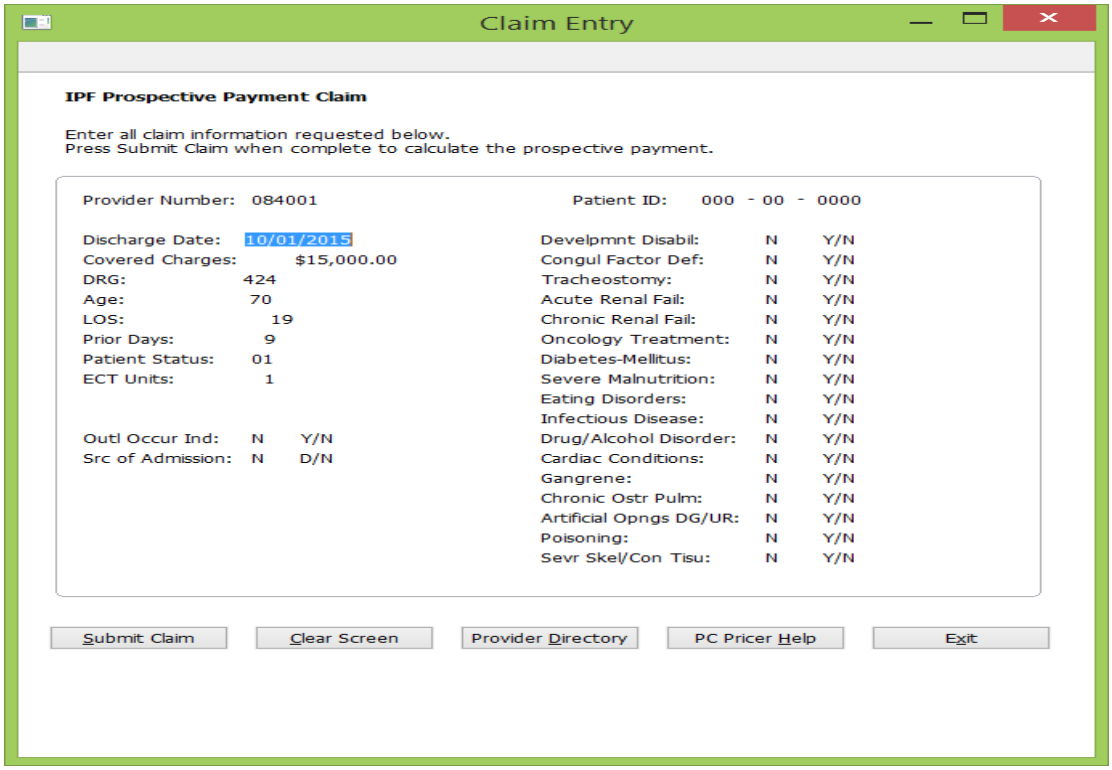
Updated: 12/8/2015

Data Entry and Calculation Steps for the Inpatient Psychiatric Facility PPS PC Pricer

If you selected 'Enter' on the "Welcome" 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.



FIELD DESCRIPTIONS

- **PROVIDER 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.

- **DISCHARGE DATE** = Enter the "Through" date in FL 6.

- **COVERED CHARGES** = Enter the total covered charges on the claim.

- **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

- **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

- **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, the 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

- **PATIENT STATUS** = Enter the patient status code from the claim here. (FL 17 of the UB-04).

- **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).

- **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'.

- **PATIENT ID NUMBER** = The ID number can be any number you assign.

