

Outpatient Hospital: Identifying APC status and code on a claim

Policy Information

A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (i.e., DRGs for inpatient hospital services, APCs for outpatient hospital services).

All services paid under the PPS are classified into groups called Ambulatory Payment Classifications (or APCs). Services in each APC are similar clinically and in terms of the resources they require. A payment rate is established for each APC.

Medicare assigns a payment status indicator (SI) to every HCPCS code and identifies whether the service is paid under OPPS, and whether payment is made separately or packaged. The SI may also provide additional information about how the code is paid under OPPS or under another payment system or fee schedule.

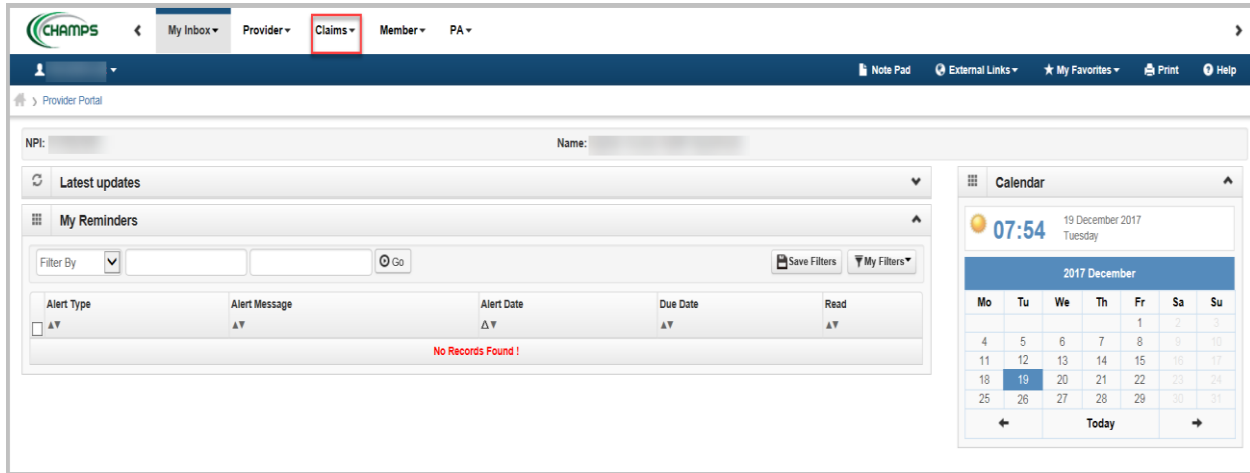
- [Addendum A](#) – APC pricing information
- [Addendum B](#) – lists the status indicator for each HCPCS code
- [Addendum D1](#) – status indicator definitions

Locating APC Status and APC Code

Providers are able to access CHAMPS claim inquiry function to review claims and view the APC status and APC code that set on each service line.

The Claim Inquiry screen can be found by clicking on the Claims tab and selecting Claim Inquiry (Figures 1 & 2).

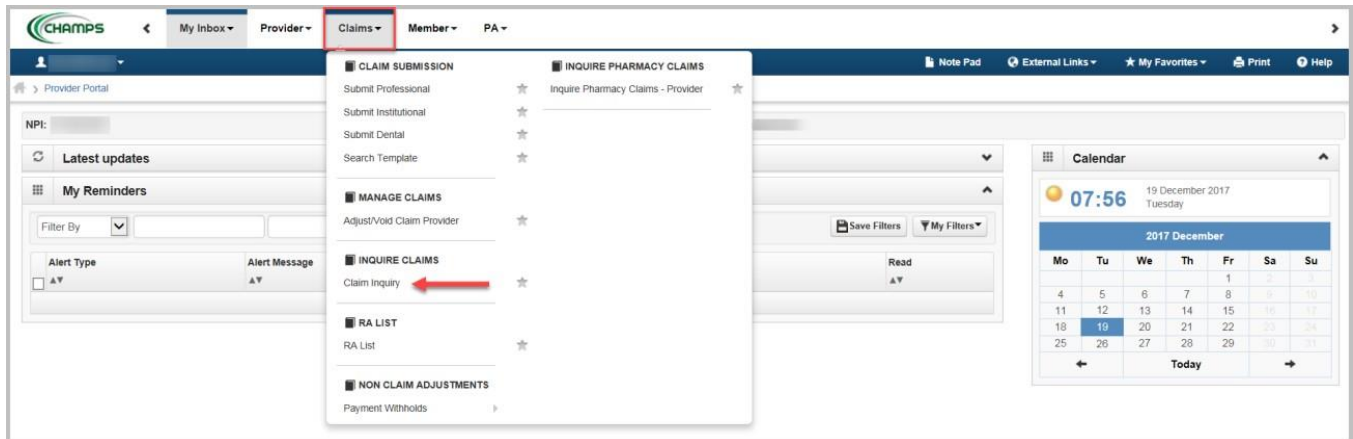
1. Click on the Claims Tab



The screenshot shows the CHAMPS Provider Portal interface. The 'Claims' tab is highlighted in the top navigation bar. The main content area displays a 'My Reminders' section with a table of alerts. The table has columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. A red message 'No Records Found!' is displayed below the table. To the right, there is a calendar for December 2017, showing the current date as Tuesday, December 19, 2017, at 07:54.

