.	48,573.79	43,237.46	89%
23-1316	Hills & Dales General Hospital	14,136.97	13,879.67	98%
23-0037	Hillsdale Community Health Center	110,921.70	124,249.73	112%
23-0072	Holland Community Hospital	253,324.49	231,810.46	92%
23-0132	Hurley Medical Center	582,606.13	632,727.18	109%
23-0118	Huron Memorial Hospital	38,256.43	53,242.27	139%
23-0277	Huron Valley - Sinai Hospital	109,158.61	119,962.36	110%
23-0167	Ingham Regional Medical Center	227,245.51	240,362.49	106%
23-0027	Ionia County Memorial Hospital	75,535.67	81,824.21	108%
23-1318	Iron County General Hospital	15,545.88	14,742.92	95%
23-1301	Kalkaska Memorial Health Center	97,531.65	96,279.66	99%
23-1317	Kelsey Memorial Health Center	11,429.22	10,135.89	89%
23-1319	Keweenaw Memorial Medical Center	27,564.05	33,476.65	121%
23-0172	Lake View Community Hospital	53,952.10	52,749.47	98%
23-0021	Lakeland Hospital - St. Joseph	367,596.19	352,623.77	96%
23-2025	Lakeland Speciality Hospital at Berrien Center	6,345.30	6,220.97	98%
23-1320	Lakeshore Community Hospital	33,572.30	25,304.03	75%
23-0193	Lapeer Regional Hospital	119,544.38	158,059.85	132%
23-1315	Lee Memorial Hospital	34,295.28	32,915.16	96%
23-1302	Leelanau Memorial Hospital	223.17	240.46	108%
23-1306	Mackinac Straits Hospital	12,032.55	9,571.66	80%
23-0082	Marlette Community Hospital	22,721.06	22,563.23	99%
23-0054	Marquette General Hospital	181,259.53	181,279.59	100%
23-3026	Mary Free Bed Guild	87,852.28	91,484.67	104%
23-1314	McKenzie Memorial Hospital	27,390.48	27,755.06	101%
23-0141	McLaren Regional Medical Center	170,618.36	176,752.11	104%
23-0093	Mecosta County General Hospital	117,480.55	123,936.84	105%
23-0121	Memorial Healthcare	133,276.20	130,180.42	98%
23-0110	Memorial Medical Center of West Michigan	245,256.44	245,524.83	100%
23-0004	Mercy General Health Partners	249,213.97	269,594.84	108%
23-0081	Mercy Hospital - Cadillac	227,914.63	269,781.61	118%
23-0058	Mercy Hospital - Grayling	98,317.47	123,348.24	125%
23-0031	Mercy Hospital - Port Huron	117,049.63	131,776.91	113%
23-0099	Mercy Memorial Hospital	294,519.06	264,955.43	90%
23-0236	Metropolitan Hospital - Grand Rapids	221,665.58	244,953.54	111%
23-0189	Mid Michigan Medical Center-Gladwin	72,385.66	72,479.20	100%
23-0222	Mid Michigan Reg. Med. Ctr - Midland	682,795.81	639,690.23	94%
23-0180	Mid-Michigan Medical Center-Clare	297,552.19	325,231.27	109%
23-0227	Mt. Clemens General Hospital	192,410.41	189,610.54	99%
23-1308	Munising Memorial Hospital	5,270.71	5,381.51	102%

