Data Entry and Calculation Steps for the Inpatient Rehabilitation Facility

PPS PC Pricer

When you run the pricer executable, the ‘Welcome’ screen will appear.

Hit ‘Enter Claim’ to go to the Claim Entry screen.

Welcome to the Rehab PC Pricer!

Version Information
Fiscal Year: 2016
Provider Specific File Update: 1st Quarter Calendar Year 2016
Claim Discharge Dates Processed: 10/01/2015 - 09/30/2016

About the Application

The PC Pricer is a tool used to estimate Medicare PPS payments. The final payment might not exactly match the payment amount determined by the Medicare claims processing system because some of the Medicare payment amount is issued through the provider’s Medicare cost report instead of through the Medicare claims system. In addition, some differences in the payment amounts may be caused by a 3-month lag in the quarterly updates to the provider data. In such instances, the PC Pricer offers the flexibility for providers to update their data in calculating their estimated payments. Users are encouraged to refer to the User Manual for the applicable Pricer to access downloading and data entry instructions.

Click on one of the buttons below to begin using the Rehab PC Pricer...

Enter Claim  Provider Directory  PC Pricer Help  Exit
Enter the values on the Claim Entry screen as noted below.

**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/HCPCS 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 28 calendar days or more from the date of discharge.

BILL ADMIT DATE MM/DD/YY = Enter the admission date on the claim ((the ADMIT date in FL 12)).

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, hit ‘Submit Claim’ and the results screen will come up next.
At this point, follow the options at the bottom of the screen.