

# Medicare Financial Management Manual

## Chapter 9 – Provider Statistical & Reimbursement Report

---

### *Table of Contents*

*(Rev. 60, 11-26-04)*

*10 – Provider Statistical and Reimbursement System*

*20 – Intermediary Use of PS&R System Reports in Cost Settlement Process*

*20.1 – Provider Summary Report*

*20.2 – Payment Reconciliation Report*

*30 – Description of Reports Available from Standard PS&R System*

*30.1 – Payment Reconciliation Report*

*30.2 – Provider Summary Report*

*30.3 – DRG Summary Report*

*40 – Corrections to Individual Records*

*50 – The PS&R System Data Elements*

## **10 – Provider Statistical and Reimbursement System**

*(Rev. 27, 12-19-03)*

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.*

<i>11A</i>	<i>Inpatient – Part A (MSP-LCC)</i>	<i>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.</i>
<i>11I</i>	<i>Inpatient – Part A Managed Care (MSP-LCC)</i>	<i>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.</i>
<i>11J</i>	<i>Inpatient – PPS Interim Bills (MSP-LCC)</i>	<i>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.</i>
<i>11K</i>	<i>Inpatient Rehab – PPS Interim Bills</i>	<i>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).</i>
<i>11R</i>	<i>Inpatient Rehabilitation – Part A</i>	<i>Summarizes Inpatient Part A hospital services reimbursed under the Inpatient Rehabilitation Facility PPS payment system.</i>
<i>110</i>	<i>Inpatient – Part A</i>	<i>Summarizes Inpatient Part A hospital services. Includes services reimbursed under cost, TEFRA and Inpatient PPS payment systems.</i>

118	<i>Inpatient – Part A Managed Care</i>	<i>Summarizes services billed under Part A for Medicare managed care patients for purposes of receiving reimbursement for DGME and IME.</i>
119	<i>Inpatient – PPS Interim Bills</i>	<i>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).</i>
12A	<i>Inpatient – Part B (MSP-LCC)</i>	<i>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.</i>
12C	<i>Inpatient – Part B VAC (MSP-LCC)</i>	<i>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.</i>
12F	<i>Inpatient – Part B Fee Reimbursed (MSP-LCC)</i>	<i>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.</i>
12P	<i>Inpatient Part B OPPS</i>	<i>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.</i>
12Z	<i>Ambulance Blend Effective 4/01/02</i>	<i>Summarizes hospital outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided On/after April 1, 2002.</i>
120	<i>Inpatient – Part B</i>	<i>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.</i>

122	<i>Inpatient – Part B VAC</i>	<i>Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.</i>
125	<i>Inpatient – Part B Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services (for patients who have exhausted Part A benefits).</i>
13A	<i>Outpatient – All Other (MSP-LCC)</i>	<i>Supplements report type 130.</i>
13B	<i>Outpatient – Renal (MSP-LCC)</i>	<i>Supplements report type 131.</i>
13C	<i>Outpatient – Part B 100% (MSP-LCC)</i>	<i>Supplements report type 132.</i>
13F	<i>Outpatient – Fee Reimbursed (MSP-LCC)</i>	<i>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.</i>
13G	<i>O/P Other Diag. &amp; Fee Schedule After 9/90(MSP-LCC)</i>	<i>Supplements report type 136.</i>
13H	<i>O/P Other Diag. &amp; Fee Schedule. Before 10/90(MSP-LCC)</i>	<i>Supplements report type 137.</i>
13I	<i>O/P Radiology &amp; Fee Schedule After 9/89 (MSP-LCC)</i>	<i>Supplements report type 138.</i>
13J	<i>O/P Rad &amp; Fee Sch Pre 10/89 Or After 12/90(MSP-LCC)</i>	<i>Supplements report type 139.</i>
13P	<i>Outpatient – OPSS</i>	<i>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.</i>
13Z	<i>Ambulance Blend Effective 04/01/02</i>	<i>Summarizes hospital outpatient ambulance services reimbursed under the ambulance fee schedule blended payment, which is effective for services provided on/after April 1, 2002.</i>

130	Outpatient – All Other/Ambulance	<i>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.</i>
131	Outpatient – Renal	<i>Displays outpatient hospital ESRD service for services prior to April 1, 1990.</i>
132	Outpatient – Part B 100%	<i>Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.</i>
135	<i>Outpatient Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services (Hospital Outpatient setting).</i>
136	<i>O/P Other Diag. &amp; Fee Schedule After 9/90</i>	<i>Summarizes all outpatient other diagnostic services reimbursed in part based on a fee schedule.</i>
137	<i>O/P Other Diag. &amp; Fee Schedule Before 10/90</i>	<i>Summarizes all outpatient other diagnostic services reimbursed in part based on a fee schedule.</i>
138	<i>Outpatient Radiology &amp; Fee Schedule After 9/89</i>	<i>Summarizes outpatient radiology services reimbursed based on a fee schedule.</i>
139	O/P Rad & Fee Sch Pre 10/89 And/Or After 12/90	<i>Summarizes outpatient radiology services reimbursed based on a fee schedule.</i>
14A	<i>Outpatient / Other (MSP-LCC)</i>	<i>Supplements report type 140.</i>
14C	<i>Outpatient/Other Vaccines (MSP-LCC)</i>	<i>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.</i>
14F	<i>Outpatient/Other Mammography (MSP-LCC)</i>	<i>Supplements report type 145.</i>
14P	<i>Outpatient/Other – OPPTS</i>	<i>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.</i>

