Optum

Rate Manager Technical Reference Guide

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Rate Manager Technical Reference Guide

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Table of Contents

1 Overview

This chapter provides an overview of this manual and how to contact Optum. It contains the following sections:

1.1 Introduction to This Guide

The Rate Manager Technical Reference Guide contains technical information to configure and analyze all Rate Manager components.

1.1.1 Intended Audience

This guide is directed to:

- Information Technology Personnel
- System Administrators

1.2 Organization of This Guide

Table 1-1: Guide Contents

Section	Description
Chapter 1, Overview	Overview of Optum and of this user's guide.
Chapter 2, Hospital & Physician Rate Calculator File Key Fields	Instructions on how to set up the hospital/ provider rate calculator files, along with key fields
Chapter 3, Medicare Rate Calculator File Layouts	Listing of Medicare Rate Calculator file variables
Chapter 4, Medicaid Rate Calculator File Layouts	Listing of Medicaid Hospital Rate Calculator file variables
Chapter 5, Extended Hospital Rate Calculator File Layouts	Listing of Extended Hospital Rate Calculator File variables
Chapter 6, Other Rate Calculator File Layouts	Listing of Other Hospital Rate Calculator file variables
Chapter 7, Physician Factor File Layout	Listing of Physician Factor file variables
Chapter 8, Fee Schedule File Layouts	Listing of Fee Schedule file variables
Chapter 9, Code Table Data File Layouts	Listing of Code table variables
Chapter 10, Enhanced New York Medicaid APG Rate Code File Layout	Listing of Enhanced New York Medicaid APG Rate Code File variables
Chapter 11, Payers File Layout	Listing of Payers Block table variables
Chapter 12, Configuration File Layouts	Listing of Configuration file variables
Chapter 13, Rate File Layouts	Listing of Rate file variables
Chapter 14, Rule File Layouts	Listing of Rule file variables
Chapter 15, Mapping Data File Layouts	Layout of Mapper Override file
Chapter 16, Weight and Rate File Layouts	Layouts for the Weight files
List of Tables	List of Tables within this user's guide, for quick lookup
Index	Quick reference index

1.3 Document Conventions

This guide uses the following conventions:

- Any screen fields, buttons, tabs, or other controls that you can manipulate are printed in **bold** type. Keys that you press on the keyboard are also printed in **bold** type. For example:
  - Press the **Exit** button.
  - Press the **Enter** key.
- Keyboard keys that you must press simultaneously are printed in **bold** type and separated by a plus (+) sign. For example:
  - Press **Ctrl + C**.
- Links embedded in the text that you can select to jump to another section are in orange. For example:
  - Mappers
- Field names for the C Platform and filenames are italicized. For example:
  - *pricer_rtn_code*
  - *RateManager.exe*
- Field names for the COBOL Platform are in all caps. For example:
  - PRCR-RTN-CODE
- Field description titles are printed in **bold** type:
  - **NICU Accreditation Indicator**
- Legislation titles are italicized. For example:
  - *Balanced Budget Act of 1997*
- CMS Transmittals will be written in the following format:
  - CMS Transmittal No. R2220CP (*Update - Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Rate Year 2012*)

1.4 About Optum

Optum is a health services business dedicated to making the health system work better for everyone. At Optum, we help modernize the health ecosystem, by bringing inter-operable and connected technology, real-time information, streamlined administration and managed compliance, risk, and costs.

1.5 Contact Us

1.5.1 Corporate Address

Optum
11000 Optum Circle
Eden Prairie, MN. 55344
T 1 + (888) 445-8745
www.optum.com

1.5.2 Need Assistance? Contact Optum Client Care

We welcome you as a valued client. When opening a ticket with Optum Client Care you will be issued a ticket number. These ticket numbers correlate to individual issues. If you are experiencing multiple issues, it is recommended that you obtain individual ticket numbers.

Please contact Optum Client Care using one of the methods detailed below:

- Navigating to the Optum Payment Integrity Software Support Portal
- Sending an Email to Optum Client Care
  1. Include name and number and detailed description of product issue.
  2. Response time to email is generally within a few business hours.
  3. Service technician has ability to do prior research before calling back.
- Via the Optum Client Care Phone: 800-999-DRGS (3747)

When calling Optum Client Care regarding a previously opened ticket, have your ticket number available. If you misplaced or did not receive a ticket number, please ask the technician to provide it to you.

1. Calls are answered in the order that they are received. If there is a high call volume, calls are held in a queue until a technician becomes available.
2. Calls classified as an industry expert category (i.e., case and reimbursement, logic encoder, etc.) will be escalated to Optum experts.
3. Technicians are available 24/7.

1.5.3 Portal

For access to announcements, user documentation, notices, release schedules, and much more please visit the Regulatory Portal.

2 Hospital & Physician Rate Calculator File Key Fields

This chapter includes key fields for the Hospital/Physician Rate Calculator Files. The following sections are included:

- C Platform Key Fields
- COBOL Platform Key Fields

2.1 C Platform Key Fields

Please refer to the applicable Hospital (*medcalc.dat; medout.dat*)/Physician (*medphys.dat*) Rate Calculator File chapters (e.g., Medicare, Medicaid, Other) for payer-specific rate calculator variables.

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 2-1: C Key Fields

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	pfac	X(16)	1 - 16	Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).
Paysource (Payer) Code for list of valid paysource	psrc	X(13)	17 - 29	Payer identifier or contract code. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Hospital/Provider Number with NPI/Taxonomy	pfac	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/Taxonomy	psrc	X(9)	21 - 29	Payer identifier or contract code. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Effective Date	effdate	9(8)	30 - 37	The date on or after which the rate variables contained on this record should be used for calculating reimbursement. This field will be equal to either the beginning of the federal fiscal year or the beginning of the hospital's fiscal year (e.g. "20001001"). YYYYMMDD, where: YYYY = year including century MM = month; 01-12 DD = day; 01-31
Key Type	key_type	X(1)	38	0 or blank = Legacy Provider ID 1 = NPI plus Taxonomy Code
Union of Payer-Specific Variables		X(399)	39 - 437	Please refer to the applicable Hospital Rate Calculator File chapters (e.g., Medicare, Medicaid, Other) for more information on these payer-specific variables.
NMPRF/State Rate File Version	version	X(7)	438 - 444	Version of the Optum-supplied rate file when applicable. **Note** Not applicable to APC-HOPD

Table 2-1: C Key Fields

Field Description	Variable Name	Format	Position	Notes
Rate Manager. TAB Filename		X(9)	445 - 453	The name of the case-mix (DRG, APC, APG, etc.) weight file that was loaded into Rate Manager for this rate record when applicable.
Filler		X(4)	454 - 457	
Weights/Rates, Owned/Shared	havewt	X(1)	458	**Y** = Rate record has its own case-mix weights. **L** = Rate record is sharing case-mix weights with another rate record.
Shared Weights/Rates, Facility ID	ratefac	X(16)	459 - 474	Facility or provider identifier that this rate record is sharing case-mix weights with when applicable.
Shared Weights/Rates, Payer ID	ratepsrc	X(13)	475 - 487	Payer identifier or contract code that this rate record is sharing case-mix weights with when applicable.
Shared Weights/Rates, Facility ID with NPI/Taxonomy	ratefac	X(20)	459 - 478	NPI and taxonomy code that this rate record is sharing case-mix weights with when applicable.
Shared Weights/Rates, Payer ID with NPI/Taxonomy	ratepsrc	X(9)	479 - 487	Payer identifier or contract code that this rate record is sharing case-mix weights with when applicable.
Shared Weights/Rates, Effective Date	rateeffdate	9(8)	488 - 495	The effective date that this rate record is sharing case-mix weights with when applicable.
Grouper Type	grpr_type	X(5)	496 - 500	Grouper type for this rate record. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Grouper Version	grpr_vers	9(3)	501 - 503	Reserved. **Note** This field is no longer being utilized, please refer to the Grouper Version Number field located in the Configuration File layout in this user's guide, which is the field currently being utilized.
Pricer/Payer Type	pricer_type	9(2)	504 - 505	Pricer type for this rate record. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Mapping Flag	icd9_map	9(1)	506	0 = No mapping 1 = Code mapping 2 = State-specific mapping

Table 2-1: C Key Fields

Field Description	Variable Name	Format	Position	Notes
Edit Date	edit_date	X(1)	507	Used to identify which claim date should be used for reimbursement calculations. A = From or Admission Date D = Thru or Discharge Date
Filler		X(3)	508 - 510	

2.2 COBOL Platform Key Fields

Please refer to the applicable Hospital (*medout.dat; hosprate.dat*)/Physician (*hosp04.dat*) Rate Calculator File chapters (e.g., Medicare, Medicaid, Other) for payer-specific rate calculator variables. The following is the sort sequence for the COBOL Hospital/Physician Rate Calculator File:

1. Hospital/Provider Number (ascending)
2. Paysource (Payer) Code (ascending)
3. Patient Type (ascending)
4. Effective Date (descending)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 2-2: COBOL Key Fields

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	HRR-HOSP	X(16)	1 - 16	Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).
Paysource (Payer) Code	HRR-PCODE	X(13)	17 - 29	Payer identifier or contract code. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Hospital/Provider Number with NPI/Taxonomy	HRR-HOSP	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/Taxonomy	HRR-PCODE	X(9)	21 - 29	Payer identifier or contract code. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.

Table 2-2: COBOL Key Fields

Field Description	Variable Name	Format	Position	Notes
Patient Type	HRR-PATTYPE	X(1)	30	Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Patient Type Reserved	HRR-PATTYPE-RSVD	X(1)	31	Reserved
Effective Date Sequence Code	HRR-ESEQ	9(4)	32 - 35	Reserved for use by EASYGroup™.
Effective Date	HRR-EDATE			The date on or after which the rate variables contained on this record should be used for calculating reimbursement. This field will be equal to either the beginning of the federal fiscal year or the beginning of the hospital's fiscal year (e.g. "20001001").
- Effective Century/Year	HRR-EDATE-CCYY	9(4)	36 - 39	YYYY = year including century of the Effective Date
- Effective Month	HRR-EDATE-MM	9(2)	40 - 41	MM = month of the Effective Date; 01 - 12
- Effective Day	HRR-EDATE-DD	9(2)	42 - 43	DD = day of the Effective Date; 01 - 31
Filler for Effective Stop Date	FILLER	X(8)	44 - 51	Reserved
Pricer Type	HRR-PRCR-TYPE	X(2)	52 - 53	Pricer type for this rate record. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Filler	HRR-PRCR-TYPE-RSVD	X(2)	54 - 55	Reserved
Grouper Type	HRR-GRPR-TYPE	X(2)	56 - 57	Grouper type for this rate record. **Note** Please refer to the Input & Output Parameter Blocks User's Guide for a list of valid values.
Filler	HRR-GRPR-TYPE-RSVD	X(2)	58 - 59	Reserved
Grouper Version	HRR-GRPR-VERS	9(2)	60 - 61	Reserved. **Note** This field is no longer being utilized, please refer to the Grouper Version Number field located in the Configuration File layout in this user's guide, which is the field currently being utilized.

