

## APC Status Codes

<b>APC Status Code</b>	<b>APC Status Description</b>	<b>Pricing</b>
A	Services not paid under OPPS	Reimbursed using lab or therapy fee schedules, as applicable
B	Non-allowable item or service for OPPS	Pays at zero, except for specific services current covered by Medicaid
C	Inpatient Procedure	Reimbursed at zero
E	Discontinued Codes	Reimbursed at zero
E1	Codes/services not covered under outpatient, statutorily excluded or not reasonable/necessary	Reimbursed at zero
E2	Codes/services for which pricing info and claims data is not available	Reimbursed at zero
F	Corneal tissue acquisition; certain CRNA services and hepatitis B vaccines	Reimbursed at APC fee schedule
G	Drug/Biological Pass-through	Reimbursed at APC fee schedule
H	Pass-through device categories, brachytherapy sources, and radiopharmaceutical agents	Codes will default to MMIS pricing and editing therefore not all codes will pay. If they are reimbursed, they will be reimbursed at RCC%
J1	Hospital Part B services paid through a comprehensive APC	Reimbursed at APC fee schedule for costliest J1 on the claim. Other HCPCS on the claim with APC action codes J2, N, Q1, Q2, P, S, V, and lower cost J1, K and R are reimbursed at zero.
J2	Hospital Part B services that may be paid through a comprehensive APC	Reimbursed at APC fee schedule except when included on a claim with a paid J1 APC Status Indicator, in which case reimbursed at zero
K	Non pass-through drugs and biologicals, and blood and blood products	Reimbursed at APC fee schedule
L	Fly/PPV vaccines	Reimbursed at APC fee schedule
M	Services not billable to the FI	Reimbursed at APC fee schedule
N	Packaged incidental service	Reimbursed at zero, considered packaged
P	Partial hospitalization service	Reimbursed at APC fee schedule or Medicaid-specific RI rates
Q1	Packaged services, subject to separate payment based on criteria	Reimbursed at zero, considered packaged
Q2	Packaged services, subject to separate payment based on criteria	Reimbursed at APC fee schedule
Q3	Packaged services, subject to separate payment based on criteria	Reimbursed at APC fee schedule
Q4	Conditionally Packaged Laboratory Tests	Reimbursed at zero if claim also has a procedure code with an APC status indicator of J1, J2, S, T, V, Q1, Q2, or Q3. Otherwise reimbursed at APC fee schedule.
R	Blood or Blood Product	Reimbursed at APC fee schedule
S	Significant procedure not subject to multiple procedure discounting	Reimbursed at APC fee schedule

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T	Significant procedure subject to multiple procedure discounting	Reimbursed at APC fee schedule, subject to multi-procedure discounting
U	Brachytherapy Source	Codes will default to MMIS pricing and editing therefore not all codes will pay. If they are reimbursed, they will be reimbursed at RCC%
V	Medical visit to clinic or emergency department	Reimbursed at APC fee schedule
X	Ancillary service	Reimbursed at APC fee schedule
Y	Non-implantable DME, Therapeutic Shoes	Reimbursed at zero
Z1-Z6	Imaging procedures subject to multiple discounting	Reimbursed at APC fee schedule, subject to multi-procedure discounting