Hospice PC Pricer –
Claim Calculation Instructions for FY 2016 and Later

When launched, the PC Pricer initially displays a 'Welcome' Screen. Ensure that the version you are using corresponds to the fiscal year you are want to price. Each PC Pricer version estimates payments for one fiscal year only.

Please note the information under the heading "About the Application." The PC Pricer is an estimating tool and in some cases results may vary from amounts paid by the Medicare claims system.

Click the 'Enter Claim' button, and the program will display the claim entry screen.

Field-by-Field Claim Entry Screen Instructions:

CMS Certification Number: Enter the six-digit CMS Certification Number (CCN) of the hospice. Another name for this number is the Provider Transaction Access Number (PTAN).

FROM Date: Enter the Statement Covers "From" date from the claim.

Patient ID: If a patient specific record is desired, enter the beneficiary's Health Insurance Claim number or the HHA's internal patient identifier. If not, tab over this field.

Admission Date: Enter the Admission Date from the claim.

QIP Reduction Ind: If the hospice is subject to the 2% payment reduction under the hospice Quality Improvement Program, enter 1. In all other cases, leave the field blank.

Bene CBSA: Enter the Core-Based Statistical Area code representing the beneficiary's site of service, if services were provided in the home. This is the value code 61 amount from the claim.

Inpatient CBSA: Enter the Core-Based Statistical Area code representing the beneficiary's site of service, if services were provided in an inpatient facility. This is the value code G8 amount from the claim.

> NOTE: A current limitation in the PC Pricer may require both CBSA codes to be entered on all claims, regardless of where services were provided. If one field is left blank or filled with zeroes, the program sets error return code 30. This will be corrected in a future version of the PC Pricer.

Routine Home Care window:

HCPC: Enter the Q HCPCS code that describes the service location of the routine home care. For a complete list of codes, see Pub. 100-04, ch. 11, section 30.3. Note that since HCPCS codes are not currently used in payment calculation, all HCPC fields on the PC Pricer are optional and may be left blank.

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Date of Service: Enter the line item date of service from the revenue code 0651 line on the claim.

Units: Enter the service units from the revenue code 0651 line on the claim. This represents the number of days of routine home care provided in the billing period.

Continuous Home Care window:

HCPC: Enter the Q HCPCS code that describes the service location of the continuous home care.

Units: Enter the sum of the service units from any revenue code 0652 lines on the claim. This represents the number of 15 minute increments of continuous home care provided in the billing period. If entering fewer than 32 units (8 hours) of continuous home care, enter a date in the routine home care window because a day of routine home care payment will apply.

Inpatient Respite Care window:

HCPC: Enter the Q HCPCS code that describes the service location of the inpatient respite care.

Units: Enter the service units from the revenue code 0655 line on the claim. This represents the number of days of inpatient respite care provided in the billing period.

General Inpatient Care window:

HCPC: Enter the Q HCPCS code that describes the service location of the general inpatient care.

Units: Enter the service units from the revenue code 0656 line on the claim. This represents the number of days of general inpatient care provided in the billing period.

Service Intensity Add-On Units window:

EOL Day 1 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death, if the date is associated with routine home care (revenue code 0651).

EOL Day 2 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 1 day, if the date is associated with routine home care (revenue code 0651).

EOL Day 3 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 2 days, if the date is associated with routine home care (revenue code 0651).

EOL Day 4 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 3 days, if the date is associated with routine home care (revenue code 0651).

EOL Day 5 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 4 days, if the date is associated with routine home care (revenue code 0651).

EOL Day 6 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 5 days, if the date is associated with routine home care (revenue code 0651).

EOL Day 7 Units: Enter the sum of the units associated with revenue codes 055x (if G0299 present) and 056x (other than 0569) on the date of death minus 6 days, if the date is associated with routine home care (revenue code 0651).

When all fields are completed, hit the "Submit Claim" button to proceed to the payment results screen.