Table 2-2: COBOL Key Fields

Field Description	Variable Name	Format	Position	Notes
Filler	HRR-GRPR-VERS-RSVD	9(4)	62 - 65	Reserved
Editor Type	HRR-EDTR-TYPE	X(2)	66 - 67	Reserved
Editor Type Reserved	HRR-EDTR-TYPE-RSVD	X(2)	68 - 69	Reserved
ACE Version	HRR-EDTR-VERS	9(2)	70 - 71	Reserved
ACE Version Release	HRR-EDTR-REL	X(1)	72	Reserved
Filler	HRR-EDTR-VERS-RSVD	X(3)	73 - 75	Reserved
Mapping Flag	HRR-MAPPING	9(1)	76	0 = No mapping 1 = Code mapping 2 = State-specific mapping
Grouper Option	HRR-GRPR-OPTION	9(1)	77	**AP-DRG V14 Grouper:** 0 = Otherwise 1 = Use the New York version of AP-DRG Grouper
Norms Type	HRR-NORMS-TYPE	X(29)	78 - 106	Facility/provider identifier/NPI and taxonomy code with a Payer identifier/contract code that this rate record is sharing case-mix weights with when applicable.
Effective Date	HRR-NORMS-EFF-DATE HRR-NORMS-CCYY HRR-NORMS-MM HRR-NORM-DD	 9(4) 9(2) 9(2)	 107 - 110 111 - 112 113 - 114	The effective date that this rate record is sharing case-mix weights with when applicable. - YYYY = year including century - MM = month; 01 - 12 - DD = day; 01 - 31
Update Date	HRR-RSVD-UPD-DATE	X(8)	115 - 122	Reserved
Weight Option	HRR-RSVD-WEIGHT-OPTION	X(1)	123	Reserved
ACE Override ID	HRR-OVERRIDE-ID	X(20)	124 - 143	The ACE Override ID invokes override functionality. This override functionality allows the user to turn particular ACE edits on or off.
Key Type	HRR-KEY-TYPE	X(1)	144	0 or blank = Legacy Provider ID 1 = NPI plus Taxonomy Code
Filler		X(106)	145 - 250	Reserved
Union of Payer-Specific Variables		X(550)	251 - 800	Please refer to the applicable Hospital Rate Calculator File chapters (e.g., Medicare, Medicaid, Other) for more information on these payer-specific variables.
NMPRF Rate File Version	HRR-VERSION	X(7)	794 - 800	Version of the Optum-supplied rate file when applicable.

Table 2-2: COBOL Key Fields

Field Description	Variable Name	Format	Position	Notes
Pricer Type	HRR-PRICER-TYPE	X(2)	801 - 802	
Key Type	HRR-KEY-TYPE	X(1)	803	

3 Medicare Rate Calculator File Layouts

This chapter provides the layouts for Medicare Rate Calculator Files (C and COBOL). This chapter includes the following sections:

- Inpatient Layouts
  - C Platform
    - Medicare Inpatient
    - Medicare IPF
    - Medicare IRF
    - Medicare LTC
    - Medicare SNF
  - COBOL Platform
    - Medicare Inpatient
    - Medicare IPF
    - Medicare IRF
    - Medicare LTC
    - Medicare SNF
- Outpatient Layouts
  - C Platform
    - Medicare APC-HOPD
    - Medicare ASC
    - Medicare CAH Method II
    - Medicare ESRD
    - Medicare FQHC
    - Medicare HHA
    - Medicare Hospice
    - Medicare RHC
  - COBOL Platform
    - Medicare APC-HOPD
    - Medicare ASC
    - Medicare CAH Method II
    - Medicare ESRD
    - Medicare FQHC
    - Medicare HHA
    - Medicare Hospice

- Physician Layouts
  - C Platform
  - COBOL Platform

3.1 Inpatient Layouts

3.1.1 C Platform

3.1.1.1 Medicare Inpatient

Table 3-1: Medicare Inpatient Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Regional Labor-Related Adjusted Standardized Amount (ASA)	rl	9(4)v9(2)	39 - 44
Regional Non-Labor-Related ASA	rnl	9(4)v9(2)	45 - 50
National Labor-Related ASA	nl	9(4)v9(2)	51 - 56
National Non-Labor-Related ASA	nnl	9(4)v9(2)	57 - 62
Regional Portion	rp	9(1)v9(2)	63 - 65
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	66 - 70
Marginal Cost Factor: Burn Length of Stay (LOS)	bmcfl	9(1)v9(2)	71 - 73
Marginal Cost Factor: Burn Cost Outliers	bmcfc	9(1)v9(2)	74 - 76
Cost Outlier Threshold	cot	9(5)v9(2)	77 - 83
Cost Outlier Factor/Multiplier	cof	9(1)v9(2)	84 - 86
Federal Portion	fp	9(1)v9(2)	87 - 89
Hospital Base Year Costs	byc	9(5)v9(2)	90 - 96
Update Factor	uf	9(1)v9(5)	97 - 102
Wage Index	wi	9(1)v9(4)	103 - 107
Waiver	waiver	X(1)	108
Provider Type	ptype	X(2)	109 - 110
SCH Legacy Calculation Flag	sch_legacy	9(1)	111
Filler		X(1)	112
Case Mix Index	cmi	9(1)v9(4)	113 - 117
Federal Wage-adjusted Rate	fwa	9(4)v9(2)	118 - 123
Federal Non-Wage-adjusted Rate	fnwa	9(2)v9(2)	124 - 129
Federal Labor Portion	flp	9(1)v9(4)	130 - 134
Hospital Base Rate	hrate	9(4)v9(2)	135 - 141
Hospital Portion	hport	9(1)v9(2)	142 - 144
Non-Capital Base PPS Rate	baser	9(5)v9(2)	145 - 151
Cost of Living Adjustment (COLA) (Alaska and Hawaii)	cola	9(1)v9(4)	152 - 156
Disproportionate Share Hospital (DSH) Reduction Factor	dshreduc	9(1)v9(4)	157 - 161
Disproportionate Share Adjustment Factor	dshare	9(1)v9(4)	162 - 166
Standard Federal Rate	capstfrate	9(4)v9(2)	167 - 172
Geographic Adjustment Factor (GAF)	capgeofac	9(1)v9(4)	173 - 177
Large Urban Adjustment Factor	caplgurbfac	9(1)v9(4)	178 - 182

Table 3-1: Medicare Inpatient Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Capital Disproportionate Share Adjustment Factor	capdshare	9(1)v9(4)	183 - 187
Puerto Rico GAF	prgaf	9(1)v9(4)	188 - 192
Capital RCC	caprcc	9(1)v9(4)	193 - 197
Base Year Allowable Capital Costs	capbyrcost	9(4)v9(2)	198 - 203
Transfer Adjustment to Discharges	captradjdis	9(1)v9(4)	204 - 208
Transfer-Adjusted Case-Mix Index	captradjcmi	9(1)v9(4)	209 - 213
Capital Update Factor	capuf	9(1)v9(5)	214 - 219
Exceptions Reduction Adjustment Factor	capexcredfac	9(1)v9(4)	220 - 224
Budget Neutrality Adjustment Factor	capbnfac	9(1)v9(4)	225 - 229
Current Year Medicare Discharges	capcyrdis	9(6)	230 - 235
Old Capital Costs	capoldcosts	9(9)	236 - 244
Old Capital Payment Percent	capoldper	9(1)v9(2)	245 - 247
Puerto Rico Standard Capital Rate	prcapstfrate	9(4)v9(2)	248 - 253
Puerto Rico Labor Portion	prlp	9(1)v9(4)	254 - 258
Capital Prospective Payment System (PPS) Reimbursement Rate	tcapaddon	9(5)v9(2)	259 - 265
Federal Portion of Capital Rate	capfedportion	9(1)v9(4)	266 - 270
Hospital Portion of Capital Rate	caphblend	9(1)v9(2)	271 - 273
Capital-adjusted Federal Rate	capadjfrate	9(5)v9(2)	274 - 280
Puerto Rico Wage Index	prwi	9(1)v9(4)	281 - 285
Total PPS Reimbursement (Capital + Non-Capital)	totbase	9(5)v9(2)	286 - 292
Marginal Cost Factor: LOS	mcfl	9(1)v9(2)	293 - 295
Marginal Cost Factor: Cost	mcfcl	9(1)v9(2)	296 - 298
Hospital-specific Capital Rate	caphrate	9(5)v9(2)	299 - 305
Patient Apportionment for Old Capital Cost	cappatold	9(4)v9(2)	306 - 311
Patient Apportionment for Exceptions Payment	capxcptn	9(4)v9(2)	312 - 317
Total Patient Apportionment Under Capital PPS	cappattot	9(4)v9(2)	318 - 323
Indirect Medical Education (IME) Adjustment Factor	iea	9(1)v9(9)	324 - 333
Capital IME Adjustment Factor	capimea	9(1)v9(9)	334 - 343
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	344 - 349
Per Diem Pass-Through	passthru	9(5)v9(2)	350 - 356
Puerto Rico Capital Portion	prcapportion	9(1)v9(2)	357 - 359
Sole Community Hospital (SCH) Add-on (old)	sch_addon	9(5)v9(2)	360 - 366
Direct Medical Education (DME) Pass-through	dmepassthru	9(4)v9(2)	367 - 372
Medicare Risk Flag	risk	9(1)	373
New Technology Procedure and Claim Factor	techopfac	9(1)v9(2)	374 - 376
New Technology Claim Cost Factor	techcostfac	9(1)v9(2)	377 - 379
PPS Waiver Factor	waiver_factor	9(1)v9(4)	380 - 384

Table 3-1: Medicare Inpatient Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Low Volume Adjustment (old)	lowvoladj	9(1)v9(4)	385 - 389
Swing Bed Per Diem	swingperdiem	9(8)v9(2)	390 - 399
Low Volume Adjustment (new)	lowvoladj_new	9(1)v9(6)	400 - 406
Sole Community Hospital Add-On (new)	sch_addon_new	9(8)v9(5)	407 - 419
Sole Community Hospital Operating Costs Per Discharge	sch_cost_disc	9(8)v9(5)	420 - 432
Readmission Payment Adjustment Factor	o_rpaf	9(1)v9(4)	433 - 437

