

Data Entry and Calculation Steps for the Inpatient PPS PC Pricer

If you selected 'Y' on the PC Pricer HOME screen, you will receive the following screen. This is where you enter claim data, as shown in the screen shot below. Field inputs are explained below the window.

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INPAT PRICER 2007.4 PSF 04/07 <DISCHRG 10/2006-9/2007>
BILL PROV NUMBER ==> 010001 PATIENT ID NUMBER==> 000-00-0000A
BILL ADMIT DATE ==> 10/01/06 BILL DISCHG DATE ==> 10/15/06
MM/DD/YY MM/DD/YY
BILL DRG ==> 123
COST OUTLR THRES ==> N Y=YES OR N=NO
HMO PAID CLAIM ==> N Y=YES OR N=NO
TRANSFER ==> N Y=YES OR N=NO
POST ACUTE XFER ==> N Y=YES OR N=NO
BILL CHARGES ==> 20000.00
NEW TECH NEURO ==> N Y=YES OR N=NO
NEW TECH GRAFT ==> N Y=YES OR N=NO
NEW TECH X STOP ==> N Y=YES OR N=NO
NEW TECH CELL XFER => N Y=YES OR N=NO TECH ADD/ON UNIT 1 OR 2 => 0
NOTE: USE >TAB KEY< TO WALK THROUGH SCREEN
NOTE: USE >SHT+TAB< TO BACK THROUGH SCREEN - USE >END KEY<BOTTOM OF SCREEN
<Y = CALCULATE> <U = VIEW A PROVIDER> <Q = QUIT> ENTER ==> Y
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BILL PROV NUMBER – Enter the six-digit OSCAR number present on the claim.

Note: The National Provider Number (NPI) on the claim (if submitted by the hospital) is not entered in this field. You should receive both the OSCAR number and the NPI number on the claim. In rare circumstances, however, a hospital may only submit their NPI number without their OSCAR number. Should this occur, you will have to contact the billing hospital to obtain their OSCAR number as the PC Pricer software cannot process using the NPI.

PATIENT ID NUMBER – Not required, but you can enter the patient's ID number on the claim.

BILL ADMIT DATE – Enter the admission date on the claim (the FROM date in FL 6 of the UB-04).

BILL DISCHARGE DATE – Enter the discharge date on the claim (the THROUGH date in FL 6 of the UB-04).

BILL DRG – Enter the DRG for the claim. The DRG is determined by the Grouper software or may be on the UB-04 claim form in FL 71.

COST OUTL THRES –N/A for IHS/CHS. Enter 'N' (or tab) if the cost outlier threshold is not applicable for the claim. Enter 'Y' if you want to know the cost outlier

threshold if you are trying to price an outlier claim where Medicare benefits have exhausted.

HMO PAID CLAIM – N/A for IHS/CHS. Enter “N” (or tab).

TRANSFER – Enter ‘Y’ if there is a Patient Status Code 02 on the claim. Otherwise, enter ‘N’ (or tab). Pricer will apply a transfer payment if the length of stay is less than the average length of stay for this DRG.

POST ACUTE XFER – Enter ‘Y’ if one of the following Patient Status Codes is present on the claim: 03, 05, 06 62, 63, or 65. Pricer will determine if the post acute care transfer payment will apply depending on the length of stay and the DRG.

BILL CHARGES – Enter the total covered charges on the claim.

For all of the remaining new technology fields, you will enter a ‘Y’ if there is a procedure code on the claim that is defined within the International Classification of Diseases, Ninth Revision, Clinical Modification. Otherwise, you will enter ‘N’ (or tab).

Certain new technologies provide for an additional payment. (The following FY 07 New Technologies are described in CR 5276. These will change effective 10/1/07. For FY 08, these fields may no longer be applicable.)

NEW TECH NEURO – 86.98

NEW TECH GRAFT – 39.73

NEW TECH X STOP – 84.58

NEW TECH CELL XFER – 52.85 (described in CR 5505)

TECH ADD/ON UNIT 1 OR 2 – Enter ‘1’ or ‘2’ depending on how many times 52.85 is present. If there is not 52.85 on the claim, enter ‘0’ or simply just tab through the default value.

ENTER -- Enter ‘Y’ (or tab through the default value) to calculate.

The following screen is an example of what will appear. Note, some fields may have 0 values depending on the inputs entered in the prior screen.

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INDRV074.exe - COBOL Text Window
INPAT PRICER 2007.4 PSF 04/07 <DISCHRG 10/2006-9/2007>
PROVIDER> 010001 SOUTHEAST ALABAMA MEDICAL CENTER   PROV TYPE> 00 CEN-DIV> 5
EFF DATE> 20061001

PATIENT ID>000-00-0000A
DRG> 123
ADMIT DATE> 10/01/2006
DISCH DATE> 10/15/2006
FY BEG DATE> 10/01/2006
LEN OF STAY> 014
OUTLIER DAYS> 000
TRANSFER ADJ> 0.00000 NO
CHARGES AMT> $20,000.00
PASS THRU AMT + $ .00
NEW TECH AMT + $ .00
TOT CAPI AMT + $563.82
*** TOTAL AMT = $7,654.09

* OPERATING AMOUNTS *
O-FSP> $6,211.91
O-HSP> $ .00
O-OUTLR> $ .00
O-DSH> $878.36
O-IME> $ .00

* CAPITAL AMOUNTS *
C-FSP> $530.35
C-HSP> $ .00
C-OUTLR> $ .00
C-DSH> $33.47
C-IME> $ .00
C-EXCEPT> $ .00
C-OLD-HH> $ .00

DRG WGT> 01.4902
GM ALOS> 02.9
AM ALOS> 04.7
WAGED SIZE> OTHER-URB
WAGED INDX> 00.7664
PR WAGED INDX> 00.0000
GEO/STD CBSA> 20020/20020
RECL CBSA> 20020 NO
OPER/CAP CCR> 0.273/0.027
NAT LABOR> 3022.18
NAT NLABOR> 1852.31
NAT PSP AMT> $4,168.51
INT/BED RATIO> 0.0000
CMI CPD AMT> $1,918.13
PAY CODE> C

***> 14 CALC AS DRG PAID PERDIEM DAYS = OR > GM LOS
DRG DSC7> SYSTEMIC HYPERTENSION DISORDERS W AMI, EXPIRED
MDC DSC> DISEASES & DISORDERS OF THE CIRCULATORY SYSTEM

U = VIEW THIS PROV A = ADD PROV B = CHANGE BILL R = PRT REPORT Q = QUIT ENTER>

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The TOTAL AMT field is the provider's payment.