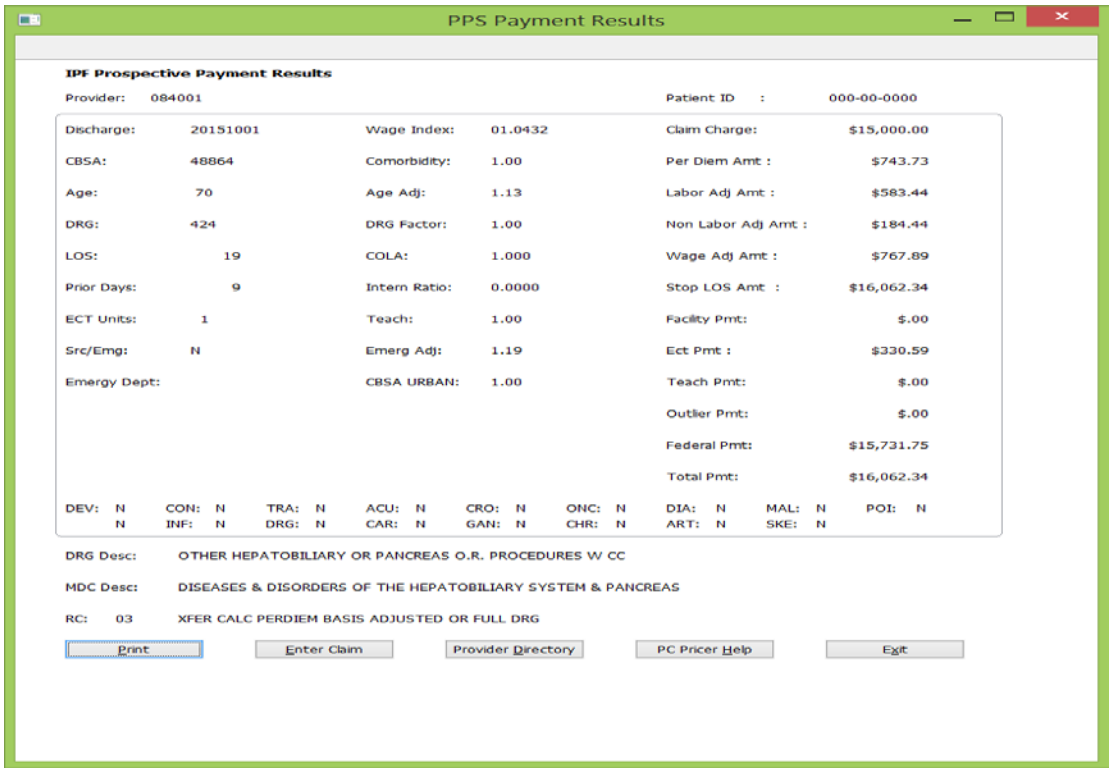
- **COMORBIDITIES =** Enter 'Y' next to the comorbidity category contained on the claim. A complete listing of diagnosis codes and related comorbidity categories can be accessed by following this link: **http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/tools.html**

Note: The IPF PPS has 17 comorbidity groupings, each containing ICD –10-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, click on 'Submit Claim' button to calculate the claim.

Here is the IPF PPS Payment Results screen. The total pmt (payment) amount is $16,062.34.

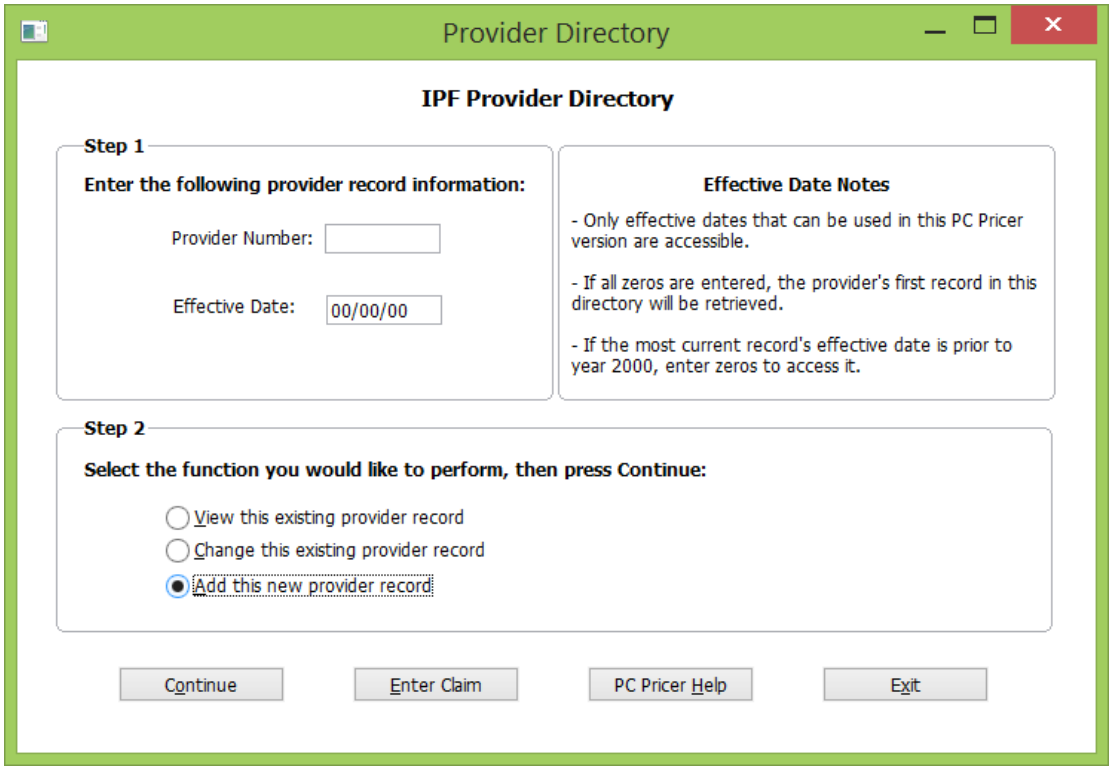


Updated: 12/8/2015

Viewing, Adding or Changing a Provider Record

A variance between actual Medicare payment and a PC Pricer estimate may exist as there is typically a 3-month lag in quarterly updates to provider data. Likewise, due to the approximate 3-month lag time, the absence of a record for any given provider in the Provider Specific file that accompanies the PC Pricers DOES NOT necessarily imply that the missing provider is not enrolled in Medicare and/or is not eligible for payment under Medicare. In such situations, the PC Pricers offer flexibility by allowing users to add a provider record or modify provider data to reflect different values.