3.1.1.2 Medicare IPF

Table 3-2: Medicare IPF Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Cost of Living Adjustment (COLA) (Alaska and Hawaii)	cola	9(1)v9(4)	46 - 50
Unadjusted Federal Prospective Payment Rate	fpdrate	9(8)v9(2)	51 - 60
Labor Related Share	lrs	9(1)v9(5)	61 - 66
Wage Index	wi	9(1)v9(4)	67 - 71
Fixed Loss Amount	floss	9(8)v9(2)	72 - 81
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	82 - 86
Teaching Adjustment Factor	meduc	9(1)v9(4)	87 - 91
Rural Adjustment Factor (old)	rural	9(1)v9(2)	92 - 94
ECT Payment Per Treatment	ect	9(8)v9(2)	95 - 104
Cost Factor for Days 1 - 9	costfact1	9(1)v9(2)	105 - 107
Cost Factor for Days 10 +	costfact2	9(1)v9(2)	108 - 110
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	111 - 115
Filler		X(19)	116 - 134
Age Factor [Array]	agefact	9(1)v9(2) occurs 9 times	135 - 161
Filler		X(24)	162 - 185
Variable Per Diem Factor [Array]	perdiemfact	9(1)v9(2) occurs 22 times	186 - 251
Filler		X(24)	252 - 275
Comorbidity Factor [Array]	comrbfact	9(1)v9(2) occurs 17 times	276 - 326
Interim Rate for Old Cost Base Method	intrate	9(8)v9(2)	327 - 336
Blend Factor	blend	9(1)v9(2)	337 - 339
Qualifying ED Facility	qualed	X(1)	340 - 340

Table 3-2: Medicare IPF Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Qualifying ED Variable Per Diem Factor for Day 1	qualedfact	9(1)v9(2)	341 - 343
Reserved	meduc_2	X(8)	344 - 351
Rural Adjustment Factor 2 (new)	rural_2	9(1)v9(4)	352 - 356
Filler		X(81)	357 - 437

3.1.1.3 Medicare IRF

Table 3-3: Medicare IRF Rate Calculator Variables - medirf.dat

Field Description	Variable Name	Format	Position
Facility Base Rate	p_brate	9(8)v9(2)	39 - 48
Labor-Related Percentage	p_lp	9v9(6)	49 - 55
Wage Index	p_wi	9v9(6)	56 - 62
Adjustment for Rural Location	p_rural	9v9(6)	63 - 69
Low Income Patient Adjustment	p_lip	9v9(9)	70 - 79
Ratio of Costs-to-Charges (For Cost Outlier Calculations)	p_rcc	9v9(6)	80 - 86
Marginal Cost Factor	p_mcf	9v9(6)	87 - 93
Cost Outlier Threshold	p_thresh	9(8)v9(2)	94 - 103
Reserved	p_fp	9v9(6)	104 - 110
Penalty Assessment Days	p_pendays	9(3)	111 - 113
Penalty Percentage	p_penpct	9v9(6)	114 - 120
Reserved	p_facamt	9(8)v9(2)	121 - 130
Adjustment for Teaching	p_teach	9v9(6)	131 - 137
Markup/Discount Factor	p_markup	9(1)v9(4)	138 - 142
Hospital Quality Indicator	p_qualind	9(1)	143
Filler		X(294)	144 - 437

3.1.1.4 Medicare LTC

Table 3-4: Medicare LTC Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Cost of Living Adjustment (COLA) (Alaska and Hawaii)	cola	9(1)v9(4)	46 - 50
Unadjusted Federal Prospective Payment Rate	frate	9(5)v9(2)	51 - 57
Labor-Related Share	lrs	9(1)v9(5)	58 - 63
Wage Index	wi	9(1)v9(4)	64 - 68
Budget Neutrality Offset	bn	9(1)v9(5)	69 - 74
Fixed Loss Amount (Standard Federal)	floss	9(5)v9(2)	75 - 81

Table 3-4: Medicare LTC Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	82 - 86
Percentage of Cost Outlier Paid (Standard Federal)	costpct	9(1)v9(4)	87 - 91
Percentage of Short Stay Outlier Paid	spctcost	9(1)v9(4)	92 - 96
Phase-in Percentage	phaseinpct	9(1)v9(2)	97 - 99
Facility Base Rate	facrate	9(5)v9(2)	100 - 106
Length of Stay Ratio Factor	losfact	9(1)v9(2)	107 - 109
Percentage of Short Stay Outlier Paid for Per Diem	spctdiem	9(1)v9(4)	110 - 114
Inpatient PPS Facility	ipps_payid	X(16)	115 - 130
Inpatient PPS Payer ID	ipps_paysrc	X(13)	131 - 143
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	144 - 148
Fixed Loss Amount - Site Neutral	floss_neutral	9(5)v9(2)	149 - 155
Percentage of Cost Outlier Paid - Site Neutral	costpct_neutral	9(1)v9(4)	156 - 160
Site Neutral Percentage of Claim	snpct	9(1)v9(2)	161 - 163
Budget Neutrality Factor - Site Neutral	bnf_neutral	9(1)v9(5)	164 - 169
Bipartisan Budget Act Reduction Factor - Site Neutral	bba_reduction	9(1)v9(4)	170 - 174
Discharge Payment Percentage (DPP) Indicator 0 = Not subject to DPP adjustment 1 = Subject to DPP adjustment	dpp_flag	9(1)	175
Filler		X(262)	176 - 437

3.1.1.5 Medicare SNF

Table 3-5: Medicare SNF Rate Calculator Variables - medsnf.dat

Field Description	Variable Name	Format	Position
Wage Index	wi	9(1)v9(6)	39 - 45
Labor Portion	labor	9(1)v9(6)	46 - 52
Rural Indicator	rural	X(1)	53
Part A AIDS Adjustment	aids_factor	9(1)v9(4)	54 - 58
Mark-up/Discount Factor	markup	9(1)v9(4)	59 - 63
Part B Mark-up/Discount Factor	markupb	9(1)v9(4)	64 - 68
Reasonable Charge Factor	rcc	9(1)v9(4)	69 - 73
Reasonable Charge Co-payment Factor	rcc_copay	9(1)v9(4)	74 - 78
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9 (1)	79
Fee Schedule Table	fstable	X(13)	80 - 92
Ambulance Coverage Factor	ambcov	9(1)v9(4)	93 - 97
Ambulance Coinsurance Factor	ambcoins	9(1)v9(4)	98 - 102

Table 3-5: Medicare SNF Rate Calculator Variables - medsnf.dat

Field Description	Variable Name	Format	Position
Ambulance Location/Carrier Code **Note** For Medicare pricing, Ambulance Carrier Code is based on patient ZIP code at point of pickup.	ambcarrier	X(12)	103 - 114
DMEPOS Coverage Factor	dmecov	9(1)v9(4)	115 - 119
DMEPOS Coinsurance Factor	dmecoins	9(1)v9(4)	120 - 124
DMEPOS Location/Carrier Code	dmecarrier	X(12)	125 - 136
Lab Coverage Factor	labcov	9(1)v9(4)	137 - 141
Lab Coinsurance Factor	labcoins	9(1)v9(4)	142 - 146
Lab Location/Carrier Code	labcarrier	X(12)	147 - 158
National Coverage Factor	mamcov	9(1)v9(4)	159 - 163
National Coinsurance Factor	mamcoins	9(1)v9(4)	164 - 168
National Location/Carrier Code	mamcarrier	X(12)	169 - 180
Physician Fee Schedule Coverage Factor	rehcov	9(1)v9(4)	181 - 185
Physician Fee Schedule Coinsurance Factor	rehcoins	9(1)v9(4)	186 - 190
Physician Fee Schedule Location/Carrier Code	rehcarrier	X(12)	191 - 202
Other Coverage Factor	othcov	9(1)v9(4)	203 - 207
Other Coinsurance Factor	othcoins	9(1)v9(4)	208 - 212
Other Location/Carrier Code	othcarrier	X(12)	213 - 224
Ambulance Rural Factor	ambrural	9(1)v9(4)	225 - 229
Ambulance Non-Rural Factor	ambnonrural	9(1)v9(4)	230 - 234
Vaccine Reasonable Charge Factor	vrcf	9(1)v9(4)	235 - 239
Extended Fee Schedule Table	fsexttable	X(13)	240 - 252
Non-Emergency ESRD Ambulance Reduction Factor	esrd_reduc	9(1)v9(4)	253 - 257
Computed Tomography (CT) Reduction Factor	ct_reduc	9(1)v9(4)	258 - 262
DME Rural Indicator	rural_ind	9(1)	263
X-Ray With Film Reduction Factor	fx_reduc	9(1)v9(4)	264 - 268
Quality Reduction Factor (Part A)	qrp_reduc_a	9(1)v9(4)	269 - 273
Ambulance Base Rate Reduction - 2 Patients	amb_reduc2	9(1)v9(4)	274 - 278
Ambulance Base Rate Reduction - > 2 Patients	amb_reduc3	9(1)v9(4)	279 - 283
Traditional Medicare Switch 0 = Apply Medicare Advantage requirements 1 = Apply Medicare Fee-for-Service (FFS) requirements	tradmed_sw	9(1)	284
Computed Radiography Reduction Factor	fy_reduc	9(1)v9(4)	285 - 289
Value-Based Purchasing (VBP) Adjustment Factor	vbp_adj	9(1)v9(11)	290 - 301
Urban Non-Case Mix Rate	ncm_urban	9(8)v9(2)	302 - 311

Table 3-5: Medicare SNF Rate Calculator Variables - medsnf.dat

Field Description	Variable Name	Format	Position
Rural Non-Case Mix Rate	ncm_rural	9(8)v9(2)	312 - 321
Occupational Therapy Assistant (OTA) or Physical Therapy Assistant (PTA) Reduction Factor (CO or CQ)	ota_pta_reduc	9(1)v9(4)	322 - 326
Filler		X(111)	327- 437

3.1.2 COBOL Platform

3.1.2.1 Medicare Inpatient

Table 3-6: Medicare Inpatient COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Regional Labor-Related ASA	HCR-RL	9(8)v9(2)	251 - 260
Regional Non-Labor-Related ASA	HCR-RNL	9(8)v9(2)	261 - 270
National Labor-Related ASA	HCR-NL	9(8)v9(2)	271 - 280
National Non-Labor-Related ASA	HCR-NNL	9(8)v9(2)	281 - 290
Regional Portion	HCR-RP	9(1)v9(2)	291 - 293
HCFA RCC	HCR-RCC	9(1)v9(4)	294 - 298
Marginal Cost Factor: Burn-LOS	HCR-BMCFL	9(1)v9(2)	299 - 301
Marginal Cost Factor: LOS	HCR-MCFL	9(1)v9(2)	302 - 304
Marginal Cost Factor: Cost	HCR-MCFC	9(1)v9(2)	305 - 307
Cost Outlier Threshold	HCR-COT	9(8)v9(2)	308 - 317
Cost Outlier Factor/Multiplier	HCR-COF	9(1)v9(2)	318 - 320
Federal Portion	HCR-FP	9(1)v9(2)	321 - 323
Wage Index	HCR-WI	9(1)v9(4)	324 - 328
Markup/Discount Factor	HCR-MARKUP	9(1)v9(6)	329 - 335
Pass-Through Amount	HCR-PASS-THRU	9(8)v9(2)	336 - 345
Federal Labor Portion	HCR-FLP	9(1)v9(4)	346 - 350
Disproportionate Share	HCR-DSHARE	9(1)v9(4)	351 - 355
Hospital Operating Base Year Costs	HCR-BYC	9(8)v9(2)	356 - 365
Operating Update Factor	HCR-UF	9(1)v9(5)	366 - 371
Operating Case Mix Index	HCR-CMI	9(1)v9(4)	372 - 376
Marginal Cost Factor: Burn-Cost	HCR-BMCFC	9(1)v9(2)	377 - 379
Standard Federal Rate	HCR-CAPSTFRATE	9(8)v9(2)	380 - 389
Geographic Adjustment Factor	HCR-CAPGEOFAC	9(1)v9(4)	390 - 394
Large Urban Adjustment Factor	HCR-CAPLGURBFAC	9(1)v9(4)	395 - 399
Capital Disproportionate Share Adjustment Factor	HCR-CAPDSHARE	9(1)v9(4)	400 - 404
Disproportionate Share Reduction Factor	HCR-DSHREDUC	9(1)v9(4)	405 - 409
Capital RCC	HCR-CAPRCC	9(1)v9(4)	410 - 414

