

Medicare Financial Management Manual

Chapter 9 – Provider Statistical & Reimbursement Report

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10 – Provider Statistical and Reimbursement System (Rev. 27, 12-19-03)

The CMS provides each intermediary a standard Provider Statistical and Reimbursement System (PS&R) to interface with billing form CMS-1450. This system provides reports to be used in developing and auditing provider cost reports and related data accumulation operations. Providers also must use the reports in preparing cost reports, and must be able to explain any variances between the PS&R report and the cost report.

Systems user reference manuals and software are distributed centrally. Updates to the program are prepared and released as needed. Implement and operate the system in accordance with the following guidelines. The intermediary shall establish procedures to integrate provider FY data collected prior to PS&R implementation. Additional information related to the PS&R reporting system can be found in the PS&R User's Guide.

20 – Intermediary Use of PS&R System Reports in Cost Settlement Process (Rev. 27, 12-19-03)

20.1 – Provider Summary Report

(Rev. 60, Issued: 11-26-04, Effective: 10-01-04, Implementation: 01-24-05)

Guidelines for provider/intermediary use of the year-to-date PS&R provider summary reports are contained in §§10.1 and 90 of Chapter 8 of this manual.

20.2 – Payment Reconciliation Report

(Rev. 60, Issued: 11-26-04, Effective: 10-01-04, Implementation: 01-24-05)

The payment reconciliation report provides detailed data that supports the provider summary report. See *§10.1 of Chapter 8 of this manual for instructions on the use of this report.*

30 – Description of Reports Available from Standard PS&R System (Rev. 27, 12-19-03)

Two types of reports are produced from the PS&R system. The first consist of statistical reports showing claim activity. These can be used for accounting and audit purposes regarding provider remittance. They are the main output and purpose of the PS&R system. The second shows the results of processing and are used for operations control and monitoring of the flow of data through the PS&R system. They include error reports, table listings, and results of updates and systems messages from data center staff. They also provide a detailed audit trail of the data. They are explained in the table maintenance and file maintenance sections of the PS&R User Reference manual.

All reports produced from the PS&R system list a program ID and run date. The program ID is a unique number that identifies the program that produced the report. The run date shows the specific date that the report was produced. These fields are for informational purposes only in the event of possible problems.

Statistical reports produced are:

- Payment Reconciliation Report
- Provider Summary Report
- DRG Summary Report (Optional)

30.1 – Payment Reconciliation Report
(Rev. 27, 12-19-03)

This report shows in detail claims accepted by the PS&R system with totals by provider within report type. All claims processed by the PS&R system will be reflected on this report. It can serve as an audit trail for claims activities and for comparison to the summary report.

FREQUENCY: Upon request.

30.2 – Provider Summary Reports
(Rev. 27, 12-19-03)

Summarizes claim data and other information by revenue code required for cost report settlement and CMS reporting purposes. Time periods included on this report are specified by the user.

FREQUENCY: Upon request.

REPORT TYPES: A report is generated for each type. These report types are based on the first two digits of the Bill Type code on the provider's claim form (CMS-1450). Report claims which cannot be mapped to one of the report types are shown under "UNKNOWN REPORT TYPE."

Listed below are all known PS&R report types.

11A	Inpatient – Part A (MSP-LCC)	Supplements report type 110. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.
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11I	Inpatient – Part A Managed Care (MSP-LCC)	Supplements report type 118. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.
11J	Inpatient – PPS Interim Bills (MSP-LCC)	Supplements report type 119. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.
11K	Inpatient Rehab – PPS Interim Bills	Summarizes Inpatient Part A hospital services reimbursed under the Inpatient Rehabilitation Facility PPS payment system that have been billed on an interim basis (bill frequency code of 2 or 3).
11R	Inpatient Rehabilitation – Part A	Summarizes Inpatient Part A hospital services reimbursed under the Inpatient Rehabilitation Facility PPS payment system.
110	Inpatient – Part A	Summarizes Inpatient Part A hospital services. Includes services reimbursed under cost, TEFRA and Inpatient PPS payment systems.
118	Inpatient – Part A Managed Care	Summarizes services billed under Part A for Medicare managed care patients for purposes of receiving reimbursement for DGME and IME.
119	Inpatient – PPS Interim Bills	Summarizes Inpatient Part A hospital services reimbursed under the Inpatient PPS payment system that have been billed on an interim basis (bill frequency code of 2 or 3).
12A	Inpatient – Part B (MSP-LCC)	Supplements report type 120. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.

12C	Inpatient – Part B VAC (MSP-LCC)	Supplements report type 122. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.
12F	Inpatient – Part B Fee Reimbursed (MSP-LCC)	Supplements report type. For providers on PIP (Part A) the interim payments included on the cost report will be adjusted by the MSP-LCC amounts.
12P	Inpatient Part B OPPS	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
12Z	Ambulance Blend Effective 4/01/02	Summarizes hospital outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided On/after April 1, 2002.
120	Inpatient – Part B	Accumulates data for services normally covered under Part A that have become covered under Part B. For reimbursement purposes, Inpatient Part B and Outpatient Part B are combined on the cost report.
122	Inpatient – Part B VAC	Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.
125	Inpatient – Part B Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services (for patients who have exhausted Part A benefits).
13A	Outpatient – All Other (MSP-LCC)	Supplements report type 130.
13B	Outpatient – Renal (MSP-LCC)	Supplements report type 131.
13C	Outpatient – Part B 100% (MSP-LCC)	Supplements report type 132.

13F	Outpatient – Fee Reimbursed (MSP-LCC)	Supplements report type 135. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
13G	O/P Other Diag. & Fee Schedule After 9/90(MSP-LCC)	Supplements report type 136.
13H	O/P Other Diag. & Fee Schedule. Before 10/90(MSP-LCC)	Supplements report type 137.
13I	O/P Radiology & Fee Schedule After 9/89 (MSP-LCC)	Supplements report type 138.
13J	O/P Rad & Fee Sch Pre 10/89 Or After 12/90(MSP-LCC)	Supplements report type 139.
13P	Outpatient – OPPTS	Captures data from all lines of a claim that were paid under OPPTS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
13Z	Ambulance Blend Effective 04/01/02	Summarizes hospital outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided on/after April 1, 2002.
130	Outpatient – All Other/Ambulance	Summarizes hospital outpatient data reimbursed on a reasonable cost basis, for all services other than diagnostic (see 136), radiology (see 139) and ASC (see 831) services. Also summarizes laboratory services reimbursed on a fee schedule in a supplemental report.
131	Outpatient – Renal	Displays outpatient hospital ESRD service for services prior to April 1, 1990.
132	Outpatient – Part B 100%	Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.