140	<i>Outpatient/ Other – All Other</i>	<i>Summarizes hospital other Part B data (bill type 14x) reimbursed on a reasonable cost basis.</i>
142	<i>Vaccines</i>	<i>Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.</i>
145	<i>Outpatient/Other Mammography/ Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
18A	<i>Swing Bed (MSP-LCC)</i>	<i>Supplements report type 180.</i>
180	<i>Swing Bed</i>	<i>Summarizes Swing Bed hospital services. A supplement to this report accumulates data by RUG category.</i>
21A	<i>SNF -Inpatient – Part A (MSP-LCC)</i>	<i>Supplements report type 210.</i>
210	<i>SNF -Inpatient – Part A</i>	<i>Summarizes SNF Inpatient – Part A services.</i>
22A	<i>SNF -Inpatient – Part B 100% (MSP-LCC)</i>	<i>Supplements report type 220.</i>
22C	<i>SNF – Inpatient – Part B 100% VAC (MSP-LCC)</i>	<i>Supplements report type 222.</i>
22F	<i>SNF-Inpatient – Fee Reimbursed (MSP-LCC)</i>	<i>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.</i>
22P	<i>SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)</i>	<i>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.</i>
22Z	<i>Ambulance Blend effective 04/02/02</i>	<i>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.</i>
220	<i>SNF -Inpatient – Part B 100%</i>	<i>Summarizes SNF Inpatient – Part B services.</i>
222	<i>SNF -Inpatient – Part B 100% VAC</i>	<i>Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.</i>



225	<i>SNF -Inpatient – Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
23A	<i>SNF – Outpatient (MSP-LCC)</i>	<i>Supplements report type 230.</i>
23C	<i>SNF – Outpatient VAC (MSP-LCC)</i>	<i>Supplements report type 232.</i>
23F	<i>SNF – Outpatient Fee Reimbursed (MSP-LCC)</i>	<i>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.</i>
23P	<i>SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)</i>	<i>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.</i>
23Z	<i>Ambulance Blend effective 04/02/02</i>	<i>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.</i>
230	<i>SNF – Outpatient</i>	<i>Summarizes SNF outpatient services.</i>
232	<i>SNF – Outpatient VAC.</i>	<i>Accumulates data applicable to vaccine services reimbursed based on 100% of reasonable cost. Data on this report is used to complete the cost report.</i>
235	<i>SNF – Outpatient Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
24P	<i>SNF-Outpatient-OPPS (Condition Code 07 W/Cast/Splint/Ant)</i>	<i>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.</i>

32C	<i>Home Health – (MSP-LCC)</i>	<p><i>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.</i></p> <p><i>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.</i></p>
32M	<i>Home Health – (MSP-LCC)</i>	<i>Supplements report type 329.</i>
320	Home Health – Part B	<p><i>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.</i></p> <p><i>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.</i></p>
322	<i>Home Health – Part B</i>	<i>Summarizes Medicare Part B Requests for Anticipated Payments (RAPs) activity. The RAPs are not used in the cost report.</i>

329	<i>Home Health – Part B Episode</i>	<p><i>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.</i></p> <p><i>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.</i></p>
33A	<i>Home Health – Part A (MSP-LCC)</i>	<p><i>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.</i></p> <p><i>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.</i></p>
33M	<i>Home Health – Part A (MSP-LCC)</i>	<i>Supplements report type 339.</i>

330	Home Health – Part	<p><i>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).</i></p> <p><i>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.</i></p>
332	Home Health – Part A	<p><i>Summarizes Medicare Part A Requests for Anticipated Payments (RAPs) activity. The RAPs are not used in the cost report.</i></p>
339	Home Health – Part A Episode	<p><i>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.</i></p> <p><i>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.</i></p>
34A	Home Health – Part B (MSP-LCC)	<p><i>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.</i></p>
34P	HHA Outpatient-OPPS (Not Hhpps)	<p><i>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.</i></p>
340	Home Health – Part B. (w/o a plan of treatment)	<p><i>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.</i></p>

