Final Rule CY 2008 HOSPITAL OUTPATIENT Simulated Blood CCR File

For the CY 2008 OPPS, we calculate payment rates for blood and blood products using the same simulation methodology described in the November 15, 2004 final rule with comment period (69 FR 65816), which utilizes hospital-specific actual or simulated CCRs for blood cost centers to convert hospital charges for blood and blood products to costs. We continue to believe that using blood-specific CCRs applied to hospital claims data results in payments that more fully reflect hospitals' true costs of providing blood and blood products than our general methodology of defaulting to the overall hospital CCR when more specific CCRs are unavailable.

This file contains provider-level simulated cost to charge ratios[1] (CCRs) that should be used to convert hospital line item charges for blood and blood products to costs. The costs from revenue codes 38X and 39X on the claim were summed to acquire a total blood cost for the blood product on that claim. The resulting total cost on the claim for the blood product was used to calculate the simulated blood median cost for each blood product. To calculate blood costs for providers identified in this file, apply the simulated CCR for the applicable blood revenue code (i.e. 38X or 39X) to the line item charge for blood products on a submitted claim with the same revenue code (i.e. 38X or 39X)[2].

If a hospital is not included in this list, we used the actual hospital specific blood CCR to calculate the blood cost on the claim for both revenue codes 38X and 39X. Therefore we did not calculate simulated blood CCRs. Some hospitals have only one simulated CCR on the list. In these cases, they either had an actual blood product CCR for the other revenue code or, if the hospitals do not purchase blood products, they do not need a CCR for costs in revenue code 38X because they do not bill anything with revenue code 38X.

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Column	Title	Description
A	Provider Number	The six character identification number of the institutional provider certified by Medicare to provide services to the beneficiary.
B	Revenue Code	Provider assigned code for each cost center for which a separate charge is billed.
C	Simulated Blood CCR	Simulated CCRs used to convert hospital line item charges for blood and blood products to cost.[3]

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[1] CMS calculated these simulated blood CCRs from the hospital cost report data used in the final rule.

[2] 38X and 39X are the provider assigned revenue codes used to report the purchase and processing of blood and blood products. Current instructions for reporting purchased blood products require that hospitals report the units of purchased blood under revenue code 38X, and the units of blood processed under revenue code 39X. The units reported using revenue code 39X are the number of units of blood both purchased and processed. To calculate the total number of units of blood being billed, the units reported under revenue code 38X must be zeroed out, because every unit in 38X is also reported in 39X but not every unit in 39X is reported in 38X.

[3] Methodology for calculating simulated blood specific CCRs is described in our August 16, 2004 proposed rule.