Table 3-6: Medicare Inpatient COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Base Year Allowable Cap Cost/Discharge	HCR-CAPBYRCOST	9(8)v9(2)	415 - 424
Transfer Adjustment to Discharges	HCR-CAPTRADJDIS	9(1)v9(4)	425 - 429
Transfer-Adjusted Case Mix Index	HCR-CAPTRADJCMI	9(1)v9(4)	430 - 434
Capital Update Factor	HCR-CAPUF	9(1)v9(5)	435 - 440
Exceptions Payment Adjustment Factor	HCR-CAPEXCREDFAC	9(1)v9(4)	441 - 445
Budget Neutrality Adjustment Factor	HCR-CAPBNFAC	9(1)v9(4)	446 - 450
Current Year Medicare Discharges	HCR-CAPCYRDIS	9(6)	451 - 456
Old Capital Costs	HCR-CAPOLDCOSTS	9(8)v9(2)	457 - 466
Old Capital Payment Percent	HCR-CAPOLDPER	9(1)v9(2)	467 - 469
Capital Federal Portion	HCR-CAPFEDPORTION	9(1)v9(4)	470 - 474
Capital Hospital Portion	HCR-CAPHBLEND	9(1)v9(2)	475 - 477
Indirect Medical Education (IME) Adjustment Factor	HCR-IEA	9(1)v9(9)	478 - 487
Capital IME Adjustment Factor	HCR-CAPIMEA	9(1)v9(9)	488 - 497
Prospective Payment System (PPS) Waiver	HCR-WAIVER	X(1)	498 - 498
Provider Type	HCR-PTYPE	X(2)	499 - 500
Operating Federal Rate	HCR-FRATE	9(8)v9(2)	501 - 510
Operating Federal Wage-Adjusted Rate	HCR-FWA	9(8)v9(2)	511 - 520
Operating Hospital Rate	HCR-HRATE	9(8)v9(2)	521 - 530
Operating Base PPS Rate	HCR-BASER	9(8)v9(2)	531 - 540
Capital-Adjusted Federal Rate	HCR-CAPADJFRATE	9(8)v9(2)	541 - 550
Capital Hospital Rate	HCR-CAPHRATE	9(8)v9(2)	551 - 560
Capital Base PPS Rate	HCR-TCAPADDON	9(8)v9(2)	561 - 570
Patient Apportion, Old Capital Costs	HCR-CAPPATOLD	9(8)v9(2)	571 - 580
Total PPS Base Reimbursement Rate	HCR-TOTBASE	9(8)v9(2)	581 - 590
Puerto Rico Base Capital Reimbursement	HCR-PRCAPSTRATE	9(8)v9(2)	591 - 600
Puerto Rico Geographic Adjustment Factor (GAF)	HCR-PRGAF	9(1)v9(4)	601 - 605
Puerto Rico Capital Portion	HCR-PRCAPPORTION	9(1)v9(2)	606 - 608
Puerto Rico Wage Index	HCR-PRWI	9(1)v9(4)	609 - 613
Puerto Rico Federal Labor Portion	HCR-PRLP	9(1)v9(4)	614 - 618
Sole Community Hospital Add-On (old)	HCR-SCH-ADDON	9(8)v9(2)	619 - 628
Cost of Living Adjustment (COLA) (Hawaii and Alaska)	HCR-COLA	9(1)v9(4)	629 - 633
Capital Exceptions Payment	HCR-CAPXCPTN	9(8)v9(2)	634 - 643
Direct Medical Education Per-Diem Pass-Through (a component of the PASSTHRU field)	HCR-DMEPASSTHRU	9(8)v9(2)	644 - 653
Medicare Risk Flag	HCR-RISK	9(1)	654

Table 3-6: Medicare Inpatient COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
New Technology Procedure and Claim Factor	HCR-TECHOPFAC	9(1)v9(2)	655 - 657
New Technology Claim Cost Factor	HCR-TECHCOSTFAC	9(1)v9(2)	658 - 660
Prospective Payment System (PPS) Waiver Factor	HCR-WAIVER FACTOR	9(1)v9(4)	661 - 665
Low Volume Adjustment (old)	HCR-LOWVOLADJ	9(1)v9(4)	666 - 670
Swing Bed Per Diem	HCR-SWINGPERDIEM	9(8)v9(2)	671 - 680
Low Volume Adjustment (new)	HCR-LOWVOLADJ-NEW	9(1)v9(6)	681 - 687
Sole Community Hospital Add-On (new)	HCR-SCH-ADDON-NEW	9(8)v9(5)	688 - 700
Sole Community Hospital Operating Costs Per Discharge	HCR-SCH-COST-DISC	9(8)v9(5)	701 - 713
Readmission Payment Adjustment Factor	HCR-RPAF	9(1)v9(4)	714 - 718
SCH Legacy Calculation Flag	HCR-SCH-LEGACY	9(1)	719
Filler		X(74)	720 - 793
NMPRF Rate File Version	HCR-VERSION	X(7)	794 - 800

3.1.2.2 Medicare IPF

Table 3-7: Medicare IPF COBOL Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Filler		X(10)	251 - 260
Cost of Living Adjustment (COLA) (Alaska and Hawaii)	P1R-COLA	9(1)v9(4)	261 - 265
Unadjusted Federal Prospective Payment Rate	P1R-FPDRATE	9(8)v9(2)	266 - 275
Labor Related Share	P1R-LRS	9(1)v9(5)	276 - 281
Wage Index	P1R-WI	9(1)v9(4)	282 - 286
Fixed Loss Amount	P1R-FLOSS	9(8)v9(2)	287 - 296
Ratio of Cost-to-Charges	P1R-RCC	9(1)v9(4)	297 - 301
Teaching Adjustment Factor	P1R-MEDUC	9(1)v9(4)	302 - 306
Rural Adjustment Factor (old)	P1R-RURAL	9(1)v9(2)	307 - 309
ECT Payment per Treatment	P1R-ECT	9(8)v9(2)	310 - 319
Cost Factor for Days 1 - 9	P1R-COSTFACT1	9(1)v9(2)	320 - 322
Cost Factor for Days 10 +	P1R-COSTFACT2	9(1)v9(2)	323 - 325
Markup/Discount Factor	P1R-MARKUP	9(1)v9(4)	326 - 330
Filler		X(19)	331 - 349
Age Factor - Array	P1R-AGEFACT 3 characters 9 times	9(1)v9(2)	350 - 376

Table 3-7: Medicare IPF COBOL Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Filler		X(24)	377 - 400
Variable Per Diem Factor - Array	P1R-PERDIEMFACT 3 characters 22 times	9(1)v9(2)	401 - 466
Filler		X(24)	467 - 490
Comorbidity Factor - Array	P1R-COMRBFACT 3 characters 17 times	9(1)v9(2)	491 - 541
Interim Rate for Old Cost-Based Method	P1R-INTRATE	9(8)v9(2)	542 - 551
Blend Factor	P1R-BLEND	9(1)v9(2)	552 - 554
Qualifying ED Facility	P1R-QUALED	X(1)	555 - 555
Qualifying ED Variable Per Diem Factor - Day 1	P1R-QUALEDFACT	9(1)v9(2)	556 - 558
Reserved	P1R-MEDUC-2	X(8)	559 - 566
Rural Adjustment Factor 2 (new)	P1R-RURAL-2	9(1)v9(4)	567 - 571
Filler		X(222)	572 - 793
NMPRF Rate File Version	P1R-VERSION	X(7)	794 - 800

3.1.2.3 Medicare IRF

Table 3-8: Medicare IRF COBOL Rate Calculator Variables - hosp03.dat

Field Description	Variable Name	Format	Position
Facility Base Rate	R1R-BRATE	9(8)v9(2)	251 - 260
Labor-Related Percentage	R1R-LP	9(1)v9(6)	261 - 267
Wage Index	R1R-WI	9(1)v9(6)	268 - 274
Adjustment for Rural Location	R1R-RURAL	9(1)v9(6)	275 - 281
Low Income Patient Adjustment	R1R-LIP	9(1)v9(9)	282 - 291
Ratio of Costs-to-Charges (For Cost Outlier Calculations)	R1R-RCC	9(1)v9(6)	292 - 298
Marginal Cost Factor	R1R-MCF	9(1)v9(6)	299 - 305
Cost Outlier Threshold	R1R-THRESH	9(8)v9(2)	306 - 315
Reserved	R1R-FP	9(1)v9(6)	316 - 322
Penalty Assessment Days	R1R-PENDAYS	9(3)	323 - 325
Penalty Percentage	R1R-PENPCT	9(1)v9(6)	326 - 332
Reserved	R1R-FACAMT	9(8)v9(2)	333 - 342
Teaching Adjustment	R1R-TEACH	9(1)v9(6)	343 - 349
Markup/Discount Factor	R1R-MARKUP	9(1)v9(4)	350 - 354
Hospital Quality Indicator	R1R-QUALIND	9(1)	355
Filler		X(438)	356 - 793
NMPRF Rate File Version	R1R-VERSION	X(7)	794 - 800