135	Outpatient Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services (Hospital Outpatient setting).
136	O/P Other Diag. & Fee Schedule After 9/90	Summarizes all outpatient other diagnostic services reimbursed in part based on a fee schedule.
137	O/P Other Diag. & Fee Schedule Before 10/90	Summarizes all outpatient other diagnostic services reimbursed in part based on a fee schedule.
138	Outpatient Radiology & Fee Schedule After 9/89	Summarizes outpatient radiology services reimbursed based on a fee schedule.
139	O/P Rad & Fee Sch Pre 10/89 And/Or After 12/90	Summarizes outpatient radiology services reimbursed based on a fee schedule.
14A	Outpatient / Other (MSP-LCC)	Supplements report type 140.
14C	Outpatient/Other Vaccines (MSP-LCC)	Supplements report type 142. This report accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.
14F	Outpatient/Other Mammography (MSP-LCC)	Supplements report type 145.
14P	Outpatient/Other – OPPS	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
140	Outpatient/ Other – All Other	Summarizes hospital other Part B data (bill type 14x) reimbursed on a reasonable cost basis.
142	Vaccines	Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.
145	Outpatient/Other Mammography/ Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
18A	Swing Bed (MSP-LCC)	Supplements report type 180.

180	Swing Bed	Summarizes Swing Bed hospital services. A supplement to this report accumulates data by RUG category.
21A	SNF -Inpatient – Part A (MSP-LCC)	Supplements report type 210.
210	SNF -Inpatient – Part A	Summarizes SNF Inpatient – Part A services.
22A	SNF -Inpatient – Part B 100% (MSP-LCC)	Supplements report type 220.
22C	SNF – Inpatient – Part B 100% VAC (MSP-LCC)	Supplements report type 222.
22F	SNF-Inpatient – Fee Reimbursed (MSP-LCC)	Supplements report type 225. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
22P	SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
22Z	Ambulance Blend effective 04/02/02	Summarizes skilled nursing facility, outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided on/after April 1, 2002.
220	SNF -Inpatient – Part B 100%	Summarizes SNF Inpatient – Part B services.
222	SNF -Inpatient – Part B 100% VAC	Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.
225	SNF -Inpatient – Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
23A	SNF – Outpatient (MSP-LCC)	Supplements report type 230.
23C	SNF – Outpatient VAC (MSP-LCC)	Supplements report type 232.

23F	SNF – Outpatient Fee Reimbursed (MSP-LCC)	Supplements report type 235. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
23P	SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)	Captures data from all lines of a claim that were paid under OPSS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
23Z	Ambulance Blend effective 04/02/02	Summarizes skilled nursing facility, outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided on/after April 1, 2002.
230	SNF – Outpatient	Summarizes SNF outpatient services.
232	SNF – Outpatient VAC.	Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.
235	SNF – Outpatient Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
24P	SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)	Captures data from all lines of a claim that were paid under OPSS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.

32C	Home Health – (MSP-LCC)	<p>OD44203 report number under report type 32A: Summarizes the Part B claims with a plan of treatment that are subject to MSP-LCC limitation. Services included on this report are typically not subject to deductible or coinsurance. Report was previously used in cost reports ending prior to October 1, 2000, and then only if the provider was reimbursed under PIP method.</p> <p>D45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 32A is NOT needed for cost reporting purposes.</p>
32M	Home Health – (MSP-LCC)	Supplements report type 329.
320	Home Health – Part B	<p>OD44203 report number under report type 320: Summarizes data included on home health Part B claims with a plan of treatment prior to implementation of home health PPS (October 1, 2000). Services included on this report are typically not subject to deductibles or coinsurance.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 320 is NOT needed for cost reporting purposes.</p>
322	Home Health – Part B	Summarizes Medicare Part B Requests for Anticipated Payments (RAPs) activity. The RAPs are not used in the cost report.

329	Home Health – Part B Episode	<p>OD44203 report number under report type 329: Summarizes data included on Part B home health prospective payments episodes covered under a signed plan of treatment. Part B home health data is broken out into different episodic units. Services included on this report are typically not subject to deductibles or coinsurance.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 329 is NOT needed for cost reporting purposes.</p>
33A	Home Health – Part A (MSP-LCC)	<p>OD44203 report number under report type 33A: Summarizes the Part A claims with a plan of treatment that is subject to MSP-LCC limitation. Services included on this report are typically not subject to deductible or coinsurance. Report was previously used in cost reports ending prior to October 1, 2000, and then only if the provider was reimbursed under PIP method.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 33A is NOT needed for cost reporting purposes.</p>
33M	Home Health – Part A (MSP-LCC)	Supplements report type 339.

330	Home Health – Part	<p>OD44203 report number under report type 330: Summarizes data included on home health Part A claims with a plan of treatment prior to implementation of home health PPS (October 1 2000).</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 330 is NOT needed for cost reporting purposes.</p>
332	Home Health – Part A	<p>Summarizes Medicare Part A Requests for Anticipated Payments (RAPs) activity. The RAPs are not used in the cost report.</p>
339	Home Health – Part A Episode	<p>OD44203 report number under report type 339: Summarizes data included on Part A home health prospective payment episodes covered under a signed plan of treatment. Part A home health data is broken out into different episodic units.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 339 is NOT needed for cost reporting purposes.</p>
34A	Home Health – Part B (MSP-LCC)	<p>Summarizes the Part B claims not under a plan of treatment that is subject to MSP-LCC limitation. Data found in this report are subject to coinsurance and deductible.</p>
34P	HHA Outpatient-OPPS (Not Hhpps)	<p>Summarizes the Part B claims data not under a signed plan of care that are reimbursed under Outpatient PPS. Used in cost reports prior to starting date of 10/1/00.</p>

340	Home Health – Part B. (w/o a plan of treatment)	Summarizes data included on Part B claims without a signed plan of treatment. Services included on this report are typically subject to deductibles or coinsurance.
342	Home Health – Part B – Vaccine	Summarizes Part B vaccine claim data that is not reimbursed under OPPS.
345	Home Health – Part B – Rehab	Summarizes the Part B therapy claims data that was furnished on and after 1/1/99 and not under a signed plan of care.
399	Home Health – Part A And Part B Episode	Summarizes the home health episode data from the 329 Home Health Part B Episode report and the 339 Home Health Part A Episode report.
410	Christian Science – Inpatient – Part A	Summarizes the Medicare days, discharges, charges, deductibles, coinsurance and net reimbursement for a reporting period. Christian Science facilities typically have relatively low Medicare utilization and the majority of their charges are for routine inpatient care.
71A	Clinic – Rural Health (MSP-LCC)	Supplements report type 710.
71C	Clinic – Rural Health – 100% (MSP-LCC)	Supplements report type 712.
71P	Clinic-Rural Health- OPPS (Condition Code 07)	Captures data from all lines that were paid under OPPS including lines paid as ASC services packaged with them. Effective with services 8/1/00 and after.
710	Clinic – Rural Health	Summarizes data for rural health clinic services (bill type 71x) paid based on an all-inclusive rate.
712	Clinic – Rural Health – VAC	Summarizes vaccine services provided by rural health clinics.
72A	Hosp. Based Or Ind. Renal Dialysis Center (MSP-LCC)	Supplements report type 720.
72C	Free Standing Renal Dialysis 100% – VAC (MSP-LCC)	Supplements report type 722.
720	Hosp. Based Or Independent. Renal Dialysis Center	Summarizes data for renal dialysis centers (bill type 72x) paid based on an all-inclusive rate.