342	<i>Home Health – Part B – Vaccine</i>	<i>Summarizes Part B vaccine claim data that is not reimbursed under OPPS.</i>
345	<i>Home Health – Part B – Rehab</i>	<i>Summarizes the Part B therapy claims data that was furnished on and after 1/1/99 and not under a signed plan of care.</i>
399	<i>Home Health – Part A And Part B Episode</i>	<i>Summarizes the home health episode data from the 329 Home Health Part B Episode report and the 339 Home Health Part A Episode report.</i>
410	<b>Christian Science – Inpatient – Part A</b>	<i>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.</i>
71A	<i>Clinic – Rural Health (MSP-LCC)</i>	<i>Supplements report type 710.</i>
71C	<i>Clinic – Rural Health – 100% (MSP-LCC)</i>	<i>Supplements report type 712.</i>
71P	<i>Clinic-Rural Health-OPPS (Condition Code 07)</i>	<i>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.</i>
710	<b>Clinic – Rural Health</b>	<i>Summarizes data for rural health clinic services (bill type 71x) paid based on an all-inclusive rate.</i>
712	<i>Clinic – Rural Health – VAC</i>	<i>Summarizes vaccine services provided by rural health clinics.</i>
72A	<b>Hosp. Based Or Ind. Renal Dialysis Center (MSP-LCC)</b>	<i>Supplements report type 720.</i>
72C	<b>Free Standing Renal Dialysis 100% – VAC (MSP-LCC)</b>	<i>Supplements report type 722.</i>
720	<b>Hosp. Based Or Independent. Renal Dialysis Center</b>	<i>Summarizes data for renal dialysis centers (bill type 72x) paid based on an all-inclusive rate.</i>
722	<i>Free Standing Renal Dialysis 100% – VAC</i>	<i>Summarizes vaccine services provided by Free Standing Renal Dialysis centers.</i>
73A	<i>FQHC (MSP-LCC)</i>	<i>Supplements report type 730.</i>
73C	<i>FQHC-100% (MSP-LCC)</i>	<i>Supplements report type 732.</i>

73P	<i>FQHC-OPPS (Condition Code 07)</i>	<i>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.</i>
730	<b>FQHC</b>	<i>Summarizes data for Federally Qualified Health Clinic services (bill type 73x) paid based on an all-inclusive rate.</i>
732	<i>FQHC-VAC</i>	<i>Summarizes vaccine services provided by FQHC facilities.</i>
74A	<i>Rehabilitation Facility (MSP-LCC)</i>	<i>Supplements report type 740.</i>
74C	<i>Rehabilitation Facility-100% (MSP-LCC)</i>	<i>Supplements report type 742.</i>
74F	<i>Rehabilitation Facility-Fee Reimbursed (MSP-LCC)</i>	<i>Supplements report type 745.</i>
74P	<i>Rehabilitation Facility-OPPS (Condition Code 07)</i>	<i>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.</i>
740	<b>Rehabilitation Facility</b>	<i>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].</i>
742	<i>Rehabilitation Facility-VAC</i>	<i>Summarizes vaccine services provided by CORF facilities.</i>
745	<i>Rehabilitation Facility-Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
75A	<i>CORF (MSP-LCC)</i>	<i>Supplements report type 750.</i>
75C	<i>CORF-100% (MSP-LCC)</i>	<i>Supplements report type 752.</i>

75F	<i>CORF-Fee Reimbursed (MSP-LCC)</i>	<i>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.</i>
75P	<i>CORF-OPPS</i>	<i>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.</i>
750	<i>CORF</i>	<i>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].</i>
752	<i>CORF-VAC</i>	<i>Summarizes vaccine services provided by CORF facilities.</i>
755	<i>CORF-Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
76A	<i>Community Mental Health Center (MSP-LCC)</i>	<i>Supplements report type 760.</i>
76C	<i>Community Mental Health Center-100% (MSP-LCC)</i>	<i>Supplements report type 762.</i>
76F	<i>Community Mental Health Center-Fee Reimbursement (MSP-LCC)</i>	<i>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.</i>
76P	<i>CMHC-OPPS</i>	<i>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.</i>

760	<i>Community Mental Health Center</i>	<i>Captures lines of claims paid under the cost-reimbursed method for Community Health Centers – mainly services prior to 8/1/00.</i>
762	<i>Community Mental Health Center-VAC</i>	<i>Summarizes vaccine services provided by Community Health Centers.</i>
765	<i>Community Mental Health Center-Fee Reimbursed</i>	<i>Shows covered charges and reimbursement by revenue code for fee reimbursed services.</i>
81A	<i>Hospice – Non-Hospital Based (MSP-LCC)</i>	<i>OD44203 report number under report type 81A: Summarizes the Non-Hospital based (Free Standing) Hospice claims that are subject to MSP-LCC limitation.</i>  <i>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.</i>
81P	<i>Hospice – Non-Hospital Based –OPPS (Condition Code 07)</i>	<i>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.</i>
810	<i>Hospice – Non-Hospital Based</i>	<i>OD44203 report number under report type 810: Summarizes the Non-Hospital based (Free Standing) hospice claim data. May be used in cost report.</i>  <i>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.</i>
82A	<i>Hospice – Hospital Based (MSP-LCC)</i>	<i>OD44203 report number under report type 82A: Summarizes the Hospital (provider) based Hospice claims that are subject to the MSP-LCC limitation.</i> <i>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.</i>