3.1.2.4 Medicare LTC

Table 3-9: Medicare LTC COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Unadjusted Federal Prospective Pay Rate	LTR-BASE	9(8)V9(2)	251 - 260
Cost of Living Adjustment (COLA) (Alaska and Hawaii)	LTR-COLA	9(1)v9(4)	261 - 265
Unadjusted Federal Prospective Payment Rate	LTR-FRATE	9(8)v9(2)	266 - 275
Labor-related Share	LTR-LRS	9(1)v9(5)	276 - 281
Wage Index	LTR-WI	9(1)v9(4)	282 - 286
Budget Neutrality Offset	LTR-BN	9(1)v9(5)	287 - 292
Fixed Loss Amount (Standard Federal)	LTR-FLOSS	9(8)v9(2)	293 - 302
Hospital Ratio of Cost-to-Charges	LTR-RCC	9(1)v9(4)	303 - 307
Percentage of Cost Outlier Paid (Standard Federal)	LTR-COSTPCT	9(1)v9(4)	308 - 312
Percentage of Short Stay Outlier Paid	LTR--SPCTCOST	9(1)v9(4)	313 - 317
Phase-in Percentage	LTR-PHASEINPCT	9(1)v9(2)	318 - 320
Facility-specific Rate	LTR-FACRATE	9(8)v9(2)	321 - 330
Length of Stay Ratio Factor	LTR-LOSFACT	9(1)v9(2)	331 - 333
Percentage of Short Stay Outlier Paid for Per Diem	LTR-SPCTDIEM	9(1)v9(4)	334 - 338
Inpatient PPS Facility	LTR-IPPS-FACILITY	X(16)	339 - 354
Inpatient PPS Payer ID	LTR-IPPS-PAYSRC	X(13)	355 - 367
Markup/Discount Factor	LTR-MARKUP	9(1)v9(4)	368 - 372
Fixed Loss Amount - Site Neutral	LTR-FLOSS-NEUTRAL	9(5)v9(2)	373 - 379
Percentage of Cost Outlier Paid - Site Neutral	LTR-COSTPCT-NEUTRAL	9(1)v9(4)	380 - 384
Site Neutral Percentage of Claim	LTR-SNPCT	9(1)v9(2)	385 - 387
Budget Neutrality Factor - Site Neutral	LTR-BNF-NEUTRAL	9(1)v9(5)	388 - 393
Bipartisan Budget Act Reduction Factor - Site Neutral	LTR-BBA-REDUCTION	9(1)v9(4)	394 - 398
Discharge Payment Percentage (DPP) Indicator 0 = Not subject to DPP adjustment 1 = Subject to DPP adjustment	LTR-DPP-FLAG	9(1)	399
Filler		X(394)	400 - 793
NMPRF Rate File Version	LTR-NMPRF-VERS	X(7)	794 - 800

3.1.2.5 Medicare SNF

Table 3-10: Medicare SNF COBOL Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Wage Index	S1R-WI	9(1)v9(6)	251 - 257
Labor Portion	S1R-LABOR	9(1)v9(6)	258 - 264
Rural Indicator	S1R-RURAL	X(1)	265
AIDS Adjustment Factor	S1R-AIDS-FACTOR	9(1)v9(4)	266 -270
Markup/Discount Factor	S1R-MARKUP	9(1)v9(4)	271 - 275
Part B Markup/Discount Factor	S1R-MARKUPB	9v9(4)	276 - 280
Pay Factor	S1R-RCC	9v9(4)	281 - 285
Co-Pay Factor	S1R-RCC-COPAY	9v9(4)	286 - 290
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	S1R-FSIND	9(1)	291
Fee Schedule Table	S1R-FSTABLE	X(13)	292 - 304
Ambulance Coverage Factor	S1R-AMB-COV	9(1)v9(4)	305 - 309
Ambulance Coinsurance Factor	S1R-AMB-COINS	9(1)v9(4)	310 - 314
Ambulance Location/Carrier Code NOTE: For Medicare pricing, Ambulance Carrier Code is based on patient ZIP code at point of pickup.	S1R-AMB-CARRIER	X(12)	315 - 326
DMEPOS Coverage Factor	S1R-DME-COV	9(1)v9(4)	327 - 331
DMEPOS Coinsurance Factor	S1R-DME-COINS	9(1)v9(4)	332 - 336
DMEPOS Location/Carrier Code	S1R-DME-CARRIER	X(12)	337 - 348
Lab Coverage Factor	S1R-LAB-COV	9(1)v9(4)	349 - 353
Lab Coinsurance Factor	S1R-LAB-COINS	9(1)v9(4)	354 - 358
Lab Location/Carrier Code	S1R-LAB-CARRIER	X(12)	359 - 370
National Coverage Factor	S1R-NATL-COV	9(1)v9(4)	371 - 375
National Coinsurance Factor	S1R-NATL-COINS	9(1)v9(4)	376 - 380
National Location/Carrier Code	S1R-NATL-CARRIER	X(12)	381 - 392
Physician Fee Schedule Coverage Factor	S1R-PHYS-COV	9(1)v9(4)	393 - 397
Physician Fee Schedule Coinsurance Factor	S1R-PHYS-COINS	9(1)v9(4)	398 - 402
Physician Fee Schedule Location/Carrier Code	S1R-PHYS-CARRIER	X(12)	403 - 414
Other Coverage Factor	S1R-OTH-COV	9(1)v9(4)	415 - 419
Other Coinsurance Factor	S1R-OTH-COINS	9(1)v9(4)	420 - 424
Other Location/Carrier Code	S1R-OTH-CARRIER	X(12)	425 - 436
Ambulance Rural Factor	S1R-AMB-RURAL	9(1)v9(4)	437 - 441
Ambulance Non-Rural Factor	S1R-AMB-NONRURAL	9(1)v9(4)	442 - 446
Vaccine Reasonable Charge Factor	S1R-VRCF	9(1)v9(4)	447 - 451
Extended Fee Schedule Table	S1R-FSEXTTABLE	X(13)	452 - 464
Non-Emergency ESRD Ambulance Reduction Factor	S1R-ESRD-REDUC	9(1)v9(4)	465 - 469

Table 3-10: Medicare SNF COBOL Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
CT Reduction Factor	S1R-CT-REDUC	9(1)v9(4)	470 - 474
DME Rural Indicator	S1R-DME-RURAL	9(1)	475
X-Ray With Film Reduction Factor	S1R-FX-REDUC	9(1)v9(4)	476 - 480
Quality Reduction Factor (Part A)	S1R-GRP-REDUC-A	9(1)v9(4)	481 - 485
Ambulance Base Rate Reduction - 2 Patients	S1R-AMB-REDUC2	9(1)v9(4)	486 - 490
Ambulance Base Rate Reduction - > 2 Patients	S1R-AMB-REDUC3	9(1)v9(4)	491 - 495
Traditional Medicare Switch 0 = Apply Medicare Advantage requirements 1 = Apply Medicare Fee-for-Service (FFS) requirements	S1R-TRADMED-SW	9(1)	496
Computed Radiography Reduction Factor	S1R-FY-REDUC	9(1)v9(4)	497 - 501
Value-Based Purchasing (VBP) Adjustment Factor	S1R-VBP-ADJ	9(1)v9(11)	502 - 513
Urban Non-Case Mix Rate	S1R-NCM-URBAN	9(8)v9(2)	514 - 523
Rural Non-Case Mix Rate	S1R-NCM-RURAL	9(8)v9(2)	524 - 533
OTA or PTA Reduction Factor (CO or CQ)	S1R-OTA-PTA-REDUC	9(1)v9(4)	534 - 538
Filler		X(255)	539 - 793
NMPRF Rate File Version	S1R-VERSION	X(7)	794 - 800

3.2 Outpatient Layouts

3.2.1 C Platform

3.2.1.1 Medicare APC-HOPD

Table 3-11: Medicare APC-HOPD Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Labor-related Portion	labor	9(1)v9(5)	39 - 44
Wage Index	wi	9(1)v9(5)	45 - 50
Facility Type 01 = Rural hospital with 100 beds or fewer or rural Sole Community Hospital (SCH) 02 = Cancer center 03 = Children's hospital 04 = Rural hospital under 50 beds 05 = OPPS exempt 06 = Other SCH 07 = Other rural hospital (Not SCH) 08 = Free-standing non-residential opioid treatment facility Otherwise, 00	fac_type	9(2)	51 - 52
Multiple Procedure Discount Factor – For highest weighted procedure APC.	discount1	9(1)v9(4)	53 - 57

Table 3-11: Medicare APC-HOPD Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Multiple Procedure Discount Factor – For all other procedure APCs.	discount2	9(1)v9(4)	58 - 62
Filler		X(10)	63 - 72
Discontinued Procedures Discount Factor	dmodpct	9(1)v9(4)	73 - 77
Outpatient Ratio of Costs-to-Charges	rcc	9(1)v9(5)	78 - 83
Inpatient Deductible Amount – Limit to total coinsurance for an individual APC	inpded	9(4)v9(2)	84 - 89
1996 Ratio of Payment to Reasonable Costs	rpc	9(1)v9(4)	90 - 94
Outlier Payment Percent	outlier_pct	9(1)v9(4)	95 - 99
Outlier Payment Factor	outlier_fac	9(1)v9(4)	100 - 104
Transitional Corridor 90% Factor 1	trans90_1	9(0)v9(2)	105 - 106
Transitional Corridor 90% Factor 2	trans90_2	9(0)v9(2)	107 - 108
Transitional Corridor 80% Factor 1	trans80_1	9(0)v9(2)	109 - 110
Transitional Corridor 80% Factor 2	trans80_2	9(0)v9(2)	111 - 112
Transitional Corridor 70% Factor 1	trans70_1	9(0)v9(2)	113 - 114
Transitional Corridor 70% Factor 2	trans70_2	9(0)v9(2)	115 - 116
Transitional Corridor Less Than 70%	translt70	9(0)v9(2)	117 - 118
Transitional Corridor Factor, Cancer Centers or Small Rural Facilities	transcsr	9(1)V9(2)	119 - 121
Transitional Corridor Multiplier	transmult	9(1)v9(4)	122 - 126
Ambulance Rural Factor	ambrural	9(1)v9(4)	127 - 131
Ambulance Non-Rural Factor	ambnonrural	9(1)v9(4)	132 - 136
Hospital Quality Indicator	hospqualind	X(1)	137
Hospital Quality Reduction Factor	qualredfact	9(1)v9(4)	138 - 142
Filler		X(7)	143 - 149
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9(1)	150
Fee Schedule Table	fstable	X(13)	151 - 163
Ambulance Coverage Factor	ambcov	9(1)v9(4)	164 - 168
Ambulance Coinsurance Factor	ambcoins	9(1)v9(4)	169 - 173
Ambulance Location/Carrier Code **Note** For Medicare pricing, Ambulance Carrier Code is based on patient zip code at point of pickup.	ambcarrier	X(12)	174 - 185
DMEPOS Coverage Factor	dmecov	9(1)v9(4)	186 - 190
DMEPOS Coinsurance Factor	dmecoins	9(1)v9(4)	191 - 195
DMEPOS Location/Carrier Code	dmecarrier	X(12)	196 - 207
Lab Coverage Factor	labcov	9(1)v9(4)	208 - 212
Lab Coinsurance Factor	labcoins	9(1)v9(4)	213 - 217
Lab Location/Carrier Code	labcarrier	X(12)	218 - 229