722	Free Standing Renal Dialysis 100% – VAC	Summarizes vaccine services provided by Free Standing Renal Dialysis centers.
73A	FQHC (MSP-LCC)	Supplements report type 730.
73C	FQHC-100% (MSP-LCC)	Supplements report type 732.
73P	FQHC-OPPS (Condition Code 07)	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
730	FQHC	Summarizes data for Federally Qualified Health Clinic services (bill type 73x) paid based on an all-inclusive rate.
732	FQHC-VAC	Summarizes vaccine services provided by FQHC facilities.
74A	Rehabilitation Facility (MSP-LCC)	Supplements report type 740.
74C	Rehabilitation Facility-100% (MSP-LCC)	Supplements report type 742.
74F	Rehabilitation Facility-Fee Reimbursed (MSP-LCC)	Supplements report type 745.
74P	Rehabilitation Facility-OPPS (Condition Code 07)	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
740	Rehabilitation Facility	Shows cost reimbursed data, if any, by accommodation and ancillary service revenue codes. Captures lines of claims paid under the cost-reimbursed method for Outpatient Rehab facilities-mainly services prior to 1/1/99. This report is used to determine whether a provider has either Low Utilization or No Medicare Business for cost reporting. No cost report is required for reporting periods ending on or after July 1, 2003 [CMS Flash Report – dated May 9, 2003].
742	Rehabilitation Facility-VAC	Summarizes vaccine services provided by CORF facilities.

745	Rehabilitation Facility-Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
75A	CORF (MSP-LCC)	Supplements report type 750.
75C	CORF-100% (MSP-LCC)	Supplements report type 752.
75F	CORF-Fee Reimbursed (MSP-LCC)	Supplements report type 755. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
75P	CORF-OPPS	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
750	CORF	Shows cost reimbursed data, if any, by accommodation and ancillary service revenue codes. Captures lines of claims paid under the cost-reimbursed method for Comprehensive Rehab Facilities mainly services prior to 1/1/99. This report is used to determine whether a provider has either Low Utilization or No Medicare Business for cost reporting.] No cost report is required for reporting periods ending on or after April 1, 2001 [CMS Flash Report – dated May 9, 2003].
752	CORF-VAC	Summarizes vaccine services provided by CORF facilities.
755	CORF-Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
76A	Community Mental Health Center (MSP-LCC)	Supplements report type 760.
76C	Community Mental Health Center-100% (MSP-LCC)	Supplements report type 762.

76F	Community Mental Health Center-Fee Reimbursement (MSP-LCC)	Supplements report type 765. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
76P	CMHC-OPPS	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
760	Community Mental Health Center	Captures lines of claims paid under the cost-reimbursed method for Community Health Centers – mainly services prior to 8/1/00.
762	Community Mental Health Center-VAC	Summarizes vaccine services provided by Community Health Centers.
765	Community Mental Health Center-Fee Reimbursed	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
81A	Hospice – Non-Hospital Based (MSP-LCC)	<p>OD44203 report number under report type 81A: Summarizes the Non-Hospital based (Free Standing) Hospice claims that are subject to MSP-LCC limitation.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 81A is informational only.</p>
81P	Hospice – Non-Hospital Based –OPPS (Condition Code 07)	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.

810	Hospice – Non-Hospital Based	<p>OD44203 report number under report type 810: Summarizes the Non-Hospital based (Free Standing) hospice claim data. May be used in cost report.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 810 is informational only.</p>
82A	Hospice – Hospital Based (MSP-LCC)	<p>OD44203 report number under report type 82A: Summarizes the Hospital (provider) based Hospice claims that are subject to the MSP-LCC limitation.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 82A is informational only.</p>
82P	Hospice – Hospital Based-OPPS (Condition Code 07)	Captures data from all lines of a claim that were paid under OPPS including lines paid as APC services packaged with them. Effective with services 8/1/00 and after.
820	Hospice – Hospital Based	<p>OD44203 report number under report type 820: Summarizes the Hospital (provider) based Hospice claim data. May be used in cost report.</p> <p>OD45300 report number (which corresponds to the OD44203 report): Summarizes visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 820 is informational only.</p>
83A	ASC And ASC Fee Schedule (MSP-LCC)	Supplements report type 830.
83B	ASC And ASC Fee Schedule After 12/90 (MSP-LCC)	Supplements report type 831.
830	ASC And ASC Fee Schedule	Summarizes all outpatient ambulatory surgical services reimbursed in part based on HCPCS.

831	ASC And ASC Fee Schedule After 12/90	Summarizes all outpatient ambulatory surgical services reimbursed in part based on HCPCS.
85A	CAH (MSP-LCC)	Supplements report type 850.
85C	CAH-100% (MSP-LCC)	Supplements report type 852.
85F	CAH-Fee Reimbursed/Mammography (MSP-LCC)	Supplements report type 855. Covered charges and reimbursement are shown by revenue code for fee reimbursed services. Data also represents MSP claims paid on Lower of Cost or Charges (LCC) and considered settled at the claim level.
85Z	CAH Ambulance Blend Effective 04/01/02	Summarizes critical access hospital, outpatient ambulance services reimbursed under the fee schedule blended payment, which is effective for services provided on/after April 1, 2002.
850	CAH	Summarizes data for critical access hospital services (bill type 85x) reimbursed on a cost basis.
852	CAH-VAC	Summarizes vaccine services provided by critical access hospitals reimbursed on a reasonable cost basis.
855	CAH-Fee Reimbursed/Mammography	Shows covered charges and reimbursement by revenue code for fee reimbursed services.
998	Hospital Outpatient – Part B	Summarizes, by revenue code and report type, the information that is printed on the various outpatient report types. This report cannot be used to complete the cost report.
999	All Report Types For Provider	MSA/Beneficiary Census/Rev Visits report: Summarizes the visits and census per metropolitan statistical area (MSA). The OD45300 report number under report type 999 for Home Health Agencies is used for cost reporting periods ending before October 1, 2000. The OD45300 report number under report type 999 for hospice providers is informational only.
OD 4421 5	DRG Summary Report	Summarizes PPS data by DRGs. It is optional and requested on demand.