2. Select Claim Inquiry

- a. Providers may search for a claim using the 18 digit TCN number. This can be found on a Provider's remittance advice (RA).



The screenshot shows the CHAMPS Provider Portal interface with the 'Claims' dropdown menu open. The 'Claim Inquiry' option is highlighted with a red arrow. The dropdown menu is organized into several sections: CLAIM SUBMISSION (Submit Professional, Submit Institutional, Submit Dental, Search Template), INQUIRE PHARMACY CLAIMS (Inquire Pharmacy Claims - Provider), MANAGE CLAIMS (Adjust/Void Claim Provider), INQUIRE CLAIMS (Claim Inquiry), RA LIST (RA List), and NON CLAIM ADJUSTMENTS (Payment Withholds). The background shows the same 'My Reminders' section and calendar as in the previous screenshot.

3. From the first filter by drop-down select **TCN** and enter the **TCN number**

4. Claim will appear as a hyperlink; click on the **TCN** for review

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date
312-000	01/01/2021	01/01/2021	\$2,748.03	Paid	\$356.74	01/13/2021

5. In the header detail of the TCN click the show drop down menu and select "Service Line List".

- Select the service line by clicking the TCN number hyperlink to review the APC code and APC status which set on the line.

TCN	Revenue Code	Procedure Code	Modifiers	Dental Attribute	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
312-001	0250				01/01/2021	01/01/2021	1	\$22.79	\$0.00	Paid
312-002	0306	87491			01/01/2021	01/01/2021	1	\$94.10	\$0.00	Paid
312-003	0306	87501			01/01/2021	01/01/2021	1	\$94.10	\$0.00	Paid
312-004	0306	87008			01/01/2021	01/01/2021	1	\$42.29	\$0.00	Paid
312-005	0307	81001			01/01/2021	01/01/2021	1	\$13.79	\$0.00	Paid
312-006	0402	78870			01/01/2021	01/01/2021	1	\$455.26	\$0.00	Paid
312-007	0450	99284	25		01/01/2021	01/01/2021	1	\$1,249.20	\$214.50	Paid
312-008	0450	98372			01/01/2021	01/01/2021	1	\$98.93	\$0.00	Paid
312-009	0630	06996			01/01/2021	01/01/2021	1	\$24.80	\$0.00	Paid
312-010	0821	93975			01/01/2021	01/01/2021	1	\$522.77	\$142.15	Paid

- Scroll towards the bottom of the screen and the APC Status and/or APC Code will display.

Header TCN: 312-002
Line TCN: 312-002
Beneficiary ID: [Redacted] Name: [Redacted]

TCN: 312-002 Claim Type: F - Outpatient OPSS Source: HIPAA
Adjustment Source: Pricing Rule: APC Pricing Bill Type: 0 * 1 * 3 * 1 * Claim Status: Paid

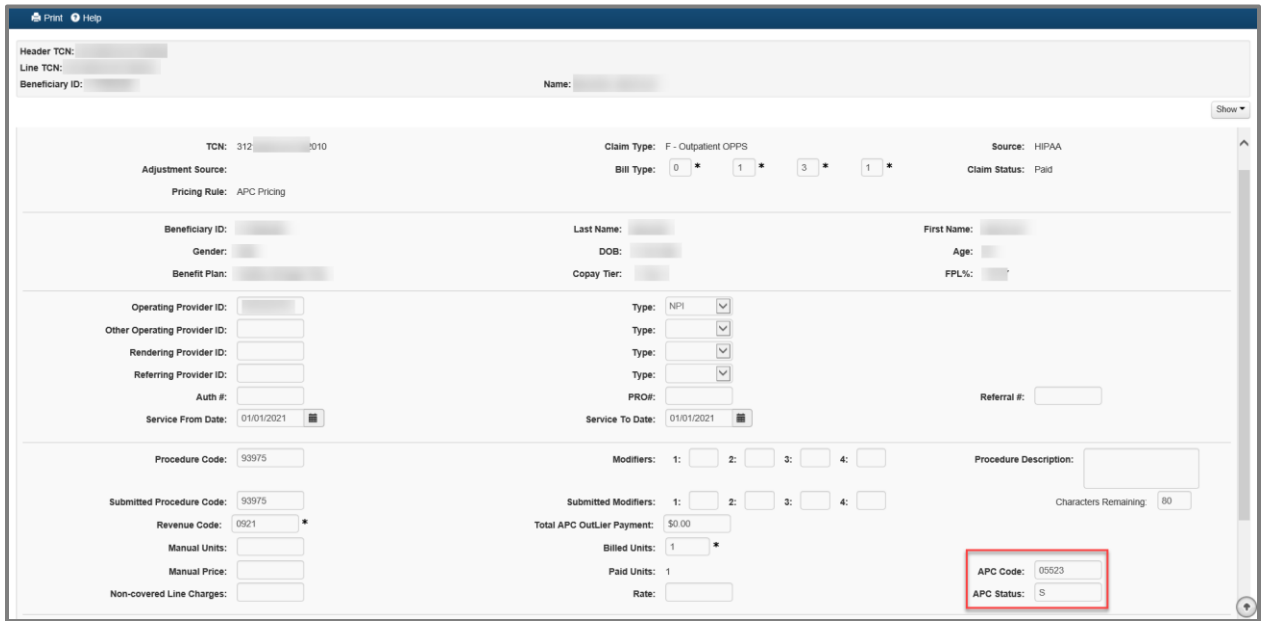
Beneficiary ID: [Redacted] Last Name: [Redacted] First Name: [Redacted]
Gender: [Redacted] DOB: [Redacted] Age: [Redacted]
Benefit Plan: [Redacted] Copay Tier: [Redacted] FPL%: [Redacted]

