Transmittal 10368, dated September 24, 2020, is being rescinded and replaced by Transmittal 10576, dated, January 20, 2021 to withdraw the requirement for reporting time on dialysis machine instructed in business requirements 11871.7 and 11871.7.1 by removing the verbiage in the background and policy sections. All other information remains the same.

NOTE: This Transmittal is no longer sensitive. This instruction may now be posted to the Internet.

SUBJECT: Changes to the End Stage Renal Disease (ESRD) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine

I. SUMMARY OF CHANGES: This instruction provides the system changes necessary to implement the new supplemental wage index fields in the outpatient provider specific file and the new value code required for reporting minutes of dialysis provided during the billing period. The ESRD Network Reduction calculation is being moved from FISS into the PRICER and requires FISS to mass adjust certain claims to correct the network reduction.

EFFECTIVE DATE: January 1, 2021
*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: January 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/renvised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<table>
<thead>
<tr>
<th>R/N/D</th>
<th>CHAPTER / SECTION / SUBSECTION / TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.
IV. ATTACHMENTS:

One Time Notification
Transmittal 10368, dated September 24, 2020, is being rescinded and replaced by Transmittal 10576, dated, January 20, 2021 to withdraw the requirement for reporting time on dialysis machine instructed in business requirements 11871.7 and 11871.7.1 by removing the verbiage in the background and policy sections. All other information remains the same.

NOTE: This Transmittal is no longer sensitive. This instruction may now be posted to the Internet.

SUBJECT: Changes to the End Stage Renal Disease (ESRD) PRICER to Accept the New Outpatient Provider Specific File Supplemental Wage Index Fields, the Network Reduction Calculation and New Value Code for Time on Machine

EFFECTIVE DATE: January 1, 2021
*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: January 4, 2021

I. GENERAL INFORMATION

A. Background: Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) implemented the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) based on the requirements of section 1881(b)(14) of the Social Security Act (the Act). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment.

Moving the ESRD Network Reduction Calculation to the ESRD PRICER

Currently, the ESRD network reduction is calculated in the Fiscal Intermediary Shared System (FISS) and deducted from the ESRD PPS rate returned by the ESRD PRICER. The ESRD network reduction is $.50 per covered treatment when the full ESRD PPS rate is applicable. For ESRD claims billing for continuous modalities of dialysis performed in the beneficiary’s home, the ESRD PPS rate is not paid in full but calculated at a daily per diem rate by taking the full ESRD PPS rate multiplied by 3 for the weekly allowable total and dividing by 7 to provide a daily treatment rate. The ESRD network reduction is also calculated at a daily rate by multiplying the $.50 by 3 for the weekly total network reduction and dividing by 7 for a daily network reduction of $.21.

When hemodialysis or peritoneal dialysis training is performed, including retraining, the full ESRD PPS payment rate is applicable and calculated by the ESRD PRICER. The appropriate ESRD network reduction for retraining is $.50 per treatment. It was recently brought to the attention of CMS that the network reduction is being calculated incorrectly for dialysis claims billing for retraining treatments of continuous modalities (condition code 87 with either revenue code 0841 or 0851). The use of condition code 87 was implemented effective July 1, 2017 with Change Request 9609 “Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis”.

The ESRD PRICER makes the determination whether to pay the full PPS rate or the daily per diem rate per treatment and as a result, CMS has determined the best place for the network calculation to be applied to the payment is in the ESRD PRICER.

This instruction will implement and require the following changes to the ESRD Network Reduction:

- Discontinue calculating the network reduction in FISS for ESRD claims with dates of service on or after January 1, 2021.
• Begin calculating the network reduction in the ESRD PRICER per treatment for ESRD claims with dates of service on or after January 1, 2021.
• Claims processed for retraining of continuous modalities (condition code 87 with either revenue code 0841 or 0851) shall be identified and adjusted by FISS to correct the ESRD network reduction from $.21 to $.50.

Rescinded: Machine Reported Dialysis Treatment Time on the 072X Bill Type

CMS is withdrawing the requirement for ESRD facilities to report the value code D6 for the total number of minutes of dialysis provided during the billing period.