NOTE: In all cases other than outpatient, the report type ties directly to the type of bill entered on the claim (CMS-1450). For outpatient bills, the distinction is broken out further to identify the bills as All Other, Part B 100 percent, renal bills, and ASC.

30.3 – DRG Summary Report (Rev. 27, 12-19-03)

This report for PPS is a supplement to the provider summary report and is an optional report that is produced upon request when a provider summary report is produced for any given provider. The report is a summary of prospective payment data broken out and summarized by DRG code.

40 – Corrections to Individual Records (Rev. 27, 12-19-03)

The PS&R system allows corrections of total charges and/or units, days/visits, revenue codes within a provider and changes to covered amounts on the provider summary report. The following data are required to make adjustments.

INDIVIDUAL RECORDS

Item	Enter
1. Request Date	Today's Date
2. Submitted By	Your Name
3. Provider Number	The provider to be adjusted.
4. Report Type	The report type of the provider to be adjusted.
5. Paid Date	The remittance date for the claim(s) being adjusted.
6. Thru Date	The thru date of service for the claim(s) being adjusted.
7. DRG Code	For prospective payment providers, the DRG code under which the change was made. For other providers leave blank.
8. Add to Revenue Code	The revenue code to receive the new amounts.
9. Subtract from Revenue Code	The revenue code from where amounts should be subtracted.

10. Days (Visits) Number of days/visits to be adjusted between the revenue codes specified.
11. Charges Dollar amounts to be adjusted.

The PS&R system processes adjustments with a frequency code of 7 (cancel) and 8 (reissue). Other types of adjustments, e.g., credits and debits, PRO adjustments, cannot be handled by this system. Prepare an interface program that will convert the adjustments to frequency codes 7 or 8 in order to process PRO debit/credit adjustments and maintain the data in the PS&R system for cost settlement.

**50 – The PS&R System Data Elements
(Rev. 27, 12-19-03)**

Maintain the following data elements from the FISS paid claim file. This sections contains a cross walk of data elements used in the FI paid claims file and the PS&R detail files. The cross walk is presented below. It contains the current FISS paid claim record and shows how it cross walks to the PS&R detail file.

Cross Walk of Data Elements in FI Paid Claims file and PS&R Detail File

FI Paid Claim File	PS&R Detail Record File	Comments
FSSCPDCL-NO	C-DETL-HICAN	
FSSCPDCL-NO	C-DETL2-HICAN	Via C-DETL-HICAN
FSSCPDCL-PAT-LAST-NM	C-DETL-BENE-LNAME	
FSSCPDCL-PAT-FIRST-NM	C-DETL-BENE-INIT1	
FSSCPDCL-PAT-FIRST-INIT	C-DETL-BENE-INIT1	
FSSCPDCL-PAT-MIDL-INIT	C-DETL-BENE-INIT2	
FSSCPDCL-PAT-LAST-NM	C-2DETL-BENE-LNAME	Via C-BENE-LNAME
FSSCPDCL-PAT-FIRST-NM	C-2DETL-BENE-INIT1	Via C-BENE-INIT1
FSSCPDCL-PAT-FIRST-INIT	C-2DETL-BENE-INIT1	Via C-BENE-INIT1
FSSCPDCL-PAT-MIDL-INIT	C-2DETL-BENE-INIT2	Via C-BENE-INIT2
FSSCPDCL-DCN	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-PLAN-CD	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-JULIAN	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-YR	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-JUL-DT	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-BTCH-NBR-X	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-BTCH-NBR	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-CLM-SEQ-NBR	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-SPLIT-CD	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-ORIG-CD	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-FUTURE	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-FUTURE2	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN-SITE-ID	C-DETL-ICN	C-DETL-KEY
FSSCPDCL-DCN	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-PLAN-CD	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-JULIAN	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-YR	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY

FI Paid Claim File	PS&R Detail Record File	Comments
FSSCPDCL-DCN-JUL-DT	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-BTCH-NBR-X	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-BTCH-NBR	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-CLM-SEQ-NBR	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-SPLIT-CD	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-ORIG-CD	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-FUTURE	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-FUTURE2	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-DCN-SITE-ID	C-DETL2-ICN	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-MEDA-PROV-ID	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-STATE-CD	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-ID	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-TYP-FACIL-CD	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-2	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-EMER-IND	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-PROV-DEPT-ID	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-MEDA-PROV-FILLER	C-DETL-PROV	C-DETL-KEY
FSSCPDCL-MEDA-PROV-ID	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-STATE-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-ID	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-TYP-FACIL-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-2	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-EMER-IND	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PROV-DEPT-ID	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-MEDA-PROV-FILLER	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-OTHER-SUMMARY-DATA	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-BILL-TYP-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-BILL-CATEGORY	C-DETL-RPT-TYPE	C-DETL-KEY
FSSCPDCL-LOB-CD	C-DETL-RPT-TYPE	C-DETL-KEY
FSSCPDCL-SERV-TYP-CD	C-DETL-RPT-TYPE	C-DETL-KEY
88 PDCL-INP-CLAIM VALUES '11' '18' '21' '28' '33' '32' '41' '51' '81' '82'	C-DETL-RPT-TYPE	C-DETL-KEY; COBOL condition name
88 PDCL-HH-CLAIM VALUES '32' '81' '82'	C-DETL-RPT-TYPE	C-DETL-KEY; COBOL condition name
88 PDCL-HH-PPS-CLAIM VALUES '32' '33'	C-DETL-RPT-TYPE	C-DETL-KEY; COBOL condition name
88 PDCL-SNF-CLAIM VALUES '18' '21' '28'	C-DETL-RPT-TYPE	C-DETL-KEY; COBOL condition name
88 PDCL-OUTP-CLAIM VALUES '12' '13' '14' '22' '23' '24' '34' '42' '43' '44' '52' '53' '54' '71' '72' '73' '74' '75' '76' '83' '85'	C-DETL-RPT-TYPE	C-DETL-KEY; COBOL condition name
FSSCPDCL-FREQ-CD	C-DETL-FREQ-CD	C-DETL-KEY (If I or P, make 7)
FSSCPDCL-BILL-TYP-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-BILL-CATEGORY	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-LOB-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-SERV-TYP-CD	C-DETL2-PROV	C-DETL2-KEY via C-DETL-KEY
88 PDCL-INP-CLAIM VALUES '11' '18' '21' '28' '33' '32' '41' '51' '81' '82'	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name
88 PDCL-HH-CLAIM VALUES '32' '81' '82'	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name
88 PDCL-HH-PPS-CLAIM VALUES	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name