Table 3-11: Medicare APC-HOPD Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
National Coverage Factor	mamcov	9(1)v9(4)	230 - 234
National Coinsurance Factor	mamcoins	9(1)v9(4)	235 - 239
National Location/Carrier Code	mamcarrier	X(12)	240 - 251
Physician Fee Schedule Coverage Factor	rehcov	9(1)v9(4)	252 - 256
Physician Fee Schedule Coinsurance Factor	rehcoins	9(1)v9(4)	257 - 261
Physician Fee Schedule Location/Carrier Code	rehcarrier	X(12)	262 - 273
Other Coverage Factor	othcov	9(1)v9(4)	274 - 278
Other Coinsurance Factor	othcoins	9(1)v9(4)	279 - 283
Other Location/Carrier Code	othcarrier	X(12)	284 - 295
APC Mapping Flag 0 = Do not map HCPCS codes 1 = Map HCPCS codes	apcmapflag	9(1)	296
Extended Fee Schedule Table	fsexttable	X(13)	297 - 309
Sequester Factor	sequest	9(1)v9(4) 9(1)v9(4)	310 - 314
Non-Emergency ESRD Ambulance Reduction Factor	esrd_reduc	9(1)v9(4)	315 - 319
Computed Tomography (CT) Reduction Factor	ct_reduc	9(1)v9(4)	320 - 324
DME Rural Indicator 0 = Non-Rural (Urban) Facility for DME Services 1 = Rural Facility for DME Services	rural_ind	9(1)	325
X-Ray With Film Reduction Factor	fx_reduc	9(1)v9(4)	326 - 330
Provider-Based Department (PBD) Reduction Factor (PN)	pn_reduc	9(1)v9(4)	331 - 335
Implantable Device RCC	id_rcc	9(1)v9(5)	336 - 341
Traditional Medicare Switch 0 = Apply Medicare Advantage Requirements 1 = Apply Medicare Fee-for-Service (FFS) Requirements	tradmed_sw	9(1)	342
Ambulance Base Rate Reduction Factor - 2 Patients	amb_reduc2	9(1)v9(4)	343 - 347
Ambulance Base Rate Reduction Factor -> 2 Patients	amb_reduc3	9(1)v9(4)	348 - 352
Computed Radiography Reduction Factor	fy_reduc	9(1)v9(4)	353 - 357
PBD Reduction Factor (PO)	po_reduc	9(1)v9(4)	358 - 362
OTA or PTA Reduction Factor (CO or CQ)	ota_pta_reduc	9(1)v9(4)	363 - 367
Filler		X(4)	368 - 371
NMPRF Version	nmprf_vers	X(7)	372 - 378
Pro-Rata Reduction Pass-Through Drug and Biologicals	prdrug	9(1)v9(4)	379 - 383
Pro-Rata Reduction Pass-Through Devices	prdevice	9(1)v9(4)	384 - 388
Override ID	override_id	X(20)	389 - 408
Total Reimbursement Discount Factor	discount	9(1)v9(4)	409 - 413
Laboratory Ratio of Costs-to-Charges	labrcc	9(1)v9(5)	414 - 419
OPPS Exempt Factor	exempt_fact	9(1)v9(4)	420 - 424

Table 3-11: Medicare APC-HOPD Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Outlier Fixed Cost Threshold	outlier_thresh	9(8)v9(2)	425 - 434
Reasonable Cost Factor	rcost_fact	9(1)v9(4)	435 - 439
Rural Adjustment Factor	rural_fact	9(1)v9(4)	440 - 444

3.2.1.2 Medicare ASC

Table 3-12: Medicare ASC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	labor	9(1)v9(5)	39 - 44
Wage Index	wi	9(1)v9(5)	45 - 50
Multiple Procedure Discount Factor - First Procedure	discount1	9(1)v9(4)	51 - 55
Multiple Procedure Discount Factor - All Other Procedures	discount2	9(1)v9(4)	56 - 60
Discontinued Procedure Discount	dmodpct	9(1)v9(4)	61 - 65
Percentage Payment Rate Flag	pprflg	9(1)	66
Percentage Payment Rate	ppr	9(1)v9(4)	67 - 71
Markup/Discount Factor	markup	9(1)v9(4)	72 - 76
Payment Limit Flag	paylim	9(1)	77
Payment Limit Factor	paypct	9(1)v9(4)	78 - 82
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9(1)	83
Fee Schedule Table	fstable	X(13)	84 - 96
Coverage Factor	asrcov	9(1)v9(4)	97 - 101
Coinsurance Factor	asrcoins	9(1)v9(4)	102 - 106
Fee Schedule Carrier	asrcarrier	X(12)	107 - 118
Other Coverage Factor	othcov	9(1)v9(4)	119 - 123
Other Coinsurance Factor	othcoins	9(1)v9(4)	124 - 128
Other Fee Schedule Carrier	othcarrier	X(12)	129 - 140
Quality Reduction Factor	qual_reduct	9(1)v9(4)	141 - 145
Allow Payment for Ancillary Only Claims 0 = Do not allow payment for ancillary only claims 1 = Allow payment for ancillary only claims	surg_proc_ovr	X(1)	146
Filler		X(291)	147 - 437

3.2.1.3 Medicare CAH Method II

Table 3-13: Medicare CAH Method II Rate Calculator Variables - medcah.dat

Field Description	Variable Name	Format	Position
Practitioner Adjustment	prac_adj	9(1)v9(4)	39 - 43

Table 3-13: Medicare CAH Method II Rate Calculator Variables - medcah.dat

Field Description	Variable Name	Format	Position
Filler		X(394)	44 - 437

3.2.1.4 Medicare ESRD

Table 3-14: Medicare ESRD Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
CBSA Rate	cbsarate	9(8)v9(2)	39 - 48
MSA Wage Adjusted Rate	adjmsarate	9(8)v9(2)	49 - 58
MSA Add-On	msafactor	9(1)v9(4)	59 - 63
Labor-Related Portion	ls	9(1)v9(5)	64 - 69
Wage Index	wi	9(1)v9(4)	70 - 74
Drug Add-on Factor	drugfact	9(1)v9(4)	75 - 79
Budget Neutrality Factor	bnf	9(1)v9(6)	80 - 86
Markup/Discount Factor	markup	9(1)v9(4)	87 - 91
Blend Factor	blend	9(1)v9(2)	92 - 94
Facility Type	factype	9(2)	95 - 96
Age Factor - array	agefact [30] 5 characters 6 times	9(1)v9(4)	97 - 126
Filler		X(15)	127 - 141
BMI Factor - array	bmifact [15] 5 characters 3 times	9(1)v9(4)	142 - 156
Filler		X(15)	157 - 171
Hemo, Peritoneal, or CCPD Training	trainadj	9(8)v9(2)	172 - 181
CAPD Training	capdadj	9(8)v9(2)	182 - 191
Home Dialysis Training for CAPD or CCPD	homeadj	9(1)v9(6)	192 - 198
Core-Based Statistical Area (CBSA)	cbsa	X(5)	199 - 203
Filler		X(16)	204 - 219
Average BSA	avgbsa	9(1)v9(4)	220 - 224
BSA Exponent Increment	bsaincr	9(1)v9(2)	225 - 227
BSA Adjustment Factor	bsaadj	9(1)v9(4)	228 - 232
Pediatric BSA Adjustment	pedbsa	9(1)v9(4)	233 - 237
Reasonable Cost Factor	factor	9(1)v9(4)	238 - 242
Percentage Payment Rate Flag	pprflg	9(1)	243
Percentage Payment Factor	ppr	9(1)v9(4)	244 - 248
Dialysis Pay	esrdcov	9(1)v9(4)	249 - 253
Dialysis Co-Pay	esrdcoins	9(1)v9(4)	254 - 258
Fee Schedule Indicator: 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9(1)	259

Table 3-14: Medicare ESRD Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Fee Schedule Table	fstable	X(13)	260 - 272
Lab Coverage Factor	labcov	9(1)v9(4)	273 - 277
Lab Coinsurance Factor	labcoins	9(1)v9(4)	278 - 282
Lab Fee Schedule Carrier	labcarrier	X(12)	283 - 294
National Coverage Factor	mamcov	9(1)v9(4)	295 - 299
National Coinsurance Factor	mamcoins	9(1)v9(4)	300 - 304
National Fee Schedule Carrier	mamcarrier	X(12)	305 - 316
Other Coverage Factor	othcov	9(1)v9(4)	317 - 321
Other Coinsurance Factor	othcoins	9(1)v9(4)	322 - 326
Other Fee Schedule Carrier	othcarrier	X(12)	327 - 338
Physician Coverage Factor	rehcov	9(1)v9(4)	339 - 343
Physician Coinsurance Factor	rehcoins	9(1)v9(4)	344 - 348
Physician Fee Schedule Carrier	rehcarrier	X(12)	349 - 360
Eligible Telehealth Facility	telehealth	9(1)	361
DME Coverage Factor	dmecov	9(1)v9(4)	362 - 366
DME Coinsurance Factor	dmecoins	9(1)v9(4)	367 - 371
DME Fee Schedule Carrier	dmecarrier	X(12)	372 - 383
DME Rural Indicator	rural_ind	9(1)	384
Filler		X(53)	385 - 437

3.2.1.5 Medicare FQHC

Table 3-15: Medicare FQHC Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Geographical Adjustment Factor (GAF)	gaf	9(1)v9(4)	39 - 43
Markup/Discount Factor	markup	9(1)v9(4)	44 - 48
IPPE/AWV Adjustment Factor	ippeadjfact	9(1)v9(4)	49 - 53
Telehealth Fee Schedule Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	telehealth	9(8)v9(2)	54 - 63
Base Rate	baserate	9(8)v9(2)	64 - 73
FQHC Coverage Factor	fqhccov	9(1)v9(4)	74 - 78
FQHC Coinsurance Factor	fqhccoin	9(1)v9(4)	79 - 83
Sequestration Reduction Factor	sequest_reduc	9(1)v9(4)	84 - 88

Table 3-15: Medicare FQHC Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Chronic Care Management (CCM)/ Behavioral Health Integration (BHI) Payment Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	ccmrate	9(8)v9(2)	89 - 98
Facility Type 0 = All other FQHCs 1 = Grandfathered tribal FQHCs	facility_type	9(1)	99
Collaborative Care Model (CoCM) Services Payment Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	cocmrate	9(8)v9(2)	100 - 109
Fee Schedule Table	fstable	X(13)	110 - 112
Filler		X(10)	113 - 122
National Carrier	natcarrier	X(12)	123 - 134
National Coverage Factor	natcov	9(1)v9(4)	135 - 139
National Coinsurance Factor	natcoins	9(1)v9(4)	140 - 144
Other Carrier	othcarrier	X(12)	145 - 156
Other Coverage Factor	othcov	9(1)v9(4)	157 - 161
Other Coinsurance Factor	othcoins	9(1)v9(4)	162 - 166
Filler		X(271)	167 - 437

3.2.1.6 Medicare HHA

Table 3-16: Medicare HHA Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Physical Therapy National Per Visit Rate - 042X	rev_42_rate	9(8)v9(2)	39 - 48
Occupational Therapy National Per Visit Rate - 043X	rev_43_rate	9(8)v9(2)	49 - 58
Speech-Language Pathology National Per Visit Rate - 044X	rev_44_rate	9(8)v9(2)	59 - 68
Skilled Nursing National Per Visit Rate - 055X	rev_55_rate	9(8)v9(2)	69 - 78
Medical Social Services National Per Visit Rate - 056X	rev_56_rate	9(8)v9(2)	79 - 88
Home Health Aide National Per Visit Rate - 057X	rev_57_rate	9(8)v9(2)	89 - 98
Federal Standard Episode Rate	fed_rate	9(8)v9(2)	99 - 108
Labor Portion	labor	9(1)v9(5)	109 - 114
Low Utilization Payment Adjustment (LUPA) Add-On Amount	lupaaddon	9(8)v9(2)	115 - 124