Supplemental Wage Index Fields

Change Request 11707, issued on May 8, 2020 and titled, “Updates in the Fiscal Intermediary Shared System (FISS) Inpatient and Outpatient Provider Specific Files (PSF)” added two additional fields, "Supplemental Wage Index" and "Supplemental Wage Index Flag" in the Outpatient Provider Specific File (OPSF) to ensure PRICER pays ESRD facilities correctly based on values inputted in the OPSF. The Medicare Administrative Contractor (MAC) will populate these fields when needed. The values will then be sent to the ESRD PRICER in order to apply correct payments to certain ESRD facilities.

B. Policy: Moving the ESRD Network Reduction Calculation to the ESRD PRICER

No change in the payment policy for the ESRD network reduction.

Rescinded: Machine Reported Dialysis Treatment Time

The policy for reporting the duration of dialysis on Medicare ESRD claims and the applicable requirements for reporting value code D6 have been rescinded.

Supplemental Wage Index Fields

Additional instructions for MACs when to input the new Supplemental Wage Index and Supplemental Wage Index Flag will be provided in the annual recurring ESRD PPS change request.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
<th>A/B MAC</th>
<th>D M E</th>
<th>Shared-System Maintainers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A/B H B M S I V C W F</td>
<td></td>
<td></td>
<td>H H M C S M V S C W F</td>
<td></td>
</tr>
<tr>
<td>11871.1</td>
<td>The Medicare shared system shall discontinue calculating the ESRD network reduction for type of bill 072X and no longer apply the network reduction to the PPS rate returned by the ESRD PRICER for dates of service on or after January 1, 2021.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>Requirement</td>
<td>Responsibility</td>
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<td></td>
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<td>---------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.2</td>
<td>ESRD PRICER shall apply the full ESRD network reduction ($.50) to each full PPS rate calculated.</td>
<td>ESRD Pricer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.2.1</td>
<td>ESRD PRICER shall apply the daily per-diem network reduction ($.21) to each daily per-diem PPS rate calculated for daily modalities performed in the home (condition code 74 with either revenue code 0841 or 0851.</td>
<td>ESRD Pricer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.2.2</td>
<td>The Medicare shared system shall modify the ESRD PRICER output record to accept a three byte field to house the line item network reduction amount. Note: See Attachment “Revised ESRD PRICER Layout 01012021”</td>
<td>ESRD Pricer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.2.3</td>
<td>ESRD PRICER shall send the network reduction amount applicable to the line item to the Medicare shared system (FISS)</td>
<td>ESRD Pricer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.3</td>
<td>The Medicare shared system shall store each line item network reduction amount returned by the ESRD PRICER and sum the network reduction for the claim total and place the total under the value code 71 (for claim total network reduction).</td>
<td>ESRD Pricer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 11871.4 | The Medicare shared system shall correct the calculation of the ESRD network reduction from $.21 to $.50 for the following:  
- Type of bill 072X  
- Dates of service from 7/1/2017 through 12/31/2020  
- Either revenue code 0841 or 0851 present  
- Condition code 87 present | ESRD Pricer |
| 11871.4.1 | After requirement 11871.4 is implemented, Medicare contractors shall adjust the ESRD retraining claims with the following criteria:  
- Type of bill 072X  
- Dates of service from 7/1/2017 through 12/31/2020  
- Either revenue code 0841 or 0851 present  
- Condition code 87 present | ESRD Pricer |
<table>
<thead>
<tr>
<th>Number</th>
<th>Requirement</th>
<th>Responsibility</th>
<th>A/B MAC</th>
<th>D M E H H M A C</th>
<th>Shared-System Maintainers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>11871.5</td>
<td>The Medicare shared system shall send “Supplemental Wage Index” and “Supplemental Wage Index Flag” information from the OPSF to the ESRD PRICER. Note: See Attachment “Revised ESRD PRICER Layout 01012021”</td>
<td>ESRD Pricer</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.5.1</td>
<td>The Medicare shared system shall allow the supplemental wage index and supplemental wage index flag to be populated for ESRD Providers.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.5.2</td>
<td>The Medicare shared system shall update the ESRD PRICER interface according to Attachment “Revised ESRD PRICER Layout 01012021”.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.5.3</td>
<td>The Medicare shared system shall apply the updated ESRD PRICER interface effective January 1, 2021.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.6</td>
<td>Contractors shall accept the new value code D6 with claims that have an effective receipt date of 1/1/2021. Value code D6 Title (short descriptor): The total number of minutes of dialysis provided during the billing period.</td>
<td>HIGLAS</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.6.1</td>
<td>The Medicare shared system shall pass the value code D6 and the amount to CWF, BCRC and IDR.</td>
<td>BCRC, IDR</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.7</td>
<td>The Medicare shared system shall create an overridable edit for 072X TOB with from date of service on or after January 1, 2021 when reporting revenue code 0821 (hemodialysis) and the value D6 is not present or the value reported with D6 is not greater than 1.0. Note: Edit shall not apply to Acute Kidney Injury (AKI) claims billed on the 072X with condition code 84.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11871.7.1</td>
<td>Medicare contractors shall return to provider (RTP) 072X TOB when reporting revenue code 0821</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
(hemodialysis) and the value D6 is not present or the value reported with D6 is not greater than 1.0.