To begin adding a provider, open the program and click on "Provider Directory" at the Welcome screen. The following screen will appear:



In the Step 1 box, enter the following information:

- **PROVIDER NUMBER =** This may be your new Medicare provider number or a dummy number if a non-provider user) and an effective date.
- **EFFECTIVE DATE =**

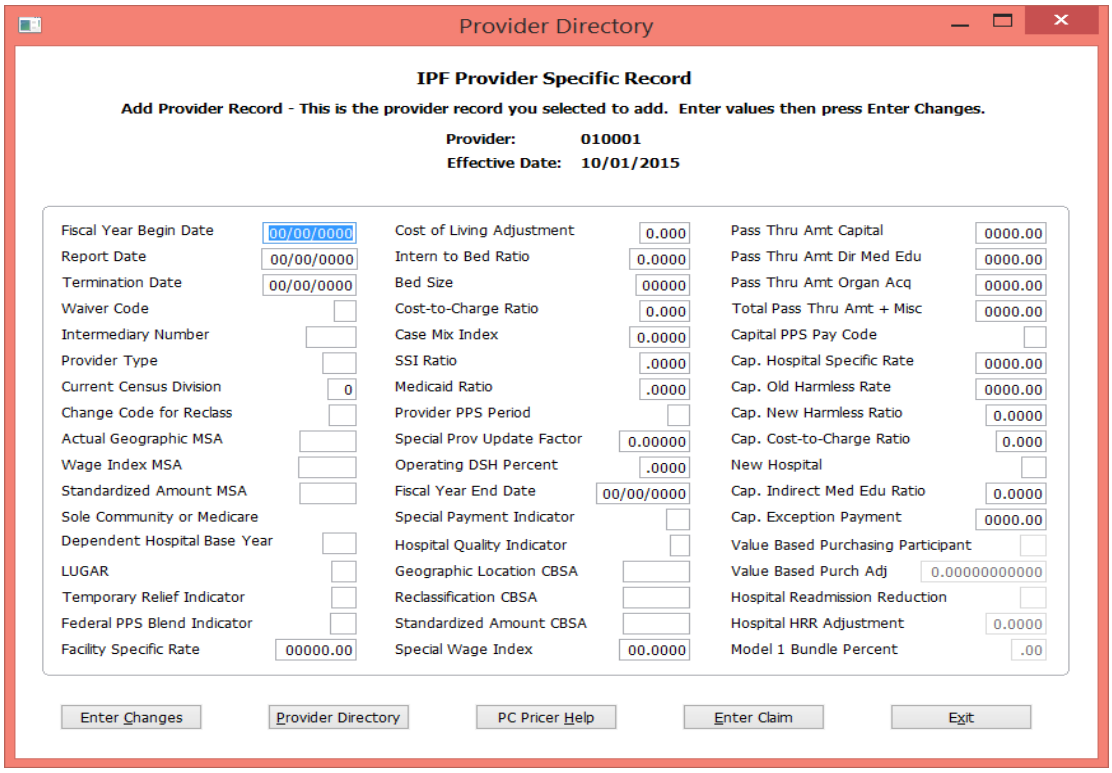
In the Step 2 box, click one of the radio buttons for the following option. Then click on "continue."

- **VIEW THIS EXISTING PROVIDER RECORD =** To view an existing provider record that is in the IPF PC Pricer.

- **CHANGE THIS EXISTING PROVIDER RECORD** = To make changes to or update an existing provider record that is in the IPF PC Pricer.

- **ADD THIS NEW PROVIDER RECORD** = To add a provider record that may or may not exist in the IPF PC Pricer.

A screen similar to the one below will appear:



- **VIEWING THE EXISTING PROVIDER RECORD** - The screen will contain detailed provider record for a specific provider.
  Please note: This option is for viewing of the provider record only. Changes or updates can't be completed when selecting the option to view an existing provider record.

- **CHANGING THE EXISTING PROVIDER RECORD** - The screen will contain a detailed provider record for a specific provider.
  Please note: This option is updating the provider record only. After updating the fields with any necessary changes, click on "Enter Changes" to save those changes.

- **ADDING A NEW PROVIDER RECORD –** The screen will **not contain** a detailed provider record for a specific provider.
  Please note: This option is adding a provider record only. After updating the empty fields with changes, click on "Enter Changes" to save those changes.