Table 3-16: Medicare HHA Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Outlier Fixed Loss Amount	outlier	9(8)v9(2)	125 - 134
Outlier Payment Percent	outlier_pct	9(1)v9(4)	135 - 139
Reasonable Cost Factor	factor	9(1)v9(4)	140 - 144
Percentage Payment Rate Flag	pprflg	9(1)	145
Percentage Payment Rate	ppr	9(1)v9(4)	146 - 150
Markup/Discount Factor	markup	9(1)v9(4)	151 - 155
Hospital Quality Indicator	hospqualind	9(1)	156
Fee Schedule Indicator	fsind	9(1)	157
Fee Schedule Table	fstable	X(13)	158 - 170
Physician Coverage Factor	rehcov	9(1)v9(4)	171 - 175
Physician Coinsurance Factor	rehcoins	9(1)v9(4)	176 - 180
Physician Location/Carrier Code	rehcarrier	X(12)	181 - 192
National Coverage Factor	mamcov	9(1)v9(4)	193 - 197
National Coinsurance Factor	mamcoins	9(1)v9(4)	198 - 202
National Location/Carrier Code	mamcarrier	X(12)	203 - 214
Other Coverage Factor	othcov	9(1)v9(4)	215 - 219
Other Coinsurance Factor	othcoins	9(1)v9(4)	220 - 224
Other Location/Carrier Code	othcarrier	X(12)	225 - 236
Non-Routine Supplies Conversion Factor	nrsfactor	9(8)v9(2)	237 - 246
RAP Payment Percentage for Initial Episodes	rap_init	9(1)v9(4)	247 - 251
RAP Payment Percentage for Subsequent Episodes	rap_subs	9(1)v9(4)	252 - 256
Rural Add-On - All Other	rural_addon	9(1)v9(4)	257 - 261
Skilled Nursing (SN) LUPA Add-On Factor	sn_addon	9(1)v9(4)	262 - 266
Physical Therapy (PT) LUPA Add-On Factor	pt_addon	9(1)v9(4)	267 - 271
Speech Language Pathology (SLP) LUPA Add-On Factor	slp_addon	9(1)v9(4)	272 - 276
Physical Therapy Per Unit Rate	rev_42_unit_rate	9(8)v9(2)	277 - 286
Occupational Therapy Per Unit Rate	rev_43_unit_rate	9(8)v9(2)	287 - 296
Speech Language Pathology Per Unit Rate	rev_44_unit_rate	9(8)v9(2)	297 - 306
Skilled Nursing Per Unit Rate	rev_55_unit_rate	9(8)v9(2)	307 - 316
Medical Social Services Per Unit Rate	rev_56_unit_rate	9(8)v9(2)	317 - 326
Home Health Aide Per Unit Rate	rev_57_unit_rate	9(8)v9(2)	327 - 336
Value-Based Purchasing (VBP) Adjustment Factor	vbp_adj	9(1)v9(5)	337 - 342
Rural Add-On – High Utilization	high_rural_addon	9(1)v9(4)	343 - 347
Rural Add-On – Low Pop. Density	low_rural_addon	9(1)v9(4)	348 - 352
Transitional National 60-Day Episode Rate	transitional_rate	9(8)v9(2)	353 - 362
Transitional Outlier Fixed Loss Amount	transitional_outlier	9(8)v9(2)	363 - 372
HHA Not Eligible for RAP Reimbursement 0 = HHA is eligible for RAP reimbursement 1 = HHA is not eligible for RAP reimbursement	rap_exempt	9(1)	373

Table 3-16: Medicare HHA Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Return Code 57 Override 0 = Do not bypass claim-level Pricer Return Code 57 1 = Bypass claim-level Pricer Return Code 57	rc57_override	9(1)	374
Occupational Therapy (OT) LUPA Add-On Factor	ot_addon	9(1)v9(4)	375 - 379
Filler		X(58)	380 - 437

3.2.1.7 Medicare Hospice

Table 3-17: Medicare Hospice Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Mark-up/Discount Factor	markup	9(1)v9(4)	39 - 43
Routine Home Care, Days 1 - 60 Labor Share	high_rhc_lrate	9(8)v9(2)	44 - 53
Routine Home Care, Days 1 - 60 Non-Labor Share	high_rhc_nlrate	9(8)v9(2)	54 - 63
Routine Home Care, Days 61+ Labor Share	low_rhc_lrate	9(8)v9(2)	64 - 73
Routine Home Care, Days 61+ Non- Labor Share	low_rhc_nlrate	9(8)v9(2)	74 - 83
Continuous Home Care Labor Share	chc_lrate	9(8)v9(2)	84 - 93
Continuous Home Care Non-Labor Share	chc_nlrate	9(8)v9(2)	94 - 103
Inpatient Respite Care Labor Share	irc_lrate	9(8)v9(2)	104 - 113
Inpatient Respite Care Non-Labor Share	lrc_nlrate	9(8)v9(2)	114 - 123
General Inpatient Care Labor Share	gip_lrate	9(8)v9(2)	124 - 133
General Inpatient Care Non-Labor Share	gip_nlrate	9(8)v9(2)	134 - 143
Fee Schedule Name	fstable	X(13)	144 - 156
National Carrier	natcarrier	X(12)	157 - 168
Physician Carrier	physcarrier	X(12)	169 - 180
Other Carrier	othcarrier	X(12)	181 - 192
Sequestration Factor	sequest_reduc	9(1)v9(4)	193 - 197
Filler		X(240)	198 - 437

3.2.1.8 Medicare RHC

Table 3-18: Medicare RHC Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Mark-Up/Discount Factor	markup	9(1)v9(4)	39 - 43
All-Inclusive Rate (AIR)	air_rate	9(8)v9(2)	44 - 53
RHC Coverage Factor	rhccov	9(1)v9(4)	54 - 58
RHC Coinsurance Factor	rhccoin	9(1)v9(4)	59 - 63
Sequestration Factor	sequest_reduc	9(1)v9(4)	64 - 68

Table 3-18: Medicare RHC Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
Fee Schedule Name	fstable	X(13)	69 - 81
National Carrier	natcarrier	X(12)	82 - 93
National Carrier Factor	natcov	9(1)v9(4)	94 - 98
National Coinsurance Factor	natcoins	9(1)v9(4)	99 - 103
Other Carrier	othcarrier	X(12)	104 - 115
Other Coverage Factor	othcov	9(1)v9(4)	116 - 120
Other Coinsurance Factor	othcoins	9(1)v9(4)	121 - 125
Filler		X(312)	126 - 437

3.2.2 COBOL Platform

3.2.2.1 Medicare APC-HOPD

Table 3-19: Medicare APC-HOPD COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	Y2R-LABOR	9(1)v9(5)	251 - 256
Wage Index	Y2R-WI	9(1)v9(5)	257 - 262
Facility Type 01 = Rural hospital with 100 beds or fewer or rural Sole Community Hospital (SCH) 02 = Cancer center 03 = Children's hospital 04 = Rural hospital under 50 beds 05 = OPPS exempt 06 = Other SCH 07 = Other rural hospital (Not SCH) 08 = Free-standing non-residential opioid treatment facility Otherwise, 00	Y2R-FACILITY-TYPE	9(2)	263 - 264
Multiple Significant Procedure Payment Discount Factor - Factor for Highest Weighted Procedure	Y2R-DISCOUNT1	9(1)v9(4)	265 - 269
Multiple Significant Procedure Payment Discount Factor - Factor for all Other Procedures (Paystatus T)	Y2R-DISCOUNT2	9(1)v9(4)	270 - 274
Multiple Significant Procedure Payment Discount Filler Area		X(10)	275 - 284
Discontinued Procedure Payment Discount	Y2R-DMODPCT	9(1)v9(4)	285 - 289
Outpatient Ratio of Cost to Charges	Y2R-RCC	9(1)v9(5)	290 - 295
Inpatient Deductible	Y2R-INPDED	9(8)v9(2)	296 - 305
1996 Ratio of Payment to Charges	Y2R-RPC	9(1)v9(4)	306 - 310
Outlier Payment Percent	Y2R-OUTLIER-PCT	9(1)v9(4)	311 - 315
Outlier Payment Factor	Y2R-OUTLIER-FAC	9(1)v9(4)	316 - 320

Table 3-19: Medicare APC-HOPD COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Transitional Corridor 90% Factor 1	Y2R-TRANS90-1	v9(2)	321 - 322
Transitional Corridor 90% Factor 2	Y2R-TRANS90-2	v9(2)	323 - 324
Transitional Corridor 80% Factor 1	Y2R-TRANS80-1	v9(2)	325 - 326
Transitional Corridor 80% Factor 2	Y2R-TRANS80-2	v9(2)	327 - 328
Transitional Corridor 70% Factor 1	Y2R-TRANS70-1	v9(2)	329 - 330
Transitional Corridor 70% Factor 2	Y2R-TRANS70-2	v9(2)	331 - 332
Transitional Corridor Less Than 70%	Y2R-TRANSLT70	v9(2)	333 - 334
Transitional Corridor Factor, Cancer Centers or Small Rural Facilities	Y2R-TRANSCSR	9(1)v9(2)	335 - 337
Transitional Corridor Multiplier	Y2R-TRANSMULT	9(1)v9(4)	338 - 342
Ambulance Rural Factor	Y2R-AMBRURAL	9(1)v9(4)	343 - 347
Ambulance Non-Rural Factor	Y2R-AMBNONRURAL	9(1)v9(4)	348 - 352
Hospital Quality Indicator	Y2R-HOSPQUALIND	X(1)	353
Hospital Quality Reduction Factor	Y2R-QUALREDFACT	9(1)v9(4)	354 - 358
Filler		X(7)	359 - 365
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	Y2R-FSIND	9(1)	366
Fee Schedule Table	Y2R-FSTABLE	X(13)	367 - 379
Ambulance Coverage Factor	Y2R-AMBCOV	9(1)v9(4)	380 - 384
Ambulance Coinsurance Factor	Y2R-AMBCOINS	9(1)v9(4)	385 - 389
Ambulance Location/Carrier Code **Note** For Medicare pricing, Ambulance Carrier Code is based on patient zip code at point of pickup.	Y2R-AMBCARRIER	X(12)	390 - 401
DMEPOS Coverage Factor	Y2R-DMECOV	9(1)v9(4)	402 - 406
DMEPOS Coinsurance Factor	Y2R-DMECOINS	9(1)v9(4)	407 - 411
DMEPOS Location/Carrier Code	Y2R-DMECARRIER	X(12)	412 - 423
Lab Coverage Factor	Y2R-LABCOV	9(1)v9(4)	424 - 428
Lab Coinsurance Factor	Y2R-LABCOINS	9(1)v9(4)	429 - 433
Lab Location/Carrier Code	Y2R-LABCARRIER	X(12)	434 - 445
Mammography Coverage Factor	Y2R-MAMCOV	9(1)v9(4)	446 - 450
Mammography Coinsurance Factor	Y2R-MAMCOINS	9(1)v9(4)	451 - 455
Mammography Location/Carrier Code	Y2R-MAMCARRIER	X(12)	456 - 467
Rehabilitation Coverage Factor	Y2R-REHCOV	9(1)v9(4)	468 - 472
Rehabilitation Coinsurance Factor	Y2R-REHCOINS	9(1)v9(4)	473 - 477
Rehabilitation Location/Carrier Code	Y2R-REHCARRIER	X(12)	478 - 489
Other Coverage Factor	Y2R-OTHCOV	9(1)v9(4)	490 - 494
Other Coinsurance Factor	Y2R-OTHCOINS	9(1)v9(4)	495 - 499

