

Data Entry and Calculation Steps for the Inpatient Psychiatric 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.

The Inpatient Psychiatric Facility RY2012.C PC Pricer was expanded to allow 25 diagnosis and procedure codes on a claim. For full description of the expansion of diagnosis and procedure codes, see Change Request 7004 by following this link <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2028CP.pdf>

Due to this expansion, the way in which comorbidities are indicated on a claim in PC Pricer has been revised. See the 'Comorbidity' field description below for further details.

IPDRV12C.exe - COBOL Text Window

PSYCH PRICER RY2012.C PSF 01/12 <DISCHRG 10/11-09/12>

BILL PROV NUMBER ==> 10S210 PATIENT ID NUMBER ==> 000 00 00000

BILL DRG ==> 424

BILL AGE ==> 070

BILL LOS ==> 00019

PRIOR DAYS ==> 009

BILL ECT UNITS ==> 001

PATIENT STATUS ==> 01

OUTL OCCUR IND ==> N Y=YES OR N=NO

SRC OF ADMISSION ==> N D=YES OR N=NO

BILL DISCHG DATE ==> 01/01/12 MM/DD/YY

BILL CHARGES ==> 15000.00

SEUR SKEL/CON TISU ==> N Y/N-SKE

DEVELPMNT DISABIL ==> N Y/N-DEU

CONGUL FACTOR DEF ==> N Y/N-COM

TRACHEOSTOMY ==> N Y/N-TRA

ACUTE RENAL FAIL ==> N Y/N-ACU

CRONIC RENAL FAIL ==> N Y/N-CRO

ONCOLOGY TREATMNT ==> N Y/N-ONC

DIABETES-MELLITUS ==> N Y/N-DIA

SEVERE MALNUTRIN ==> N Y/N-MAL

EATING DISORDERS ==> N Y/N-EAT

INFECTUS DISEASE ==> N Y/N-INF

DRUG/ALCOHOL DISOR ==> N Y/N-DRG

CARDIAC CONDITNS ==> N Y/N-CAR

GANGRENE ==> N Y/N-GAN

CHRONIC OSTR PULM ==> N Y/N-CHR

ARTIF OPNGS DG/UR ==> N Y/N-ART

POISONING ==> N Y/N-POI

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

FIELD DESCRIPTIONS

- **BILL PROV NUMBER** = Enter the OSCAR # on the claim located in FL 51 of the UB-04. Inpatient Psychiatric Facilities are in the OSCAR range of xx4xxx, or xxSxxx, or xxMxxx.

Note: The National Provider Identifier (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 DRG** = Enter the DRG here. The DRG is determined by the Grouper software or may be on the UB-04 claim form in FL 71

Note that only 15 DRGs have an affect on IPF Reimbursement.

Types of DRGs	DRG Code	Adjustment Factors
Degenerative nervous system disorders	12	1.05
Non-traumatic stupor & coma	23	1.07
Procedure w principal diagnosis of mental illness	424	1.22
Acute adjustment reaction	425	1.05
Depressive neurosis	426	0.99
Neurosis, except depressive	427	1.02
Disorders of personality	428	1.02
Organic disturbances	429	1.03
Psychosis	430	1.00
Childhood disorders	431	0.99
Other mental disorders	432	0.92
Alcohol/Drug use, LAMA	433	0.97
Alcohol/Drug, w CC	521	1.02
Alcohol/Drug, w/o CC	522	0.98
Alcohol/Drug use, w/o rehab	523	0.88

- **BILL AGE** = Enter the age of the patient. For IPF PPS, age is based on the patient's age at the time of admission.

Note that IPF PPS provides for an adjustment to the payment depending on the age of the patient.

Age	Adjustment Factor
Under 45	1.00
45 and under 50	1.01
50 and under 55	1.02
55 and under 60	1.04
60 and under 65	1.07
65 and under 70	1.10
70 and under 75	1.13
75 and under 80	1.15
80 and over	1.17

- **BILL LOS** = Enter the number of days in this hospital stay.