FI Paid Claim File	PS&R Detail Record File	Comments
'32' '33'		
88 PDCL-SNF-CLAIM VALUES '18' '21' '28'	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name
88 PDCL-OUTP-CLAIM VALUES '12' '13' '14' '22' '23' '24' '34' '42' '43' '44' '52' '53' '54' '71' '72' '73' '74' '75' '76' '83' '85'	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name
FSSCPDCL-FREQ-CD	C-DETL2-PROV	C-DETL2-KEY (If I or P, make 7.) via C-DETL-KEY
FSSCPDCL-FREQ-CD	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY
88 PDCL-FINAL-BILL VALUES '1' '4' '5' '9'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
88 PDCL-INTERIM-BILL VALUES '2' '3'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
88 PDCL-NO-PAY-BILL VALUE '0'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
88 PDCL-DEBIT-ADJ VALUE '7'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
88 PDCL-CREDIT-ADJ VALUE '8'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
88 PDCL-CANCEL-BILL VALUE '8' 'F' 'G' 'H' 'I' 'J' 'K' 'M'	C-DETL-RPT-TYPE VIA W-RPT-CLASS	C-DETL-KEY; COBOL condition name
FSSCPDCL-RECD-DT-CYMD	C-DETL-RECEIPT-DT	
FSSCPDCL-PAID-DT-CYMD	C-DETL-RMT-DATE	C-DETL-KEY
FSSCPDCL-PAID-DT-CC	C-DETL-RMT-DATE	C-DETL-KEY
FSSCPDCL-PAID-DT	C-DETL-RMT-DATE	C-DETL-KEY
FSSCPDCL-PAID-YR	C-DETL-RMT-DATE	C-DETL-KEY via C-DETL-KEY
FSSCPDCL-PAID-MO	C-DETL-RMT-DATE	C-DETL-KEY
FSSCPDCL-PAID-DY	C-DETL-RMT-DATE	C-DETL-KEY
FSSCPDCL-PAID-DT-CYMD	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-DT-CC	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-DT	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-YR	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-MO	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-DY	C-DETL2-RMT-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAID-DT-CYMD	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-PAID-DT-CC	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-PAID-DT	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-PAID-YR	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-PAID-MO	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-PAID-DY	C-DETL-FILE-DATE	C-DETL-KEY; MD400500
FSSCPDCL-STMT-COV-FROM-DT-CYMD	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-DT-CC	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-DT	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-YR	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-MO	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-DY	C-DETL-FROM-DATE	
FSSCPDCL-STMT-COV-FROM-DT-CYMD	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE
FSSCPDCL-STMT-COV-FROM-DT	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE

FI Paid Claim File	PS&R Detail Record File	Comments
CC		
FSSCPDCL-STMT-COV-FROM-DT	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE
FSSCPDCL-STMT-COV-FROM-YR	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE
FSSCPDCL-STMT-COV-FROM-MO	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE
FSSCPDCL-STMT-COV-FROM-DY	C-DETL2-FROM-DATE	Via C-DETL-FROM-DATE
FSSCPDCL-STMT-COV-TO-DT-CYMD	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DT-CC	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DT	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-YR	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-MO	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DY	C-DETL-THRU-DATE	C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DT-CYMD	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DT-CC	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DT	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-STMT-COV-TO-YR	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-STMT-COV-TO-MO	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-STMT-COV-TO-DY	C-DETL2-THRU-DATE	C-DETL2-KEY via C-DETL-KEY
FSSCPDCL-PAT-MED-REC-NO	C-DETL-PCN	
FSSCPDCL-DRG-CD	C-DETL-DRG-CODE	
FSSCPDCL-CANC-ADJ-CD	C-DETL-CANCEL-ADJ	
FSSCPDCL-MEDICAL-RECORD-NC	C-DETL-PCN	
FSSCPDCL-PIP-IND	C-DETL-PIP-IND	In MD400600: IF FSSCPDCL-PIP-IND = 'Y' MOVE 'Y' TO C-DETL-PIP-IND
FSSCPDCL-HH-SPLIT-IND	C-DETL-HH-SPLIT-IND	
FSSCPDCL-PATIENT-STATUS	C-DETL-PAT-STATUS	
FSSCPDCL-PATIENT-STATUS	C-DETL2-PAT-STATUS	Via C-DETL-PAT-STATUS
FSSCPDCL-PATIENT-STATUS	C-DETL-PATIENT-ST	
FSSCPDCL-COV-DY-CNT	C-DETL-TRANS-DAYS	
FSSCPDCL-FED-PORITION	C-DETL-FED-SPEC-PMT	
FSSCPDCL-PPS-PAYMENT	C-DETL2-PPS-PAYMENT	
FSSCPDCL-DRG-WEIGHT	C-DETL-CAP-DRG-WT	
FSSCPDCL-DSCHG-FRCTN	C-DETL-CAP-DSCHG-FR	
FSSCPDCL-DRG-WT-FRCTN	C-DETL-DRGWT-FR	
FSSCPDCL-CAP-TOT-PAY	C-DETL-CAPTL-PMT	C-DETL-CAPTL-PMT redefines C-DETL-ESRD-NETWORK
FSSCPDCL-CAP-FSP	C-DETL-CAP-FSP	
FSSCPDCL-CAP-DSH-ADJ	C-DETL-CAP-DSH-ADJ	
FSSCPDCL-CAP2-B-FSP	C-DETL-CAP-B-FSP	
FSSCPDCL-CAP-HSP	C-DETL-CAP-HSP	
FSSCPDCL-CAP-OLD-HARM	C-DETL-CAP-OLD-HARM	
FSSCPDCL-CAP-IME-ADJ	C-DETL-CAP-IME-ADJ	
FSSCPDCL-PPS-RTC	C-DETL-PRICER-RTC	
FSSCPDCL-COIN-DAYS-1ST-YR	C-DETL-COIN-DAYS	
FSSCPDCL-CAP-OUTLIER	C-DETL-CAP-OUTLIER	
FSSCPDCL-CAP2-B-OUTLIER	C-DETL-CAP-B-OUTLIE	
FSSCPDCL-OUTLIER-DYS	C-DETL-OUTLIER-DAYS	
FSSCPDCL-HOSP-PORITION	C-DETL-HOS-SPEC-PMT	
FSSCPDCL-CAPI-EXCEPTIONS	C-DETL-CAP-EXCPTONS	