### III. PROVIDER EDUCATION TABLE

<table>
<thead>
<tr>
<th>Number</th>
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<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>A/B MAC</td>
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<td>D MAC</td>
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<td>E MAC</td>
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<td>F MAC</td>
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<td>M MAC</td>
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<td></td>
<td>E MAC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F MAC</td>
</tr>
</tbody>
</table>

11871.8 MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.

### IV. SUPPORTING INFORMATION

"Should" denotes a recommendation.

<table>
<thead>
<tr>
<th>X-Ref Requirement Number</th>
<th>Recommendations or other supporting information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section A: Recommendations and supporting information associated with listed requirements: N/A

### V. CONTACTS

Pre-Implementation Contact(s): Michelle Cruse, michelle.cruse@cms.hhs.gov (For policy inquiries), Wendy Jones, wendy.jones@cms.hhs.gov (For claims processing inquiries)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).
VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1
000100******************************************************************
000200*   This is the BILL-RECORD that will be passed to and returned  *
000300*   from the ESCALxx program.                                    *
000400* 6-15-17 added B-PAYER-ONLY-VC-Q8 for FY18 and TDAPA            *
000500* 8-24-17 added TDAPA-RETURN for FY18 and TDAPA                 *
000600* 10-03-17 added comment about BUNDLED-TEST-INDIC               *
000700* 3-11-20 added the following for ETC HDPA model:               *
000800*   input field for the Data Code                                *
000900*  B-DATA-CODE PIC X(02)                                        *
001000*   output field - Adjusted Base Rate before bonus               *
001100*   ADJ-BASE-WAGE-BEFORE-ETC-HDPA PIC 9(07)V9(04)                 *
001200*   7-08-20 added fields for SUPPLEMENTAL-WAGE-INDEX, TPNIES and *
001300*   NETWORK-REDUCTION:                                           *
001400*   - P-SUPP-WI-IND                                              *
001500*   - P-SUPP-WI                                                  *
001600*   - B-PAYER-ONLY-VALUE-CODE                                    *
001700*   - B-PAYER-ONLY-VC-QG-AMT                                     *
001800*   - TPNIES-RETURN                                               *
001900*   - NETWORK-REDUCTION-RETURN                                    *
002000******************************************************************
002100*INPUT to the Calculating subroutine from the Driver subroutine. *
002200******************************************************************
00230001 BILL-NEW-DATA.
002400 05 BILL-PORTION.
002500   10 B-COND-CODE       PIC X(02).
002600   10 B-REV-CODE.      PIC X(02).
002700   15 B-REV-CODE3      PIC X(03).
002800   15 FILLER           PIC X(01).
002900   10 B-PATIENT-HGT    PIC 9(07)V9(02).
003000   10 B-PATIENT-HEIGHT REDEFINES B-PATIENT-HGT
003100   10 B-THRU-DATE.     PIC 9(09).
