

## Data Entry and Calculation Steps for the Inpatient Rehabilitation Facility 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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IRFPRC07.exe - COBOL Text Window
REHAB PRICER 2007.0 PSF 01/2007 <10/2006 - 09/2007>
BILL PROU NUMBER ==> 45T011
PATIENT ID NUMBER==> 000-00-0000A
BILL CMG ==> C0104
PATIENT STATUS ==> 01      REQ THRESHOLD ==> N  Y=YES OR N=NO
SPEC PAYMENT IND ==> 0 0,1,2,3
COU DAYS ==> 10      REQ PENALTY ==> N  Y=YES OR N=NO
LTR DAYS ==> 0
BILL ADMIT DATE ==> 07/01/07
MM/DD/YY
BILL DISCHG DATE ==> 07/11/07
MM/DD/YY
BILL CHARGES ==> 15000.00
NOTE: USE >TAB KEY< TO WALK THROUGH SCREEN
NOTE: USE >SHT+TAB< TO BACK THROUGH SCREEN - USE >END KEY<BOTTOM OF SCREEN
<Y = CALCULATE> <V = VIEW A PROVIDER> <Q = QUIT> ENTER ==> Y
```

**BILL PROVIDER NUMBER** = Inpatient Rehabilitation Facilities are in the OSCAR range of xx3025 – xx3099, or xxTxxx, or xxRxxx.

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** = The ID number can be any number you assign.

**BILL CMG** = Enter the CMG from the claim here. (FL 44 of the UB-04).

The CMG is a 5-digit code, beginning with A, B, C, or D. It is located in the HIPPS/HCPSC field (FL 44 of the UB 04) on the claim, specifically on the Revenue Code 0024 line. Note that the IRF completes an assessment of the patient and this code comes from the PAI (patient assessment instrument) the provider uses.

**PATIENT STATUS** = Enter the patient status code from the claim here (FL 17 of the UB 04).

Note that there is a transfer policy under IRF PPS. The Pricer will pay a per diem payment if the length of stay on the claim is less than the average length of stay for the CMG and the PS Code equals 02, 03, 61, 62, 63, or 64.

**SPEC PAYMENT IND 0,1,2,3** = IHS/CHS should enter '0'.

0 = default

1 = Claim has Condition Code 66 entered

2 = If the IRF-PAI data record transmission date present on the revenue code line with 0024 is 28 calendar days or more from the date of discharge on this claim

3 = Both 1 and 2 above apply

**COVERED DAYS** = Enter the number of covered days on the claim.

**LTR DAYS** = N/A for IHS/CHS. Lifetime Reserve (LTR) Days are Medicare days and are ONLY applicable for Medicare beneficiaries.

**REQUIRED THRESHOLD Y/N** = Default is 'N'. Entering 'Y' will show you what the outlier threshold is for this provider, but will not price the claim. IHS/CHS should enter 'N'.

**REQUIRED PENALTY Y/N** = N/A for IHS/CHS. For Medicare purposes, this 25% penalty is applied when an IRF claim has a date in FL 45 which is equaled to or greater than 28 days prior to the discharge date.

**BILL ADMIT DATE MM/DD/YY** = Enter the admission date on the claim (the FROM date in FL 6).

**BILL DISCHARGE DATE MM/DD/YY** = Enter the discharge date on the claim (the THROUGH date in FL 6).

**BILL CHARGES** = Enter the total covered charges from the claim.

At this point, you may Enter 'Y' to calculate the claim.

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IRFPRC07.exe - COBOL Text Window
REHAB PRICER 2007.0 PSF 01/2007 <10/2006 - 09/2007>
PROVIDER> 45T011 ST JOSEPH REGIONAL HEALTH CENTER   PROU TYPE> 50 CEN-DIV> 7
EFF DATE> 20070101
RTC >00          FAC SPEC AMT > $ .00

PATIENT ID >000-00-0000A      CBSA >17780      PENALTY APPLIED > NO
PAT STATUS >01          WAGE INDEX >00.8900
CMG >C0104          PRICED CMG >C0104  TCH PENALTY AMT > $ .00
PMT IND >0          REL-WGT CMG >1.1260  FED PENALTY AMT > $ .00
ADMIT DATE >07/01/2007      ALOS CMG >14      OUT PENALTY AMT > $ .00
DISCH DATE >07/11/2007      LIP PCT >0.0342  LIP PENALTY AMT > $ .00
FY BEG DATE >01/01/2007      LIP POWER >0.6229  TEACHING AMT > $ .00
LEN OF STAY >010          FED RATE PCT >1.0000  FED ADJ AMT > $13,400.89
COU DAYS >010          FAC RATE PCT >0.0000  OUT ADJ AMT > $ .00
LTR DAYS >00          BUDNT ADJ >12981.00  LIP ADJ AMT > $458.31
REG DAYS >010          NAT LAB PCT >0.75612  FAC ADJ AMT > $ .00
CHARGES AMT > $15,000.00  NON-LAB PCT >0.24388  GRAND TOT AMT > $13,859.20

****> 00 PAID NORMAL CMG PAYMENT WITHOUT OUTLIER
DSC CMG> STROKE M>38.85 AND M<44.4500000000000000
DSC COM> TIER 2 C

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

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The above is the calculation screen. The amount due the provider is the **GRAND TOT AMT** of \$13,859.20.