FI Paid Claim File	PS&R Detail Record File	Comments
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-VALUE-AMT-9 in MD400600
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-0-CASH-DEDUCT in MD400700
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-0-CASH-DEDUCT in MD400701
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-0-CASH-DEDUCT in MD400710
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400700
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400701
FSSCPDCL-VAL-AMT	C-DETL-CASH-DEDUCT	Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400710
FSSCPDCL-VAL-AMT	C-DETL-SRVC-MSAE	Field is set in this portion of MD400600: MSAE-RTN IF W-VALUE-AMT (3:3) = '099' MOVE W-VALUE-AMT (6:2) TO C-DETL-SRVC-MSAE (3:2) ELSE IF W-VALUE-AMT (3:2) = '99' MOVE W-VALUE-AMT (5:3) TO C-DETL-SRVC-MSAE (3:3) ELSE IF W-VALUE-AMT (7:1) > '5' MOVE W-VALUE-AMT (3:5) TO C-DETL-SRVC-MSAE ELSE MOVE W-VALUE-AMT (4:4) TO C-DETL-SRVC-MSAE. MSAE-RTN-EXIT EXIT
FSSCPDCL-REIMB-PROV-AMT	C-DETL-NET-REIMB	
FSSCPDCL-REIMB-PROV-AMT	C-DETL-TRANS-PMT	C-DETL-TRANS-PMT = FSSCPDCL-REIMB-PROV-AMT - W-OUT-EIMB-AMT
FSSCPDCL-HCPC-CD-X	C-DETL-HCPCS-CD	Via W-DETL-HCPCS-TRL.W-DETL-HCPCS-CD via W-HCPCS-CD in MD400600
FSSCPDCL-HCPC-MODIFIERS	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-HCPC-MODIFIER	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-HCPC-MODIFIER2	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-HCPC-MODIFIER3	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-HCPC-MODIFIER4	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-HCPC-MODIFIER5	C-DETL-ASC-HCPCMODS	Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600
FSSCPDCL-ASC-PERCENT	C-DETL-ASC-PCT-IND	Via W-ASC-TRL.WAT-PCT-IND via W-ASCC-PERCENT in MD400600
FSSCPDCL-ASC-GRP	C-DETL-ASC-GRP-CD	Via W-ASC-TRL.WAT-GRP-CD via W-ASC-GROUP in MD400600
FSSCPDCL-PRICER-IND	C-DETL2-PRICER-IND	
FSSCPDCL-OPPS-PRICR-LINE-RTC	C-DETL2-PRICER-LINE-RTC	
FSSCPDCL-REV-CD	C-DETL-HCPCS-REV	Via W-HCPCS-TRL.W-DETL-HCPCS-REV

FI Paid Claim File	PS&R Detail Record File	Comments
		via W-REVENUE-CD in MD400600
FSSCPDCL-REV-CD	C-DETL-REV-CD	Via W-DETL-REV-CD via W-REVENUE-CD in MD400600.
88 FSSCPDCL-FEE-SCHEDULE-REV-CD VALUES 0274, 0300 THRU 0319, 0403	C-DETL-REV-CD	COBOL condition name
88 PDCL-FEE-SCHEDULE-REV-CD VALUES 0274, 0300 THRU 0319, 0403	C-DETL-REV-CD	COBOL condition name
FSSCPDCL-REV-CD-X redefines FSSCPDCL-REV-CD	C-DETL-REV-CD	
FSSCPDCL-REV-SERV-UNIT-CNT PIC 9(07)	C-DETL-HCPCS-UNITS	Via W-HCPCS-TRL.W-DETL-HCPCS-UNITS via W-UNITS in MD400600
FSSCPDCL-REV-SERV-UNIT-CNT PIC 9(07)	C-DETL-REV-UNITS	Via W-DETL-REV-UNITS via W-UNITS in MD400600
FSSCPDCL-REV-SERV-RATE	C-DETL-HCPCS-REIMB	Via W-RATE in MD400600
FSSCPDCL-RAD-PRICER-AMT-X		
FSSCPDCL-RAD-PRICER-AMT	C-DETL-HCPCS-REIMB	Via W-RATE via W-RAD-PRICER-AMT in MD400600
FSSCPDCL-RAD-PRICER-AMT	C-DETL2-APC-GROSS-PMT	Via W-RATE via W-RAD-PRICER-AMT in MD400600
FSSCPDCL-REV-TOT-CHRG-AMT	C-DETL-REV-CHG	Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600
FSSCPDCL-REV-TOT-CHRG-AMT	C-DETL-TOT-COV-CHG	Via W-DETL-REV-CHRG via W-SERV-CHARGES
FSSCPDCL-REV-COV-CHRG-AMT	C-DETL-HCPCS-REIMB	Via W-RATE in MD400600
FSSCPDCL-REV-COV-CHRG-AMT	C-DETL2-REV-COV-CHG-AMT	
FSSCPDCL-REV-TOT-CHRG-AMT	C-DETL-TOT-COV-CHG	Via W-DETL-REV-CHRG via W-SERV-CHARGES
FSSCPDCL-REV-COV-CHRG-AMT	C-DETL-REV-CHG	Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600
FSSCPDCL-REV-NCOV-CHRG-AMT	C-DETL-REV-CHG	Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600
FSSCPDCL-REV-NCOV-CHRG-AMT	C-DETL-HCPCS-REIMB	Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600
FSSCPDCL-REV-TOT-CHRG-AMT	C-DETL-HCPCS-BLDCHG	Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600
FSSCPDCL-REV-COV-CHRG-AMT	C-DETL-HCPCS-BLDCHG	Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600
FSSCPDCL-REV-NCOV-CHRG-AMT	C-DETL-HCPCS-BLDCHG	Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600
FSSCPDCL-WAGE-ADJ-COIN-LINE	C-DETL2-WGE-ADJ-COIN-LINE	
FSSCPDCL-REDUCED-COIN-LINE	C-DETL2-REDU-COIN-LINE	
FSSCPDCL-PROV-REIMB-LINE	C-DETL2-PROV-REIMB-LINE	
FSSCPDCL-PAT-CASH-DED-LINE	C-DETL2-PAT-CASH-DED-LINE	
FSSCPDCL-PSY-ESRD-BLD-HEMO	C-DETL2-PSY-ESRD-BLD-HEMO	
FSSCPDCL-APC-HCPCS-PROC	C-DETL2-APC-HCPCS-PROC	
FSSCPDCL-APC-SERV-IND	C-DETL-APC-SERV-IND	Via W-DETL-REV-TRL.W-DETL-APC-