003200   10 B-DOB-DATE.      PIC 9(09).
003300   15 B-THRU-CCYY      PIC 9(04).
003400   15 B-THRU-MM        PIC 9(02).
003500   15 B-THRU-DD        PIC 9(02).
003600   10 B-DOB-DATE.      PIC 9(09).
003700   15 B-DOB-CCYY      PIC 9(04).
003800   15 B-DOB-MM        PIC 9(02).
003900   15 B-DOB-DD        PIC 9(02).
004000   10 FILLER           PIC X(20).
004100 05 PROVIDER-SPECIFIC-FILE-PORTION.
004200   10 P-NPI            PIC X(08).
004300   10 P-NPI-FILLER     PIC X(02).
004400   10 P-PROV-OSCAR     PIC X(06).
004500   10 P-GEO-MSA       PIC X(04).
004600   10 P-GEO-CBSA      PIC X(05).
004700   10 P-SPEC-PYMT-IND PIC X(01).
004800   10 P-PROV-TYPE     PIC X(02).
004900   10 P-SPEC-WAGE-INDX PIC 9(02)V9(04).
005000   10 P-ESRD-RATE      PIC 9(07)V9(02).
005100  10 P-PROV-WAIVE-BLEND-PAY-INDIC
005200    PIC X(01).
005300  10 P-PROV-LOW-VOLUME-INDIC
005400    PIC X(01).
005500  10 P-PACIFIC-IS-TRUST-TERR
005600    PIC X(01).
005700  10 P-QIP-REDUCTION    PIC X(01).
10 P-SUPP-WI-IND     PIC X(01).
10 P-SUPP-WI        PIC 9(02)V9(04).
005800  10 FILLER       PIC X(08).
005900  10 OLD-TEST-INDICATOR PIC X(01).
006000     88 OLD-TEST-CASE     VALUE 'T'.
006100  10 FILLER       PIC X(23).
006200  05 BUNDLED-BILL-PORTION.
006300    10 B-CLAIM-NUM-DIALYSIS-SESSIONS
006400     PIC 9(02).
006500    10 B-LINE-ITEM-DATE-SERVICE.
006600  15 B-LINE-ITEM-DT-SVC-CCYY
006700     PIC 9(04).
006800  15 B-LINE-ITEM-DT-SVC-MM
006900     PIC 9(02).
007000  15 B-LINE-ITEM-DT-SVC-DD
007100     PIC 9(02).
007200    10 B-DIALYSIS-START-DATE.
007300  15 B-DIALYSIS-START-DT-CCYY
007400     PIC 9(04).
007500  15 B-DIALYSIS-START-DT-MM
007600     PIC 9(02).
007700  15 B-DIALYSIS-START-DT-DD
007800     PIC 9(02).
007900    10 B-TOT-PRICE-SB-OUTLIER PIC 9(07)V9(02).
008000    10 B-PAYER-ONLY-VC-Q8 PIC 9(07)V9(04).
008100    10 B-DATA-CODE     PIC X(02).
10 B-PAYER-ONLY-VALUE-CODE PIC X(02).
10 B-PAYER-ONLY-VC-QG-AMT PIC 9(07)V9(04).
008200    10 FILLER       PIC X(14).
008300  05 COMORBIDITIES-PORTION.
008400    10 COMORBID-DATA OCCURS 6 TIMES
008500         INDEXED BY COMORBID-INDEX
008600    PIC X(02).
008700    10 COMORBID-RECURRENCE-COND-CODE
008800     PIC X(02).
008900    10 COMORBID-CWF-RETURN-CODE
009000     PIC X(02).
009100  88 VALID-COMORBID-CWF-RETURN-CD VALUE '10',
009200     '20',
009300     '30',
009400     '40',
009500     '50',
009600     '60',
009700     '70'.
009800* The following variables are from the old pricer and are used for
009900* testing purposes, displaying within the manager main program what
010000* went on in the calculating subroutine.
Ther were removed from their old location to simplify matters and are inserted here in the exact same order that they appeared in old pricers. The variable names have been kept the same so as to minimize recoding when inserting this linkage section into the old pricers ’bring them up to the 2011 record layout standards’. They origin were redefining filler items (which they kind of still do, only now inserted in the middle of the large filler area at the end of this record layout). This filler area will eventually be used in upcoming pricers, perhaps for the 25 ICD-10 procedure codes but hopefully after this bundled pricer gets settled down.