Note that IPF PPS makes a payment adjustment depending on the length of stay (LOS).

Day-of-Stay	Variable Per Diem Payment Adjustment*
Day 1— Facility Without a Full-Service Emergency Department	1.19
Day 1— Facility With a Full-Service Emergency Department	1.31
Day 2	1.12
Day 3	1.08
Day 4	1.05
Day 5	1.04
Day 6	1.02

Day-of-Stay	Variable Per Diem Payment Adjustment*
Day 7	1.01
Day 8	1.01
Day 9	1.00
Day 10	1.00
Day 11	0.99
Day 12	0.99
Day 13	0.99
Day 14	0.99
Day 15	0.98
Day 16	0.97
Day 17	0.97
Day 18	0.96
Day 19	0.95
Day 20	0.95
Day 21	0.95
Over 21	0.92

*The adjustment for day 1 would be 1.31 or 1.19 depending on whether the IPF has or is a psychiatric unit in an acute care hospital with a qualifying emergency department.

- **PRIOR DAYS** = Enter the number of inpatient covered days in the prior IPF if the discharge was within 3 days of admission to your IPF.

Note that when Prior days are present IPF PPS begins applying the per diem adjustment factor for the day after the prior stay left off. For full description of the prior days policy, see Change Request 7044 located at <http://www.cms.gov/transmittals/downloads/R2083CP.pdf>

- **BILL ECT UNITS** = Enter the number of times ICD-9-CM procedure code 94.27 (other electroshock therapy) is present on the claim. PF PPS pays an add-on to the claim for ECT (electroshock therapy).
- **PATIENT STATUS** = Enter the patient status code from the claim here. (FL 17 of the UB-04).
- **OUTL OCCUR IND** = Default is 'N'. IHS/CHS should enter 'N'. For Medicare patients only, enter 'Y' if Occurrence Code 31, A3, B3, or C3 is present on the claim.
- **SRC OF ADMISSION** = Enter 'Y' ONLY if the Source of Admission (FL 15 of the UB-04) on the claim is 'D'. Otherwise enter 'N'.
- **BILL DISCHG DATE** = Enter the "Through" date in FL 6.
- **BILL CHARGES** = Enter the total covered charges on the claim.
- **COMORBIDITIES** = Enter 'Y' next to the comorbidity category contained on the claim. A complete listing of diagnosis codes and related comorbidity categories can be accessed by following this link: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/tools.html>

IPDRV12C.exe - COBOL Text Window

PSYCH PRICER RY2012.C PSF 01/12 <DISCHRG 10/11-09/12>

BILL PROV NUMBER ==>	10S210	PATIENT ID NUMBER==>	000-00-00000
BILL DRG ==>	424	DEVELPMNT DISABIL ==>	N Y/N-DEV
BILL AGE ==>	070	CONGUL FACTOR DEF ==>	N Y/N-CON
BILL LOS ==>	00019	TRACHEOSTOMY ==>	N Y/N-TRA
PRIOR DAYS ==>	009	ACUTE RENAL FAIL ==>	N Y/N-ACU
		CRONIC RENAL FAIL ==>	N Y/N-CRO
BILL ECT UNITS ==>	001	ONCOLOGY TREATMNT ==>	N Y/N-ONC
PATIENT STATUS ==>	01	DIABETES-MELLITUS ==>	N Y/N-DIA
OUTL OCCUR IND ==>	N Y=YES OR N=NO	SEVERE MALNUTRIN ==>	Y Y/N-MAL
SRC OF ADMISSION ==>	N D=YES OR N=NO	EATING DISORDERS ==>	N Y/N-EAT
		INFECTUS DISEASE ==>	N Y/N-INF
BILL DISCHG DATE ==>	01/01/12 MM/DD/YY	DRUG/ALCOHOL DISOR==>	Y Y/N-DRG
BILL CHARGES ==>	15000.00	CARDIAC CONDITNS ==>	N Y/N-CHR
SEUR SKEL/CON TISU =>	N Y/N-SKE	GANGRENE ==>	N Y/N-GAN
		CHRONIC OSTR PULM ==>	N Y/N-CHR
		ARTIF OPNGS DG/UR ==>	N Y/N-ART
		POISONING ==>	N Y/N-POI