FI Paid Claim File	PS&R Detail Record File	Comments
		SERV-IND via W-APC-SERV-IND in MD400600
FSSCPDCL-APC-SERV-IND	C-DETL2-APC-SERV-IND	Via W-DETL-REV-TRL.W-DETL-APC-SERV-IND via W-APC-SERV-IND in MD400600
FSSCPDCL-SITE-OF-SERV-INC-FLAG redefines FSSCPDCL-APC-SERV-IND	C-DETL-APC-SERV-IND	Via W-DETL-REV-TRL.W-DETL-APC-SERV-IND via W-APC-SERV-IND in MD400600
FSSCPDCL-APC-PAYMENT-IND	C-DETL2-APC-PMT-IND	
FSSCPDCL-APC-DISC-FCTR	C-DETL2-APC-DISC-FCTR	
FSSCPDCL-APC-DEN-REJ	C-DETL2-APC-DEN-REJ	
FSSCPDCL-APC-PKG-FLAG	C-DETL2-APC-PKG-FLAG	
FSSCPDCL-APC-PAY-ADJ-FLAG	C-DETL2-APC-PAY-ADJ-FLG	
FSSCPDCL-APC-TOB-INCL	C-DETL2-APC-TOB-INCL	
FSSCPDCL-APC-ACTION-FLAG	C-DETL2-APC-ACTION-FLAG	
FSSCPDCL-ORIG-HCPC-CD	C-DETL2-ORIG-HCPC-CD	
FSSCPDCL-ORIG-HCPC-IND	C-DETL2-ORIG-HCPC-IND	
FSSCPDCL-HH-HRG-WGTS	C-DETL-HIPPS-WGT	Via W-DETL-REV-TRL.W-DETL-HIPPS-WGT via W-HIPPS-WGT in MD400600
FSSCPDCL-LINES-FUTURE3 PIC X(22)	C-DETL-HIPPS-APC	Via W-DETL-REV-TRL.W-DETL-HIPPS-APC via W-HIPPS-APC via WS-HOLD-HIPPS via WS-FUTURE.W-HCPC in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SORT-BYTE	1 or 2; set in MD400600
FSSCPDCL-VAL-AMT	C-DETL-IND-MDED-PMT	Via W-MED-ED-PMT
FSSCPDCL-DRG-REIMB-AMT	C-DETL-ASCPRICE-AMT	Via W-ASC-PRICE-AMT in MD400700
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SEC-LIAB-PMT	Computed in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SEC-LIAB-PMT	Computed in MD400502
NO IDENTIFIABLE FIELD IN PCR	C-DETL-MSP-RED-IND	Via W-MSP-REDUCED-IND set in REDUCE-MSP procedure in MD400700
	C-DETL-BLOOD-DEDUCT	Via W-VALUE-AMT-9
	C-DETL-VAL62	Via W-VALUE-AMT-9
	C-DETL-VAL63	Via W-VALUE-AMT-9
	C-DETL-VAL64	Via W-VALUE-AMT-9
	C-DETL-VAL65	Via W-VALUE-AMT-9
	C-DETL-DSH-PMT	Via W-VALUE-AMT-9
	C-DETL-INTEREST-PMT	Via W-VALUE-AMT-9
	C-DETL-ESRD-NETWORK	Via W-VALUE-AMT-9
	C-DETL-SEQ-AMT	Via W-VALUE-AMT-9
	C-DETL-FEE-MSP	Via W-VALUE-AMT-9
	C-DETL-FEE-SEQ	Via W-VALUE-AMT-9
NO IDENTIFIABLE FIELD IN PCR	C-DETL-NPI	Field is not referenced by any programs
NO IDENTIFIABLE FIELD IN PCR	C-DETL2-NPI	C-DETL2-KEY via C-DETL-KEY
	C-DETL-LIFE-DAYS	Via W-LR-DAY-TOT in MD400600; see W-LR-DAY-TOT in this crosswalk.
	C-DETL-COINSURANCE	Via W-O-COINSURANCE
FSSCPDCL-PATIENT-STATUS	C-DETL-BNFT-EXH-IND	In MD400600: IF FSSCPDCL-PATIENT-STATUS = '30' MOVE 'S' TO C-DETL-BNFT-EXH-IND

FI Paid Claim File	PS&R Detail Record File	Comments
	C-DETL-TOT-COV-CHG	
	C-DETL-OUT-DAYS-PMT	Via W-OUT-REIMB-AMT
	W-OUT-REIMB-AMT	Via W-OUT-REIMB-AMT
NO IDENTIFIABLE FIELD IN PCR	C-DETL-TRANS-PMT	IF W-OUT-REIMB = 'Y' AND W-OUT-TYPE = 'C' COMPUTE C-DETL-TRANS-PMT = FSSCPDCL-REIMB-PROV-AMT - W-OUT-REIMB-AMT ELSE COMPUTE C-DETL-TRANS-PMT = FSSCPDCL-REIMB-PROV-AMT.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-HCPC-TOTREIM	
	C-DETL-HCPC-TOT-CHG	ADD W-DETL-HCPCS-BLDCHG TO C-DETL-HCPC-TOT-CHG
	C-DETL-HH-DME-COINS	Redefines C-DETL-ASCPRICE-AMT and is not used in MD400600. Used in MD400502 and MD400501
NO IDENTIFIABLE FIELD IN PCR	C-DETL-ICN-IND	MOVE T' TO C-DETL-ICN-IND appears to be the only reference to this field in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-GROSSUP-IND	IF (C-DETL-THRU-DATE (1:4) = '1992' OR '1993') AND (C-DETL-GROSSUP-IND NOT = 'G') AND (C-DETL-RPT-TYPE = '136' OR '137' OR '138' OR '139') PERFORM GROSSUP-CHECK MOVE 'G' TO C-DETL-GROSSUP-IND.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-FEE-RED-IND	C-DETL-FEE-RED-IND is not referenced in MD400600. Set to 'Y' in M400502.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-ORIG-THRU-CT	The only reference to this field in MD400600 is this statement: IF C-DETL-THRU-DATE = C-PDTE-START (W-SUB) MOVE 1 TO C-DETL-ORIG-THRU-CT MOVE C-DETL-THRU-DATE TO C-DETL-ORIG-THRU-DATE (1) SUBTRACT 1 FROM W-SUB MOVE C-PROV-PD-END (W-SUB) TO C-DETL-THRU-DATE MOVE 2 TO W-SUB.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SPLIT-CT	The sole apparent use of this field in MD400600 occurs here: SPLIT-RTN. IF W-SPLIT-TYPE (W-SUB) NOT = SPACES ADD 1 TO C-DETL-SPLIT-CT MOVE W-SPLIT-TYPE (W-SUB) TO C-DETL-SPLIT-IND (C-DETL-SPLIT-CT) SPLIT-RTN-EXIT. EXIT.