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MEDICARE NUMBER	HOSPITAL NAME	APPROVED AMOUNT	ESTIMATED OPPTS PAY	OPPTS:T19 RATIO
23-0097	Munson Medical Center	1,024,984.10	968,605.71	94%
23-0013	North Oakland Medical Center	286,317.16	294,769.43	103%
23-0174	North Ottawa Community Hospital	52,935.66	51,299.42	97%
23-0105	Northern Michigan Hospitals, Inc.	352,658.14	335,501.45	95%
23-0217	Oaklawn Hospital	112,867.28	106,425.63	94%
23-0142	Oakwood Annapolis Hospital	95,382.79	92,311.40	97%
23-0270	Oakwood Heritage Hospital	72,497.10	66,362.64	92%
23-0020	Oakwood Hospital and Medical Center	438,549.45	437,334.91	100%
23-0176	Oakwood Southshore Medical Center	42,968.80	48,612.54	113%
23-1309	Ontonagon Memorial Hospital	2,598.98	3,595.14	138%
23-0133	Otsego County Memorial Hospital	184,019.92	143,857.93	78%
23-1300	Paul Oliver Memorial Hospital	11,814.44	11,810.30	100%
23-0040	Pennock Hospital	144,489.30	156,697.51	108%
23-0207	POH Medical Center	245,958.31	203,383.94	83%
23-0216	Port Huron Hospital	173,696.40	188,962.88	109%
23-0108	Portage Health Systems	53,807.74	65,018.28	121%
23-0019	Providence Hospital	283,201.66	270,626.91	96%
23-3027	Rehabilitation Institute	17,017.71	17,906.86	105%
23-1305	Saint Mary's Standish Community Hospital	28,974.65	28,208.53	97%
23-1310	Scheurer Hospital	28,922.86	26,847.16	93%
23-1303	Schoolcraft Memorial Hospital	9,591.18	10,705.31	112%
23-1312	Sheridan Community Hospital	23,649.72	24,422.40	103%
23-0024	Sinai-Grace Hospital	341,443.26	363,098.51	106%
23-0085	South Haven Community Hospital	111,319.16	92,477.66	83%
23-0264	Southeast Michigan Surgical Hospital	13,313.84	13,577.78	102%
23-3025	Southwestern Michigan Rehabilitation	4,854.10	4,961.61	102%
23-0038	Spectrum Health	1,509,377.94	1,216,636.32	81%
23-2029	Spectrum Health - Kent Community Campus	260.30	627.60	241%
23-1323	Spectrum Health - Reed City Campus	63,915.94	71,900.74	112%
23-0101	St. Francis Hospital	131,898.84	102,442.40	78%
23-0257	St. John - North Shores Hospital	9,708.06	10,158.00	105%
23-0119	St. John Detroit Riverview Hospital	200,395.00	207,992.36	104%
23-0165	St. John Hospital and Medical Center	439,715.25	452,825.10	103%
23-0195	St. John Macomb Hospital	140,268.56	142,399.74	102%
23-0223	St. John Oakland Hospital	114,364.92	116,698.00	102%
23-0241	St. John River District Hospital	61,915.75	59,359.01	96%
23-0156	St. Joseph Mercy Hospital - Ann Arbor	213,019.23	260,539.95	122%
23-0047	St. Joseph Mercy Hospital & Health Services	121,399.98	127,275.17	105%
23-0069	St. Joseph Mercy Livingston Hospital	90,704.94	110,510.56	122%
23-0029	St. Joseph Mercy Oakland	236,626.79	261,870.52	111%
23-0212	St. Joseph Mercy Saline Hospital	14,426.07	15,267.43	106%