Their level numbers have changed but nothing else.

FISS does not receive these fields

<table>
<thead>
<tr>
<th>Field Description</th>
<th>DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILL-DATA-TEST</td>
<td></td>
</tr>
<tr>
<td>DRUG-ADD-ON-RETURN</td>
<td>PIC 9(01)V9(04).</td>
</tr>
<tr>
<td>MSA-WAGE-ADJ</td>
<td>PIC 9(04)V9(02).</td>
</tr>
<tr>
<td>COMP-CBSA-WAGE-ADJ</td>
<td>REDEFINES MSA-WAGE-ADJ</td>
</tr>
<tr>
<td>CBSA-WAGE-ADJ</td>
<td>PIC 9(04)V9(02).</td>
</tr>
<tr>
<td>BUND-CBSA-WAGE-ADJ</td>
<td>REDEFINES CBSA-WAGE-ADJ</td>
</tr>
<tr>
<td>CBSA-WAGE-PMT-RATE</td>
<td>PIC 9(04)V9(02).</td>
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<tr>
<td>COND-CD-73.</td>
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<tr>
<td>FILLER</td>
<td>PIC X(01).</td>
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<tr>
<td>AMT-INDIC</td>
<td>PIC X(01).</td>
</tr>
<tr>
<td>FILLER</td>
<td>PIC X(01).</td>
</tr>
<tr>
<td>BLOOD-DOLLAR</td>
<td>PIC 9(02).</td>
</tr>
<tr>
<td>FILLER</td>
<td>PIC X(03).</td>
</tr>
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<td>COND-CD-74</td>
<td>REDEFINES COND-CD-73.</td>
</tr>
<tr>
<td>HEMO-CCPD-CAPD</td>
<td>PIC 9(02)V9(06).</td>
</tr>
<tr>
<td>AGE-RETURN</td>
<td>PIC 9(03).</td>
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<td>MSA-WAGE-AMT</td>
<td>PIC S9(04)V9(02).</td>
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<tr>
<td>CBSA-WAGE-INDEX</td>
<td>PIC S9(02)V9(04).</td>
</tr>
<tr>
<td>LABOR-PCT</td>
<td>PIC 9(01)V9(05).</td>
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<tr>
<td>PPS-BMI</td>
<td>PIC 9(03)V9(04).</td>
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<tr>
<td>PPS-BSA</td>
<td>PIC 9(03)V9(04).</td>
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<tr>
<td>MSA-PCT</td>
<td>PIC 9(01)V9(02).</td>
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<tr>
<td>CBSA-PCT</td>
<td>PIC 9(01)V9(02).</td>
</tr>
<tr>
<td>COM-CBSA-PCT-BLEND</td>
<td>PIC 9(01)V9(02).</td>
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<tr>
<td>BUN-CBSA-PCT-BLEND</td>
<td>PIC 9(01)V9(02).</td>
</tr>
<tr>
<td>CASE-MIX-FCTR-ADJ-RATE</td>
<td>PIC 9(07)V9(02).</td>
</tr>
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</table>

Bundled data (i.e., new PPS data)

<table>
<thead>
<tr>
<th>Field Description</th>
<th>DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUN-BSA</td>
<td>PIC 9(03)V9(04).</td>
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<tr>
<td>BUN-BMI</td>
<td>PIC 9(03)V9(04).</td>
</tr>
<tr>
<td>BUN-ONSET-FACTOR</td>
<td>PIC 9(01)V9(04).</td>
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<tr>
<td>BUN-COMORBID-MULTIPLIER</td>
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<tr>
<td>BUN-WAGE-ADJ-TRAINING-AMT</td>
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<tr>
<td>BUN-WAGE-ADJ-TRAINING-AMT</td>
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<tr>
<td>BUN-LOW-VOL-MULTIPLIER</td>
<td>PIC 9(01)V9(03).</td>
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<tr>
<td>FILLER</td>
<td>PIC X(18).</td>
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</table>