82P	<i>Hospice – Hospital Based-OPPS (Condition Code 07)</i>	<i>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.</i>
820	<i>Hospice – Hospital Based</i>	<i>OD44203 report number under report type 820: Summarizes the Hospital (provider) based Hospice claim data. May be used in cost report.</i>  <i>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.</i>
83A	<i>ASC And ASC Fee Schedule (MSP-LCC)</i>	<i>Supplements report type 830.</i>
83B	<i>ASC And ASC Fee Schedule After 12/90 (MSP-LCC)</i>	<i>Supplements report type 831.</i>
830	<i>ASC And ASC Fee Schedule</i>	<i>Summarizes all outpatient ambulatory surgical services reimbursed in part based on HCPCS.</i>
831	<i>ASC And ASC Fee Schedule After 12/90</i>	<i>Summarizes all outpatient ambulatory surgical services reimbursed in part based on HCPCS.</i>
85A	<i>CAH (MSP-LCC)</i>	<i>Supplements report type 850.</i>
85C	<i>CAH-100% (MSP-LCC)</i>	<i>Supplements report type 852.</i>
85F	<i>CAH-Fee Reimbursed/Mammography (MSP-LCC)</i>	<i>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.</i>
85Z	<i>CAH Ambulance Blend Effective 04/01/02</i>	<i>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.</i>
850	<i>CAH</i>	<i>Summarizes data for critical access hospital services (bill type 85x) reimbursed on a cost basis.</i>

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 44215	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

<b>Item</b>	<b>Enter</b>
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***

<b><i>FI Paid Claim File</i></b>	<b><i>PS&amp;R Detail Record File</i></b>	<b><i>Comments</i></b>
<i>FSSCPDCL-NO</i>	<i>C-DETL-HICAN</i>	
<i>FSSCPDCL-NO</i>	<i>C-DETL2-HICAN</i>	<i>Via C-DETL-HICAN</i>
<i>FSSCPDCL-PAT-LAST-NM</i>	<i>C-DETL-BENE-LNAME</i>	
<i>FSSCPDCL-PAT-FIRST-NM</i>	<i>C-DETL-BENE-INIT1</i>	
<i>FSSCPDCL-PAT-FIRST-INIT</i>	<i>C-DETL-BENE-INIT1</i>	
<i>FSSCPDCL-PAT-MIDL-INIT</i>	<i>C-DETL-BENE-INIT2</i>	
<i>FSSCPDCL-PAT-LAST-NM</i>	<i>C-2DETL-BENE-LNAME</i>	<i>Via C-BENE-LNAME</i>
<i>FSSCPDCL-PAT-FIRST-NM</i>	<i>C-2DETL-BENE-INIT1</i>	<i>Via C-BENE-INIT1</i>
<i>FSSCPDCL-PAT-FIRST-INIT</i>	<i>C-2DETL-BENE-INIT1</i>	<i>Via C-BENE-INIT1</i>
<i>FSSCPDCL-PAT-MIDL-INIT</i>	<i>C-2DETL-BENE-INIT2</i>	<i>Via C-BENE-INIT2</i>
<i>FSSCPDCL-DCN</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-PLAN-CD</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-JULIAN</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-YR</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-JUL-DT</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-BTCH-NBR-X</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-BTCH-NBR</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-CLM-SEQ-NBR</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-SPLIT-CD</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-ORIG-CD</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-FUTURE</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-FUTURE2</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN-SITE-ID</i>	<i>C-DETL-ICN</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-DCN</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-PLAN-CD</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-JULIAN</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-YR</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-JUL-DT</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-BTCH-NBR-X</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-BTCH-NBR</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-CLM-SEQ-NBR</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-SPLIT-CD</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-ORIG-CD</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-FUTURE</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-FUTURE2</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-DCN-SITE-ID</i>	<i>C-DETL2-ICN</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-MEDA-PROV-ID</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-STATE-CD</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-ID</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-TYP-FACIL-CD</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-2</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-EMER-IND</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PROV-DEPT-ID</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-MEDA-PROV-FILLER</i>	<i>C-DETL-PROV</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-MEDA-PROV-ID</i>	<i>C-DETL2-PROV</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PROV-STATE-CD</i>	<i>C-DETL2-PROV</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PROV-ID</i>	<i>C-DETL2-PROV</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PROV-TYP-FACIL-CD</i>	<i>C-DETL2-PROV</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PROV-2</i>	<i>C-DETL2-PROV</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>

<b>FI Paid Claim File</b>	<b>PS&amp;R Detail Record File</b>	<b>Comments</b>
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 '32' '33'	C-DETL2-PROV	C-DETL2-KEY; COBOL condition name
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' 'T' '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	

<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
<i>FSSCPDCL-PAID-DT-CYMD</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT-CC</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PAID-YR</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-MO</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DY</i>	<i>C-DETL-RMT-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT-CYMD</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT-CC</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-YR</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-MO</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DY</i>	<i>C-DETL2-RMT-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAID-DT-CYMD</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-PAID-DT-CC</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-PAID-DT</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-PAID-YR</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-PAID-MO</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-PAID-DY</i>	<i>C-DETL-FILE-DATE</i>	<i>C-DETL-KEY; MD400500</i>
<i>FSSCPDCL-STMT-COV-FROM-DT-CYMD</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-DT-CC</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-DT</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-YR</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-MO</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-DY</i>	<i>C-DETL-FROM-DATE</i>	
<i>FSSCPDCL-STMT-COV-FROM-DT-CYMD</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-FROM-DT-CC</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-FROM-DT</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-FROM-YR</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-FROM-MO</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-FROM-DY</i>	<i>C-DETL2-FROM-DATE</i>	<i>Via C-DETL-FROM-DATE</i>
<i>FSSCPDCL-STMT-COV-TO-DT-CYMD</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DT-CC</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DT</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-YR</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-MO</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DY</i>	<i>C-DETL-THRU-DATE</i>	<i>C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DT-CYMD</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DT-CC</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DT</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-YR</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-MO</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-STMT-COV-TO-DY</i>	<i>C-DETL2-THRU-DATE</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>FSSCPDCL-PAT-MED-REC-NO</i>	<i>C-DETL-PCN</i>	
<i>FSSCPDCL-DRG-CD</i>	<i>C-DETL-DRG-CODE</i>	
<i>FSSCPDCL-CANC-ADJ-CD</i>	<i>C-DETL-CANCEL-ADJ</i>	
<i>FSSCPDCL-MEDICAL-RECORD-NO</i>	<i>C-DETL-PCN</i>	

<i><b>FI Paid Claim File</b></i>	<i><b>PS&amp;R Detail Record File</b></i>	<i><b>Comments</b></i>
<i>FSSCPDCL-PIP-IND</i>	<i>C-DETL-PIP-IND</i>	<i>In MD400600:  IF FSSCPDCL-PIP-IND = 'Y' MOVE 'Y' TO C-DETL-PIP-IND</i>
<i>FSSCPDCL-HH-SPLIT-IND</i>	<i>C-DETL-HH-SPLIT-IND</i>	
<i>FSSCPDCL-PATIENT-STATUS</i>	<i>C-DETL-PAT-STATUS</i>	
<i>FSSCPDCL-PATIENT-STATUS</i>	<i>C-DETL2-PAT-STATUS</i>	<i>Via C-DETL-PAT-STATUS</i>
<i>FSSCPDCL-PATIENT-STATUS</i>	<i>C-DETL-PATIENT-ST</i>	
<i>FSSCPDCL-COV-DY-CNT</i>	<i>C-DETL-TRANS-DAYS</i>	
<i>FSSCPDCL-FED-PORTION</i>	<i>C-DETL-FED-SPEC-PMT</i>	
<i>FSSCPDCL-PPS-PAYMENT</i>	<i>C-DETL2-PPS-PAYMENT</i>	
<i>FSSCPDCL-DRG-WEIGHT</i>	<i>C-DETL-CAP-DRG-WT</i>	
<i>FSSCPDCL-DSCHG-FRCTN</i>	<i>C-DETL-CAP-DSCHG-FR</i>	
<i>FSSCPDCL-DRG-WT-FRCTN</i>	<i>C-DETL-DRGWT-FR</i>	
<i>FSSCPDCL-CAP-TOT-PAY</i>	<i>C-DETL-CAPTL-PMT</i>	<i>C-DETL-CAPTL-PMT redefines C-DETL-ESRD-NETWORK</i>
<i>FSSCPDCL-CAP-FSP</i>	<i>C-DETL-CAP-FSP</i>	
<i>FSSCPDCL-CAP-DSH-ADJ</i>	<i>C-DETL-CAP-DSH-ADJ</i>	
<i>FSSCPDCL-CAP2-B-FSP</i>	<i>C-DETL-CAP-B-FSP</i>	
<i>FSSCPDCL-CAP-HSP</i>	<i>C-DETL-CAP-HSP</i>	
<i>FSSCPDCL-CAP-OLD-HARM</i>	<i>C-DETL-CAP-OLD-HARM</i>	
<i>FSSCPDCL-CAP-IME-ADJ</i>	<i>C-DETL-CAP-IME-ADJ</i>	
<i>FSSCPDCL-PPS-RTC</i>	<i>C-DETL-PRICER-RTC</i>	
<i>FSSCPDCL-COIN-DAYS-1ST-YR</i>	<i>C-DETL-COIN-DAYS</i>	
<i>FSSCPDCL-CAP-OUTLIER</i>	<i>C-DETL-CAP-OUTLIER</i>	
<i>FSSCPDCL-CAP2-B-OUTLIER</i>	<i>C-DETL-CAP-B-OUTLIE</i>	
<i>FSSCPDCL-OUTLIER-DYS</i>	<i>C-DETL-OUTLIER-DAYS</i>	
<i>FSSCPDCL-HOSP-PORTION</i>	<i>C-DETL-HOS-SPEC-PMT</i>	
<i>FSSCPDCL-CAPI-EXCEPTIONS</i>	<i>C-DETL-CAP-EXCPTONS</i>	
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-VALUE-AMT-9 in MD400600</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-0-CASH-DEDUCT in MD400700</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-0-CASH-DEDUCT in MD400701</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-0-CASH-DEDUCT in MD400710</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400700</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400701</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-CASH-DEDUCT</i>	<i>Via W-DEDUCTIBLE via W-O-CASH-DEDUCT in MD400710</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-SRVC-MSAE</i>	<i>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) &gt; '5' MOVE W-VALUE-AMT (3:5) TO C-DETL-SRVC-MSAE ELSE</i>



<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
		<i>MOVE W-VALUE-AMT (4:4) TO C-DETL-SRVC-MSAE. MSAE-RTN-EXIT EXIT</i>
<i>FSSCPDCL-REIMB-PROV-AMT</i>	<i>C-DETL-NET-REIMB</i>	
<i>FSSCPDCL-REIMB-PROV-AMT</i>	<i>C-DETL-TRANS-PMT</i>	<i>C-DETL-TRANS-PMT = FSSCPDCL-REIMB-PROV-AMT - W-OUT-EIMB-AMT</i>
<i>FSSCPDCL-HCPC-CD-X</i>	<i>C-DETL-HCPCS-CD</i>	<i>Via W-DETL-HCPCS-TRL.W-DETL-HCPCS-CD via W-HCPCS-CD in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIERS</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIER</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIER2</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIER3</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIER4</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-HCPC-MODIFIER5</i>	<i>C-DETL-ASC-HCPCMODS</i>	<i>Via W-DETL-HCPCS-MODS via W-HCPCS-MODIFIERS in MD400600</i>
<i>FSSCPDCL-ASC-PERCENT</i>	<i>C-DETL-ASC-PCT-IND</i>	<i>Via W-ASC-TRL.WAT-PCT-IND via W-ASCC-PERCENT in MD400600</i>
<i>FSSCPDCL-ASC-GRP</i>	<i>C-DETL-ASC-GRP-CD</i>	<i>Via W-ASC-TRL.WAT-GRP-CD via W-ASC-GROUP in MD400600</i>
<i>FSSCPDCL-PRICER-IND</i>	<i>C-DETL2-PRICER-IND</i>	
<i>FSSCPDCL-OPPS-PRICR-LINE-RTC</i>	<i>C-DETL2-PRICER-LINE-RTC</i>	
<i>FSSCPDCL-REV-CD</i>	<i>C-DETL-HCPCS-REV</i>	<i>Via W-HCPCS-TRL.W-DETL-HCPCS-REV via W-REVENUE-CD in MD400600</i>
<i>FSSCPDCL-REV-CD</i>	<i>C-DETL-REV-CD</i>	<i>Via W-DETL-REV-CD via W-REVENUE-CD in MD400600.</i>
<i>88 FSSCPDCL-FEE-SCHEDULE-REV-CD VALUES 0274, 0300 THRU 0319, 0403</i>	<i>C-DETL-REV-CD</i>	<i>COBOL condition name</i>
<i>88 PDCL-FEE-SCHEDULE-REV-CD VALUES 0274, 0300 THRU 0319, 0403</i>	<i>C-DETL-REV-CD</i>	<i>COBOL condition name</i>
<i>FSSCPDCL-REV-CD-X redefines FSSCPDCL-REV-CD</i>	<i>C-DETL-REV-CD</i>	
<i>FSSCPDCL-REV-SERV-UNIT-CNT PIC 9(07)</i>	<i>C-DETL-HCPCS-UNITS</i>	<i>Via W-HCPCS-TRL.W-DETL-HCPCS-UNITS via W-UNITS in MD400600</i>
<i>FSSCPDCL-REV-SERV-UNIT-CNT PIC 9(07)</i>	<i>C-DETL-REV-UNITS</i>	<i>Via W-DETL-REV-UNITS via W-UNITS in MD400600</i>
<i>FSSCPDCL-REV-SERV-RATE</i>	<i>C-DETL-HCPCS-REIMB</i>	<i>Via W-RATE in MD400600</i>
<i>FSSCPDCL-RAD-PRICER-AMT-X</i>		
<i>FSSCPDCL-RAD-PRICER-AMT</i>	<i>C-DETL-HCPCS-REIMB</i>	<i>Via W-RATE via W-RAD-PRICER-AMT in MD400600</i>
<i>FSSCPDCL-RAD-PRICER-AMT</i>	<i>C-DETL2-APC-GROSS-PMT</i>	<i>Via W-RATE via W-RAD-PRICER-AMT in MD400600</i>
<i>FSSCPDCL-REV-TOT-CHRG-AMT</i>	<i>C-DETL-REV-CHG</i>	<i>Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-TOT-CHRG-AMT</i>	<i>C-DETL-TOT-COV-CHG</i>	<i>Via W-DETL-REV-CHRG via W-SERV-CHARGES</i>

<i><b>FI Paid Claim File</b></i>	<i><b>PS&amp;R Detail Record File</b></i>	<i><b>Comments</b></i>
<i>FSSCPDCL-REV-COV-CHRG-AMT</i>	<i>C-DETL-HCPCS-REIMB</i>	<i>Via W-RATE in MD400600</i>
<i>FSSCPDCL-REV-COV-CHRG-AMT</i>	<i>C-DETL2-REV-COV-CHG-AMT</i>	
<i>FSSCPDCL-REV-TOT-CHRG-AMT</i>	<i>C-DETL-TOT-COV-CHG</i>	<i>Via W-DETL-REV-CHRG via W-SERV-CHARGES</i>
<i>FSSCPDCL-REV-COV-CHRG-AMT</i>	<i>C-DETL-REV-CHG</i>	<i>Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-NCOV-CHRG-AMT</i>	<i>C-DETL-REV-CHG</i>	<i>Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-NCOV-CHRG-AMT</i>	<i>C-DETL-HCPCS-REIMB</i>	<i>Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-TOT-CHRG-AMT</i>	<i>C-DETL-HCPCS-BLDCHG</i>	<i>Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-COV-CHRG-AMT</i>	<i>C-DETL-HCPCS-BLDCHG</i>	<i>Via W-DETL-REV-CHG via W-SERV-CHARGES in MD400600</i>
<i>FSSCPDCL-REV-NCOV-CHRG-AMT</i>	<i>C-DETL-HCPCS-BLDCHG</i>	<i>Via W-RATE via W-I-SERV-NCOV-CHARGES in MD400600</i>
<i>FSSCPDCL-WAGE-ADJ-COIN-LINE</i>	<i>C-DETL2-WGE-ADJ-COIN-LINE</i>	
<i>FSSCPDCL-REDUCED-COIN-LINE</i>	<i>C-DETL2-REDU-COIN-LINE</i>	
<i>FSSCPDCL-PROV-REIMB-LINE</i>	<i>C-DETL2-PROV-REIMB-LINE</i>	
<i>FSSCPDCL-PAT-CASH-DED-LINE</i>	<i>C-DETL2-PAT-CASH-DED-LINE</i>	
<i>FSSCPDCL-PSY-ESRD-BLD-HEMO</i>	<i>C-DETL2-PSY-ESRD-BLD-HEMO</i>	
<i>FSSCPDCL-APC-HCPCS-PROC</i>	<i>C-DETL2-APC-HCPCS-PROC</i>	
<i>FSSCPDCL-APC-SERV-IND</i>	<i>C-DETL-APC-SERV-IND</i>	<i>Via W-DETL-REV-TRL.W-DETL-APC-SERV-IND via W-APC-SERV-IND in MD400600</i>
<i>FSSCPDCL-APC-SERV-IND</i>	<i>C-DETL2-APC-SERV-IND</i>	<i>Via W-DETL-REV-TRL.W-DETL-APC-SERV-IND via W-APC-SERV-IND in MD400600</i>
<i>FSSCPDCL-SITE-OF-SERV-INC-FLAG redefines FSSCPDCL-APC-SERV-IND</i>	<i>C-DETL-APC-SERV-IND</i>	<i>Via W-DETL-REV-TRL.W-DETL-APC-SERV-IND via W-APC-SERV-IND in MD400600</i>
<i>FSSCPDCL-APC-PAYMENT-IND</i>	<i>C-DETL2-APC-PMT-IND</i>	
<i>FSSCPDCL-APC-DISC-FCTR</i>	<i>C-DETL2-APC-DISC-FCTR</i>	
<i>FSSCPDCL-APC-DEN-REJ</i>	<i>C-DETL2-APC-DEN-REJ</i>	
<i>FSSCPDCL-APC-PKG-FLAG</i>	<i>C-DETL2-APC-PKG-FLAG</i>	
<i>FSSCPDCL-APC-PAY-ADJ-FLAG</i>	<i>C-DETL2-APC-PAY-ADJ-FLG</i>	
<i>FSSCPDCL-APC-TOB-INCL</i>	<i>C-DETL2-APC-TOB-INCL</i>	
<i>FSSCPDCL-APC-ACTION-FLAG</i>	<i>C-DETL2-APC-ACTION-FLAG</i>	
<i>FSSCPDCL-ORIG-HCPC-CD</i>	<i>C-DETL2-ORIG-HCPC-CD</i>	
<i>FSSCPDCL-ORIG-HCPC-IND</i>	<i>C-DETL2-ORIG-HCPC-IND</i>	
<i>FSSCPDCL-HH-HRG-WGTS</i>	<i>C-DETL-HIPPS-WGT</i>	<i>Via W-DETL-REV-TRL.W-DETL-HIPPS-WGT via W-HIPPS-WGT in MD400600</i>
<i>FSSCPDCL-LINES-FUTURE3 PIC X(22)</i>	<i>C-DETL-HIPPS-APC</i>	<i>Via W-DETL-REV-TRL.W-DETL-HIPPS-APC via W-HIPPS-APC via WS-HOLD-HIPPS via WS-FUTURE.W-HCPC in MD400600</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-SORT-BYTE</i>	<i>1 or 2; set in MD400600</i>
<i>FSSCPDCL-VAL-AMT</i>	<i>C-DETL-IND-MDED-PMT</i>	<i>Via W-MED-ED-PMT</i>

<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
<i>FSSCPDCL-DRG-REIMB-AMT</i>	<i>C-DETL-ASCPRICE-AMT</i>	<i>Via W-ASC-PRICE-AMT in MD400700</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-SEC-LIAB-PMT</i>	<i>Computed in MD400600</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-SEC-LIAB-PMT</i>	<i>Computed in MD400502</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-MSP-RED-IND</i>	<i>Via W-MSP-REDUCED-IND set in REDUCE-MSP procedure in MD400700</i>
	<i>C-DETL-BLOOD-DEDUCT</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-VAL62</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-VAL63</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-VAL64</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-VAL65</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-DSH-PMT</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-INTEREST-PMT</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-ESRD-NETWORK</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-SEQ-AMT</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-FEE-MSP</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL-FEE-SEQ</i>	<i>Via W-VALUE-AMT-9</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-NPI</i>	<i>Field is not referenced by any programs</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL2-NPI</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
	<i>C-DETL-LIFE-DAYS</i>	<i>Via W-LR-DAY-TOT in MD400600; see W-LR-DAY-TOT in this crosswalk.</i>
	<i>C-DETL-COINSURANCE</i>	<i>Via W-O-COINSURANCE</i>
<i>FSSCPDCL-PATIENT-STATUS</i>	<i>C-DETL-BNFT-EXH-IND</i>	<i>In MD400600:  IF FSSCPDCL-PATIENT-STATUS = '30' MOVE 'S' TO C-DETL-BNFT-EXH-IND</i>
	<i>C-DETL-TOT-COV-CHG</i>	
	<i>C-DETL-OUT-DAYS-PMT</i>	<i>Via W-OUT-REIMB-AMT</i>
	<i>W-OUT-REIMB-AMT</i>	<i>Via W-OUT-REIMB-AMT</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-TRANS-PMT</i>	<i>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.</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-HCPC-TOTREIM</i>	
	<i>C-DETL-HCPC-TOT-CHG</i>	<i>ADD W-DETL-HCPCS-BLDCHG TO C-DETL-HCPC-TOT-CHG</i>
	<i>C-DETL-HH-DME-COINS</i>	<i>Redefines C-DETL-ASCPRICE-AMT and is not used in MD400600. Used in MD400502 and MD400501</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-ICN-IND</i>	<i>MOVE 'I' TO C-DETL-ICN-IND appears to be the only reference to this field in MD400600</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-GROSSUP-IND</i>	<i>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.</i>

<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-FEE-RED-IND</i>	<i>C-DETL-FEE-RED-IND is not referenced in MD400600. Set to 'Y' in M400502.</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-ORIG-THRU-CT</i>	<i>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.</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-SPLIT-CT</i>	<i>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.</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-REV-TRL-CT</i>	<i>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)</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-HCPCS-TRL-CT</i>	<i>IF W-ASC-PRICE-AMT &gt; MOVE W-DETL-HCPCS-TRL TO C-DETL-HCPCS-TRL (C-DETL-HCPCS-TRL-CT)</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-OPPS-GEN-IND</i>	<i>Field is set in this portion of MD400600:  IF W-OPPS-CLAIM = 'Y' OR W-OCEFLGIN = 'Y' OR (FSSCPDCL-STMT-COV-FROM-DT-CYMD &gt; '20000731' AND (PDCL-OUTP-CLAIM AND (W-BILL-TYPE72X-SW NOT = 'Y') AND (FSSCPDCL-PAID-DT-CYMD &gt; '20000611'))) MOVE 'Y' TO C-DETL-OPPS-GEN-IND.</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL-ORIG-THRU-DATE</i>	<i>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</i>

<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
		<p>MOVE C-PROV-PD-END (W-SUB) TO C-DETL-THRU-DATE  MOVE 2 TO W-SUB.  ORIG-THRU-RTN-EXIT.  EXIT.</p>
NO IDENTIFIABLE FIELD IN PCR	C-DETL-SPLIT-IND	<p>Field is set in this portion of MD400600:</p> <p>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.</p>
NO IDENTIFIABLE FIELD IN PCR	W-NCOV-UNITS	<p>IF W-UNITS &gt; 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.</p>
NO IDENTIFIABLE FIELD IN PCR	C-DETL-REV-NCV-IND	Set via W-DETL-REV-NCV-IND via program logic.
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	<p>IF FSSCPDCL-CST-REP-DYS &gt; 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.</p>
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

<i>FI Paid Claim File</i>	<i>PS&amp;R Detail Record File</i>	<i>Comments</i>
	<i>C-DETL-VAL65</i>	<i>Via W-VALUE-AMT-9</i>
	<i>C-DETL2-FREQ-CD</i>	<i>C-DETL2-KEY via C-DETL-KEY</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL2-SORT-BYTE</i>	<i>C-DETL2-KEY via C-DETL-KEY; then set to '2</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL2-OPPS-TRL-CT</i>	<i>Via C-DETL-HCPCS-TRL-CT</i>
<i>NO IDENTIFIABLE FIELD IN PCR</i>	<i>C-DETL2-OPPS-TRL</i>	<i>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 C-DETL2-PAT-CASH-DED-LINE C-DETL2-ORIG-HCPC-CD C-DETL2-ORIG-HCPC-IND</i>