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MEDICARE NUMBER	HOSPITAL NAME	APPROVED AMOUNT	ESTIMATED OPPTS PAY	OPPTS:T19 RATIO
23-0002	St. Mary Mercy Hospital	52,332.68	65,947.46	126%
23-0059	St. Mary's Health Care (Grand Rapids)	338,170.89	326,552.41	97%
23-0077	St. Mary's Medical Center - Saginaw	264,505.36	236,791.72	90%
23-0071	Straith Memorial Hospital	6,860.53	9,287.49	135%
23-0096	Sturgis Memorial Hospital	109,137.23	112,620.06	103%
23-0100	Tawas St. Joseph Hospital	94,284.00	102,363.89	109%
23-0015	Three Rivers Area Hospital	104,999.10	111,533.79	106%
23-0035	United Memorial Health Center	96,428.92	88,615.89	92%
23-0046	University of Michigan Health System	1,673,011.05	1,392,701.90	83%
23-0092	W.A. Foote Memorial Hospital	312,014.32	329,725.65	106%
23-0095	West Branch Regional Medical Center	147,498.99	123,632.61	84%
23-0060	West Shore Medical Center	68,993.21	71,059.57	103%
23-0130	William Beaumont Hospital - Royal Oak	707,379.83	803,567.78	114%
23-0269	William Beaumont Hospital - Troy	144,328.97	139,516.39	97%
23-0003	Zeeland Community Hospital	46,697.67	53,812.95	115%
CORF	CORF	1,135.81	1,139.66	100%
CORF	CORF	279.01	273.35	98%
CORF	CORF	11,899.85	14,184.63	119%
CORF	CORF	6,100.48	3,193.39	52%
CORF	CORF	887.39	905.74	102%
CORF	CORF	91,272.26	92,087.76	101%
CORF	CORF	658.28	59.50	9%
CORF	CORF	44.64	47.48	106%
CORF	CORF	8,075.61	7,775.63	96%
ESRD	ESRD	14,057.34	3,664.28	26%
ESRD	ESRD	14,130.38	3,123.72	22%
ESRD	ESRD	1,171.20	984.77	84%
ESRD	ESRD	10,054.96	1,178.88	12%
ESRD	ESRD	14,303.75	2,226.01	16%
ESRD	ESRD	3,984.85	1,229.44	31%
ESRD	ESRD	7,071.74	4,068.45	58%
ESRD	ESRD	6,937.47	4,042.82	58%
ESRD	ESRD	29,316.73	7,446.12	25%
ESRD	ESRD	4,747.82	3,962.33	83%
ESRD	ESRD	1,560.35	196.42	13%
ESRD	ESRD	7,299.36	4,533.78	62%
ESRD	ESRD	4,384.97	3,651.75	83%
ESRD	ESRD	17,491.13	5,326.06	30%
ESRD	ESRD	2,029.86	354.55	17%
ESRD	ESRD	7,069.71	1,632.25	23%
ESRD	ESRD	19,759.52	15,593.15	79%
ESRD	ESRD	58,633.45	25,067.59	43%
ESRD	ESRD	615.92	580.01	94%
ESRD	ESRD	12,205.83	10,267.78	84%
ESRD	ESRD	2,141.20	204.93	10%

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MEDICARE NUMBER	HOSPITAL NAME	APPROVED AMOUNT	ESTIMATED OPPTS PAY	OPPTS:T19 RATIO
ESRD	ESRD	4,625.32	373.96	8%
ESRD	ESRD	4,170.93	3,484.06	84%
ESRD	ESRD	2,145.33	1,790.98	83%
ESRD	ESRD	5,484.32	3,233.68	59%
ESRD	ESRD	13,855.73	2,090.20	15%
ESRD	ESRD	5,487.08	4,165.30	76%
ESRD	ESRD	16,139.48	4,894.54	30%
ESRD	ESRD	21,306.27	6,418.11	30%
OOS	OOS	2,396,716.74	1,052,698.84	44%
	<b>Total, all facilities:</b>	30,554,593.42	28,105,482.49	92%
	<b>Total, in-State facilities:</b>	28,157,876.68	27,052,783.65	96%

**APPENDIX B**

## Tables

<b>TABLE 1</b>		
<b>Invalid Diagnoses Codes</b>		
<b>Original</b>	<b>Converted</b>	<b>Source</b>
7650	76503	Req 5th digit
7651	76518	Req 5th digit
2765	27650	To Grp 23
2873	28730	To Grp 23
5672	56729	To Grp 23
5678	56789	To Grp 23
585	5859	To Grp 23
5996	59960	To Grp 23
7701	77010	To Grp 23
7990	79901	To Grp 23
9964	99640	To Grp 23
V126	V1260	To Grp 23
V178	V1789	To Grp 23
V263	V2631	To Grp 23
V581	V5811	To Grp 23
V640	V6400	To Grp 23
245	2450	Req 5th digit
0080	00800	For OP testing only
21318	2131	For OP testing only
26051	260	For OP testing only
3469	34690	For OP testing only
40199	4019	For OP testing only
5449	53490	For OP testing only
6468	64680	For OP testing only
6488	64880	For OP testing only
6540	65400	For OP testing only
6546	65460	For OP testing only
702	7028	For OP testing only
7143	71430	For OP testing only
7194	71940	For OP testing only
7269	72690	For OP testing only
7531	75311	For OP testing only
7556	75560	For OP testing only
7860	78609	For OP testing only
7882	78820	For OP testing only
C4582	V4582	For OP testing only
V22	V222	For OP testing only
V586	V5861	For OP testing only