NOTE: USE >TAB KEY< TO WALK THROUGH SCREEN
 NOTE: USE >SHI+TAB< TO BACK THROUGH SCREEN - USE >END KEY<BOTTOM OF SCREEN
 <Y = CALCULATE> <U = VIEW A PROVIDER> <Q = QUIT> ENTER ==> Y

Note: The IPF PPS has 17 comorbidity groupings, each containing ICD –9-CM codes of comorbid conditions. Each comorbidity grouping will receive a grouping specific adjustment. Facilities can receive only one comorbidity adjustment per comorbidity category, but can receive an adjustment for more than one cormorbidity category.

Description of Comorbidity	Adjustment Factor	Description of Comorbidity	Adjustment Factor
Developmental Disabilities	1.04	Infectious Disease	1.07
Coagulation Factor Deficits	1.13	Drug and/or Alcohol Induced Mental Disorders	1.03
Tracheotomy	1.06	Cardiac Conditions	1.11
Renal Failure, Acute	1.11	Gangrene	1.10
Renal Failure, Chronic	1.11	Chronic Obstructive Pulmonary Disease	1.12
Oncology Treatment	1.07	Artificial Openings - Digestive and Urinary	1.08
Uncontrolled Type I Diabetes-Mellitus with or without complications	1.05	Poisoning	1.11
Severe Protein Calorie Malnutrition	1.13	Severe Musculoskeletal and Connective Tissue Diseases	1.09
Eating and Conduct Disorders	1.12		

Once all of the above information is entered, TAB and type 'Y' in the ENTER field to calculate.

Here is the payment screen:

IPDRV12C.exe - COBOL Text Window

PSYCH PRICER RY2012.C PSF 01/12 <DISCHRG 10/11-09/12>
PROVIDER> 10S210 FLORIDA MEDICAL CENTER PROU TYPE> 49 CEN-DIV> 3
EFF DATE> 20080815 FY BEG DATE> 20080101 PATIENT ID> 000-00-0000A

DISCHRG DATE >	01/01/2012	PRIOR DAYS >	009	PERDIEM RATE AMT >	\$685.01
CLAIM CHARGE >	\$15,000.00			LABOR ADJ AMT >	\$489.38
ECT UNITS >	1	CBSA >	22744	NLABOR ADJ AMT >	\$203.33
LOS >	00019	WAGE IND >	01.0160	WAGE ADJ AMT >	\$692.72
AGE >	70	COLA >	1.000	STOP LOS AMT >	\$16,815.95
DRG >	424	EMERG DEPT >	Y	FACILITY PAYMENT >	\$0.00
SRC/EMG >	N	INTERN RATIO >	0.0000	ECT PAYMENT >	\$298.23
TEACH >	1.00	PPS FED BLEND >	4	TEACH PAYMENT >	\$0.00
CBSA URBAN >	1.00			OUTLIER PAYMENT >	\$0.00
COMORBIDITY >	1.16	FED 100% / FAC >	00%	FEDERAL PAYMENT >	\$16,517.72
				PSYC TOT PAYMENT >	\$16,815.95

DEU N CON N TRA N ACU N CRO N ONC N DIA N MAL Y
EAT N INF N DRG Y CAR N GAN N CHR N ART N SKE N POI N

*****> 03 XFER CALC PERDIEM BASIS ADJUSTED OR FULL DRG
DRG DSC= OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC
MDC DSC= DISEASES & DISORDERS OF THE HEPATOBILIARY SYSTEM & PANCREAS

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

The PSYC TOT PAYMENT = \$16,815.95.