FI Paid Claim File	PS&R Detail Record File	Comments
NO IDENTIFIABLE FIELD IN PCR	C-DETL-REV-TRL-CT	C-DETL-REV-TRL-CT is an index, used in the context of this statement in MD400600: MOVE W-DETL-REV-TRL TO C-DETL-REV-TRL (C-DETL-REV-TRL-CT)
NO IDENTIFIABLE FIELD IN PCR	C-DETL-HCPCS-TRL-CT	IF W-ASC-PRICE-AMT > MOVE W-DETL-HCPCS-TRL TO C-DETL-HCPCS-TRL (C-DETL-HCPCS-TRL-CT)
NO IDENTIFIABLE FIELD IN PCR	C-DETL-OPPS-GEN-IND	Field is set in this portion of MD400600: IF W-OPPS-CLAIM = 'Y' OR W-OCEFLG1N = 'Y' OR (FSSCPDCL-STMT-COV-FROM-DT-CYMD > '20000731' AND (PDCL-OUTP-CLAIM AND (W-BILL-TYPE72X-SW NOT = 'Y') AND (FSSCPDCL-PAID-DT-CYMD > '20000611'))) MOVE 'Y' TO C-DETL-OPPS-GEN-IND.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-ORIG-THRU-DATE	Field is set in this portion of MD400600: ORIG-THRU-RTN. IF C-DETL-THRU-DATE = C-PDTE-START (W-SUB) MOVE 1 TO C-DETL-ORIG-THRU-CT MOVE C-DETL-THRU-DATE TO C-DETL-ORIG-THRU-DATE (1) SUBTRACT 1 FROM W-SUB MOVE C-PROV-PD-END (W-SUB) TO C-DETL-THRU-DATE MOVE 2 TO W-SUB. ORIG-THRU-RTN-EXIT. EXIT.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SPLIT-IND	Field is set in this portion of MD400600: SPLIT-RTN. IF W-SPLIT-TYPE (W-SUB) NOT = SPACES ADD 1 TO C-DETL-SPLIT-CT MOVE W-SPLIT-TYPE (W-SUB) TO C-DETL-SPLIT-IND (C-DETL-SPLIT-CT) SPLIT-RTN-EXIT. EXIT.
NO IDENTIFIABLE FIELD IN PCR	W-NCOV-UNITS	IF W-UNITS > 0 COMPUTE W-UNIT-CHG = W-SERV-CHARGES / W-UNITS COMPUTE W-COV-UNITS = W-COV-CHG / W-UNIT-CHG COMPUTE W-NCOV-UNITS = W-I-SERV-NCOV-CHARGES / W-UNIT-CHG.
NO IDENTIFIABLE FIELD IN PCR	C-DETL-REV-NCV-IND	Set via W-DETL-REV-NCV-IND via program logic.

FI Paid Claim File	PS&R Detail Record File	Comments
NO IDENTIFIABLE FIELD IN PCR	W-LR-DAYS-TOT	COMPUTE W-LR-DAYS-TOT = (FSSCPDCL-LIFE-DY-CNT + FSSCPDCL-LTR-DAYS-2ND-YR).
NO IDENTIFIABLE FIELD IN PCR	C-DETL-FULL-DAYS	IF FSSCPDCL-CST-REP-DYS > 0 OR (W- SEC-LIAB = 'R' OR 'Y') COMPUTE C-DETL-FULL-DAYS = FSSCPDCL-CST-REP-DYS - FSSCPDCL-COIN-DAYS-1ST-YR - W- LR-DAYS-TOT ELSE COMPUTE C-DETL-FULL-DAYS = FSSCPDCL-COV-DY-CNT - FSSCPDCL-COIN-DAYS-1ST-YR - W- LR-DAYS-TOT.
W-ASC-TRL	C-DETL-ASC-TRL	See the 2 constituent fields in this structure: C DETL-ASC-GRP-CD and C-DELT-ASC- PCT-IND
	C-DETL-CAP-TRL	See the 13 constituent fields in this structure
NO IDENTIFIABLE FIELD IN PCR	C-DETL-FREE-BYTES	
NO IDENTIFIABLE FIELD IN PCR	C-DETL-FREE-BYTE	
NO IDENTIFIABLE FIELD IN PCR	C-DETL-FREE-BYTE-CT	
NO IDENTIFIABLE FIELD IN PCR	C-DETL-CAP-TRL-CT	Set to zero and incremented in MD400600
	C-DETL-OUT-COST-PMT	Via W-OUT-REIMB-AMT in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-ASC-TRL-CT	Set to zero and incremented in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-VAL-AMT	Via W-VALUE-AMT-9 in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-VAL-CNT	Set to zero and incremented in MD400600
NO IDENTIFIABLE FIELD IN PCR	C-DETL-CLM-NCV-IND	
NO IDENTIFIABLE FIELD IN PCR	C-DETL-GROSS-APC	Set to zero only in MD400600
	C-DETL-VAL64	Via W-VALUE-AMT-9
	C-DETL-VAL65	Via W-VALUE-AMT-9
	C-DETL2-FREQ-CD	C-DETL2-KEY via C-DETL-KEY
NO IDENTIFIABLE FIELD IN PCR	C-DETL2-SORT-BYTE	C-DETL2-KEY via C-DETL-KEY; then set to '2'
NO IDENTIFIABLE FIELD IN PCR	C-DETL2-OPPS-TRL-CT	Via C-DETL-HCPCS-TRL-CT
NO IDENTIFIABLE FIELD IN PCR	C-DETL2-OPPS-TRL	Container of recurring structures containing: C-DETL2-APC-HCPCS-PROC C-DETL2-APC-PMT-APC C-DETL2-PRICER-LINE-RTC C-DETL2-PRICER-IND C-DETL2-APC-ACTION-FLAG C-DETL2-APC-GROSS-PMT C-DETL2-PROV-REIMB-LINE C-DETL2-APC-SERV-IND C-DETL2-APC-TOB-INCL C-DETL2-APC-PMT-IND C-DETL2-APC-DISC-FCTR C-DETL2-APC-DEN-REJ C-DETL2-APC-PKG-FLAG C-DETL2-APC-PAY-ADJ-FLG C-DETL2-REV-COV-CHG-AMT C-DETL2-REDU-COIN-LINE C-DETL2-WGE-ADJ-COIN-LINE C-DETL2-PSY-ESRD-BLD-HEMO

FI Paid Claim File	PS&R Detail Record File	Comments
		C-DETL2-PAT-CASH-DED-LINE C-DETL2-ORIG-HCPC-CD C-DETL2-ORIG-HCPC-IND

Transmittals Issued for this Chapter

Rev #	Issue Date	Subject	Impl Date	CR#
<u>R60FM</u>	11/26/2004	Revised Instructions on Contractor Procedures for Provider Audit and the Provider Statistical and Reimbursement Report (PSRR)	01/24/2005	3492
<u>R27FM</u>	12/19/2003	Provider Statistical and Reimbursement System	01/05/2004	2902
<u>R09FM</u>	08/30/2002	Initial Publication of Chapter	N/A	N/A

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