\*Additional codes for prior grouper versions are also applied, but should have no relevance as the ICD-9-CM effective 10/1/2004 was in effect for 2005 (these are the codes cross-walked “To Grp 23”).

<b>TABLE 2</b>				
<b>CROSSWALK-HCPCS</b>				
<b>Original</b>	<b>Freq</b>	<b>SI</b>	<b>Converted</b>	<b>Possible alternatives</b>
16010	1	D	16020	16020, 16025, 16030
16015		D	16020	16025, 16030
37720		D		No replacement code given
44200	1	D	44180	
76375	89	D	76376	
82273		D	82271	
83715	35	D	83700	
83716			83701	
86064	3	D	86355	
86379	3	D	86357	
86585		D	86580	
86587		D	86367	
90780	252	D	90760	90760, 90765
90781	109	D	90761	90761, 90766, 90767, 90768
90782	478	D	90772	
90783		D	90773	
90784	382	D	90774	
90788	26	D	90772	
96115		D	96116	
96117	2	D	96118	96118, 96119 or 96120
96400	2	D	96401	
96408	7	D	96409	
96410	81	D	96413	
96412	35	D	96415	
96414	2	D	96416	
96520		D	96521	
96530	2	D	96522	
97504	8	D	97760	
97520		D	97761	
A4644		D	Q9944	Q9945, Q9946
A4645	94	D	Q9947	
A4646	82	D	Q9949	
A4647		D	Q9952	Q9953, Q9954
A9513	1	D	A9537	
A9514	1	D	A9538	
A9515		D	A9539	
A9519		D	A9540	
A9520	1	D	A9541	
A9525		D	Q9945	Q9946 - Q9951
A9534		D	A9545	A9545
G0210		D		No replacement code given

<b>TABLE 2</b>				
<b>CROSSWALK-HCPCS</b>				
G0211	2	D		to be determined
G0212		D		No replacement code given
G0213		D		No replacement code given
G0214		D		No replacement code given
G0215	2	D		to be determined
G0218		D		No replacement code given
G0220	1			to be determined
G0221				No replacement code given
G0222				No replacement code given
G0225	1			to be determined
G0227				No replacement code given
G0228				No replacement code given
G0229				No replacement code given
G0296				No replacement code given
G0351		D	90772	
J0880		D	J0881	J0882
J1563	5	D	J1567	
J1564		D	J1566	J1567
J1750		D	J1751	J1752
J7051		D		No replacement code given
Q0136	5	D	J0885	
Q0137	14	D	J0881	
Q0187		D	J7189	
Q3002		D	A9556	
Q3003	1	D	A9557	
Q3004		D	A9558	
Q4054		D	J0882	
Q4055	2	D	J0886	

<b>TABLE 3</b>	
<b>Blank HCPCS</b>	
<b>Revenue Code</b>	<b>hcpcs-alt</b>
274	L4350
391	36430
410	94640
452	99283
510	99213
511	99213
512	99213
513	99213
514	99213
515	99213
516	99213
517	99213
518	99213
519	99213
729	99213

\*Other revenue codes with blank hcpcs but with no common hcpcs able to be applied are: 331, 360, 361, 384, 385, 386, 412, 750, 760, 761, 769, 790, and 814. Once the new billing requirements are implemented, the frequency of blank hcpcs is expected to drop substantially. Imputing payment for this scenario is discussed in the above document.