Outlier data

<table>
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<tr>
<th>Field Description</th>
<th>DDS</th>
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<tbody>
<tr>
<td>OUT-AGE-FACTOR</td>
<td>PIC 9(01)V9(03).</td>
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<tr>
<td>OUT-BSA</td>
<td>PIC 9(03)V9(04).</td>
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<tr>
<td>OUT-BSA-FACTOR</td>
<td>PIC 9(01)V9(04).</td>
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</tbody>
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015500 10 OUT-BMI PIC 9(03)V9(04).
015600 10 OUT-BMI-FACTOR PIC 9(01)V9(04).
015700 10 OUT-ONSET-FACTOR PIC 9(01)V9(04).
015800 10 OUT-COMORBID-MULTIPLIER
015900 10 OUT-LOW-VOL-MULTIPLIER PIC 9(01)V9(03).
016000 10 OUT-ADJ-AVG-MAP-AMT PIC 9(03)V9(02).
016100 10 OUT-LOSS-SHARING-PCT PIC 9(01)V9(02).
016200 10 OUT-IMPUTED-MAP PIC 9(04)V9(04).
016300 10 OUT-FIX-DOLLAR-LOSS PIC 9(04)V9(02).
016400 10 OUT-PREDICTED-MAP PIC 9(07)V9(04).
016500 10 OUT-PREDICTED-SERVICES-MAP
016600 10 OUT-IMPUTED-MAP
016700 10 OUT-LOSS-SHARING-PCT PIC 9(02)V9(04).
016800
016900*ESRD PC PRICER NEEDS BUNDLED-TEST-INDIC SET TO "T" IN ORDER TO BE
017000*TO PASS VALUES FOR DISPLAYING DETAILED RESULTS FROM BILL-DATA-TE
017100*BUNDLED-TEST-INDIC IS NOT SET TO "T" IN THE PRODUCTION SYSTEM (F
017200 05 BUNDLED-TEST-INDIC PIC X(01).
017300 88 BUNDLED-TEST VALUE 'T'.
017400
017500******************************************************************
017600*OUTPUT from Calculating subroutine returned the Driver program. *
017700******************************************************************
017800
017900 01 PPS-DATA-ALL.
018000 05 PPS-RTC PIC 9(02).
018100 05 PPS-DATA.
018200 10 PPS-MSA PIC X(04).
018300 10 PPS-CBSA PIC X(05).
018400 10 PPS-WAGE-ADJ-RATE PIC 9(04)V9(02).
018500 10 PPS-FINAL-PAY-AMT PIC 9(07)V9(02).
018600 10 PPS-CALC-VERS-CD PIC X(05).
018700 10 PPS-COND-CODE PIC X(02).
018800 10 PPS-REV-CODE PIC X(04).
018900 10 PPS-2011-WAGE-ADJ-RATE PIC 9(04)V9(02).
019000 10 PPS-2011-NAT-LABOR-PCT PIC 9(01)V9(05).
019100 10 PPS-2011-NAT-NONLABOR-PCT
019200 10 FILLER PIC 9(01)V9(05).
019300 10 FILLER PIC X(02).
019400 05 PPS-OTHER-DATA.
019500 10 PPS-NAT-LABOR-PCT PIC 9(01)V9(05).
019600 10 PPS-NAT-NONLABOR-PCT PIC 9(01)V9(05).
019700 10 PPS-AGE-FACTOR PIC 9(01)V9(03).
019800 10 PPS-BSA-FACTOR PIC 9(01)V9(04).
019900 10 PPS-BMI-FACTOR PIC 9(01)V9(04).
020000 10 PPS-BDGT-NEUT-RATE PIC 9(01)V9(04).
020100 10 PPS-2011-AGE-FACTOR PIC 9(01)V9(03).
020200 10 PPS-2011-BSA-FACTOR PIC 9(01)V9(04).
020300 10 PPS-2011-BMI-FACTOR PIC 9(01)V9(04).
020400 10 PPS-2011-BDGT-NEUT-RATE
020500 10 FILLER PIC 9(01)V9(04).
020600 10 FILLER PIC X(01).
020700 05 PPS-BUNDLED-DATA.
020800 10 PPS-2011-COMORBID-DATA.