Operating Provider ID: [Redacted] Type: NPI
Other Operating Provider ID: [Redacted] Type: [Redacted]
Rendering Provider ID: [Redacted] Type: [Redacted]
Referring Provider ID: [Redacted] Type: [Redacted]
Auth #: [Redacted] PRO#: [Redacted] Referral #: [Redacted]
Service From Date: 01/01/2021 Service To Date: 01/01/2021

Procedure Code: 87491 Modifiers: 1: [Redacted] 2: [Redacted] 3: [Redacted] 4: [Redacted] Procedure Description: [Redacted]
Submitted Procedure Code: 87491 Submitted Modifiers: 1: [Redacted] 2: [Redacted] 3: [Redacted] 4: [Redacted] Characters Remaining: 80
Revenue Code: 0306 * Total APC OutLier Payment: \$0.00 Billed Units: 1 * Paid Units: 1 Rate: [Redacted]
Manual Units: [Redacted] Manual Price: [Redacted] Non-covered Line Charges: [Redacted]

APC Code: 00000
APC Status: N

- If a claim sets a comprehensive APC it will have an APC code and a SI. In this case you would use the Addendum A found on the Medicare Hospital OPPTS website listed below.



The screenshot shows a Medicare claim form with the following details:

- Header TCN: [Redacted]
- Line TCN: [Redacted]
- Beneficiary ID: [Redacted]
- Name: [Redacted]
- TCN: 312 [Redacted] 010
- Adjustment Source: [Redacted]
- Pricing Rule: APC Pricing
- Claim Type: F - Outpatient OPPTS
- Source: HIPAA
- Bill Type: 0 * 1 * 3 * 1 *
- Claim Status: Paid
- Beneficiary ID: [Redacted]
- Last Name: [Redacted]
- First Name: [Redacted]
- Gender: [Redacted]
- DOB: [Redacted]
- Age: [Redacted]
- Benefit Plan: [Redacted]
- Copy Tier: [Redacted]
- FPL%: [Redacted]
- Operating Provider ID: [Redacted]
- Type: NPI
- Other Operating Provider ID: [Redacted]
- Type: [Redacted]
- Rendering Provider ID: [Redacted]
- Type: [Redacted]
- Referring Provider ID: [Redacted]
- Type: [Redacted]
- Auth #: [Redacted]
- PRO: [Redacted]
- Referral #: [Redacted]
- Service From Date: 01/01/2021
- Service To Date: 01/01/2021
- Procedure Code: 93975
- Modifiers: 1: [Redacted] 2: [Redacted] 3: [Redacted] 4: [Redacted]
- Procedure Description: [Redacted]
- Submitted Procedure Code: 93975
- Submitted Modifiers: 1: [Redacted] 2: [Redacted] 3: [Redacted] 4: [Redacted]
- Revenue Code: 0921 *
- Total APC Outlier Payment: \$0.00
- Characters Remaining: 80
- Manual Units: [Redacted]
- Billed Units: 1 *
- Manual Price: [Redacted]
- Paid Units: 1
- Non-covered Line Charges: [Redacted]
- Rate: [Redacted]
- APC Code: 05523
- APC Status: S

Additional Resources

- Medicaid Providers Institutional Tips: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78458-476276--,00.html
- Medicaid Wrap Around Code List: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151012--,00.html
- CHAMPS webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html
- Medicaid Provider Manual: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html
- Medicare Hospital Outpatient PPS: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps>