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.

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IPDRV082.exe - COBOL Text Window

          PSYCH PRICER RY2008.2 PSF 04/07 (DISCHRGS 07/07-06/08)

   BILL PROV NUMBER ==>    10S210     PATIENT ID NUMBER==>  000-00-0000A

                                          DIAGNOSIS CODE 1 ==>  3071
          BILL DRG ==>     523                      CODE 2 ==>  3911
          BILL AGE ==>     070                      CODE 3 ==>
          BILL LOS ==>     00019                    CODE 4 ==>
                                                    CODE 5 ==>
     BILL ECT UNITS ==>    001                      CODE 6 ==>
     PATIENT STATUS ==>    01                       CODE 7 ==>
     OUTL OCCUR IND ==>    N  Y=YES OR N=NO         CODE 8 ==>
   SRC OF ADMISSION ==>    N  D=YES OR N=NO
                                          PRIME PROC CODE 1 ==>
   BILL DISCHG DATE ==>    07/20/07 MM/DD/YY        CODE 2 ==>
                                                    CODE 3 ==>
       BILL CHARGES ==>    __15000.00               CODE 4 ==>
                                                    CODE 5 ==>
                                                    CODE 6 ==>

NOTE: USE >TAB KEY< TO WALK THROUGH SCREEN
NOTE: USE >SHT+TAB< TO BACK THROUGH SCREEN -   USE >END KEY<BOTTOM OF SCREEN
        (Y = CALCULATE) (V = VIEW A PROVIDER) (Q = QUIT)   ENTER ==> Y
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BILL 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 Number (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
Procedure w principal diagnosis of mental illness	DRG 424	1.22
Acute adjustment reaction	DRG 425	1.05
Depressive neurosis	DRG 426	0.99

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

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 7	1.01
Day 8	1.01

Day-of-Stay	Variable Per Diem Payment Adjustment*
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.

BILL ECT UNITS = Enter the number of times ICD-9-CM procedure code 94.27 (other electroshock therapy) is present on the claim.

IPF 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.

DIAGNOSIS CODES 1 – 8 = Enter all of the 'other' diagnosis codes (FL 67A – Q of the UB-04) on the claim. Note: The PC IPF Pricer does price differently when periods are used. The PC Pricer is designed to be used without periods. Codes shall be entered without decimals (3 to 5 positions).

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

PROC CODE = Enter the principle procedure and all other procedures from the claim (FL 74 and 74a-e of the UB-04).

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

Here is the payment screen:

The PSYC TOT PAYMENT = $10,396.02.