Table 3-19: Medicare APC-HOPD COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Other Location/Carrier Code	Y2R-OTHCARRIER	X(12)	500 - 511
Pro-Rata Reduction for Pass-through Drugs and Biologicals	Y2R-PRDRUG	9(1)v9(4)	512 - 516
Pro-Rata Reduction Factor for Pass-through Devices	Y2R-PRDEVICE	9(1)v9(4)	517 - 521
Total Reimbursement Discount Factor	Y2R-DISCOUNT	9(1)v9(4)	522 - 526
Laboratory Ratio of Cost to Charges	Y2R-LABRCC	9(1)v9(5)	527 - 532
OPPS Exempt Factor	Y2R-EXEMPT-FACT	9(1)v9(4)	533 - 537
Outlier Fixed Cost Threshold	Y2R-OUTLEIR-THRESH	9(8)v9(2)	538 - 547
Reasonable Cost Factor	Y2R-RCOST-FACT	9(1)v9(4)	548 - 552
Rural Adjustment Factor	Y2R-RURAL-FACT	9(1)v9(4)	553 - 557
Extended Fee Schedule Table	Y2R-FSEXTTABLE	X(13)	558 - 570
Sequester Factor	Y2R-SEQUEST	9(1)v(9)4	571 - 575
Non-Emergency ESRD Ambulance Reduction Factor	Y2R-ESRD-REDUC	9(1)v9(4)	576 - 580
Computed (CT) Tomography Reduction Factor	Y2R-CT-REDUC	9(1)v9(4)	581 - 585
DME Rural Indicator 0 = Non-Rural (Urban) Facility for DME Services 1 = Rural Facility for DME Services	Y2R-RURAL-IND	9(1)	586
X-Ray With Film Reduction Factor	Y2R-FX-REDUC	9(1)v9(4)	587 - 591
PBD Reduction Factor (PN)	Y2R-PN-REDUC	9(1)v9(4)	592 - 596
Implantable Device RCC	Y2R-ID-RCC	9(1)v9(5)	597 - 602
Traditional Medicare Switch 0 = Apply Medicare Advantage Requirements 1 = Apply Medicare Fee-for-Service (FFS) Requirements	Y2R-TRADMED-SW	9(1)	603
Ambulance Base Rate Reduction Factor - 2 Patients	Y2R-AMB-REDUC2	9(1)v9(4)	604 - 608
Ambulance Base Rate Reduction Factor -> 2 Patients	Y2R-AMB-REDUC3	9(1)v9(4)	609 - 613
Computed Radiography Reduction Factor	Y2R-FY-REDUC	9(1)v9(4)	614 - 618
PBD Reduction Factor (PO)	Y2R-PO-REDUC	9(1)v9(4)	619 - 623
OTA or PTA Reduction Factor (CO or CQ)	Y2R-OTA-PTA-REDUC	9(1)v9(4)	624 - 628
Filler		X(165)	629 - 793
NMPRF Rate File Version	Y2R-VERSION	X(7)	794 - 800

3.2.2.2 Medicare ASC

Table 3-20: Medicare ASC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	Y1R-LABOR	9v9(5)	251 - 256
Wage Index	Y1R-WI	9v9(5)	257 - 262
Multiple Procedure Discount Factor - First Procedure	Y1R-DISCOUNT1	9(1)v9(4)	263 - 267
Multiple Procedure Discount Factor – All Other Procedures	Y1R-DISCOUNT2	9(1)v9(4)	268 - 272
Discontinued Procedure Discount	Y1R-DMODPCT	9(1)v9(4)	273 - 277
Payment Percentage Rate Flag	Y1R-PPRFLG	9(1)	278
Payment Percentage Rate	Y1R-PPR	9(1)v9(4)	279 - 283
Markup/Discount Factor	Y1R-MARKUP	9(1)v9(4)	284 - 288
Payment Limit Flag	Y1R-PAYLIM	9(1)	289
Payment Limit Factor	Y1R-PAYPCT	9(1)v9(4)	290 - 294
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	Y1R-FSIND	9(1)	295
Fee Schedule Table	Y1R-FSTABLE	X(13)	296 - 308
ASC Coverage Factor	Y1R-ASR-COV	9(1)v9(4)	309 - 313
ASC Coinsurance Factor	Y1R-ASR-COINS	9(1)v9(4)	314 - 318
ASC Fee Schedule Carrier	Y1R-ASR-CARRIER	X(12)	319 - 330
Other Coverage Factor	Y1R-OTH-COV	9(1)v9(4)	331 - 335
Other Coinsurance Factor	Y1R-OTH-COINS	9(1)v9(4)	336 - 340
Other Fee Schedule Carrier	Y1R-OTH-CARRIER	X(12)	341 - 352
Quality Reduction Factor	Y1R-QUAL-REDUCT	9(1)v9(4)	353 - 357
Allow Payment for Ancillary Only Claims 0 = Do not allow payment for ancillary only claims 1 = Allow payment for ancillary only claims	Y1R-SURG-PROC-OVR	X(1)	358
Filler		X(435)	359 - 793
NMPRF Rate File Version	Y1R-VERSION	X(7)	794 - 800

3.2.2.3 Medicare CAH Method II

Table 3-21: Medicare CAH Method II COBOL Rate Calculator Variables - hosp05.dat

Field Description	Variable Name	Format	Position
Practitioner Adjustment	C2R-PRAC-ADJ	9(1)v9(4)	251 - 255
Filler		X(538)	256 - 793
NMPRF Rate File Version	C2R-NMPRF-VERS	X(7)	794 - 800

3.2.2.4 Medicare ESRD

Table 3-22: Medicare ESRD COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
CBSA Rate	E1R-CBSARATE	9(8)v9(2)	251 - 260
MSA Wage Adjusted Rate	E1R-ADJMSARATE	9(8)v9(2)	261 - 270
MSA Add-On	E1R-MSAFACTOR	9(1)v9(4)	271 - 275
Labor-Related Portion	E1R-LS	9(1)v9(5)	276 - 281
Wage Index	E1R-WI	9(1)v9(4)	282 - 286
Drug Add-on Factor	E1R-DRUGFACT	9(1)v9(4)	287 - 291
Budget Neutrality Factor	E1R-BNF	9(1)v9(6)	292 - 298
Mark-up/Discount Factor	E1R-MARKUP	9(1)v9(4)	299 - 303
Blend Factor	E1R-BLEND	9(1)v9(2)	304 - 306
Facility Type	E1R-FACTYPE	9(2)	307 - 308
Age Factor - Array	E1R-AGEFACT [30] 5 characters, 6 times	9(1)v9(4)	309 - 338
Filler		X(15)	339 - 353
BMI Factor - Array	E1R-BMIFACT [15] 5 characters, 3 times	9(1)v9(4)	354 - 368
Filler		X(15)	369 - 383
Hemo, Peritoneal, or CCPD Training	E1R-TRAINADJ	9(8)v9(2)	384 - 393
CAPD Training	E1R-CAPDADJ	9(8)v9(2)	394 - 403
Home Dialysis for CAPD or CCPD Factor	E1R-HOMEADJ	9(1)v9(6)	404 - 410
Core-Based Statistical Area (CBSA)	E1R-CBSA	X(5)	411 - 415
Filler		X(16)	416 - 431
Average BSA	E1R-AVGBSA	9(1)v9(4)	432 - 436
BSA Exponent Increment	E1R-BSAINCR	9(1)v9(2)	437 - 439
BSA Adjustment Factor	E1R-BSAADJ	9(1)v9(4)	440 - 444
Pediatric BSA Adjustment	E1R-PEDBSA	9(1)v9(4)	445 - 449
Reasonable Cost Factor	E1R-FACTOR	9(1)v9(4)	450 - 454
Percentage Payment Rate Flag	E1R-PPRFLG	9(1)	455 - 455
Percentage Payment Rate	E1R-PPR	9(1)v9(4)	456 - 460
Dialysis Pay	E1R-ESRDCOV	9(1)v9(4)	461 - 465
Dialysis Co-pay	E1R-ESRDCOINS	9(1)v9(4)	466 - 470
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	E1R-FSIND	9(1)	471 - 471
Fee Schedule Table	E1R-FSTABLE	X(13)	472 - 484
Lab Coverage Factor	E1R-LAB-COV	9(1)v9(4)	485 - 489
Lab Coinsurance Factor	E1R-LAB-COINS	9(1)v9(4)	490 - 494
Lab Fee Schedule Carrier	E1R-LAB-CARRIER	X(12)	495 - 506

Table 3-22: Medicare ESRD COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
National Coverage Factor	E1R-NTL-COV	9(1)v9(4)	507 - 511
National Coinsurance Factor	E1R-NTL-COINS	9(1)v9(4)	512 - 516
National Fee Schedule Carrier	E1R-NTL-CARRIER	X(12)	517 - 528
Other Coverage Factor	E1R-OTH-COV	9(1)v9(4)	529 - 533
Other Coinsurance Factor	E1R-OTH-COINS	9(1)v9(4)	534 - 538
Other Fee Schedule Carrier	E1R-OTH-CARRIER	X(12)	539 - 550
Physician Coverage Factor	E1R-PHYS-COV	9(1)v9(4)	551 - 555
Physician Coinsurance Factor	E1R-PHYS-COINS	9(1)v9(4)	556 - 560
Physician Fee Schedule Carrier	E1R-PHYS-CARRIER	X(12)	561 - 572
Eligible Telehealth Facility	E1R-TELEHEALTH	9(1)	573
DME Coverage Factor	E1R-DME-COV	9(1)v9(4)	574 - 578
DME Coinsurance Factor	E1R-DME-COINS	9(1)v9(4)	579 - 583
DME Fee Schedule Carrier	E1R-DME-CARRIER	X(12)	584 - 595
DME Rural Indicator	E1R-DME-RURAL-IND	9(1)	596
Filler		X(197)	597 - 793
NMPRF Rate File Version	E1R-VERSION	X(7)	794 - 800

3.2.2.5 Medicare FQHC

Table 3-23: Medicare FQHC COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Geographical Adjustment Factor (GAF)	FQ1-GAF	9(1)v9(4)	251 - 255
Mark-up/Discount Factor	FQ1-MARKUP	9(1)v9(4)	256 - 260
IPPE/AWV Adjustment Factor	FQ1-IPPEADJFACT	9(1)v9(4)	261 - 265
Telehealth Fee Schedule Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	FQ1-TELEHEALTH	9(8)v9(2)	266 - 275
Base Rate	FQ1-BASERATE	9(8)v9(2)	276 - 285
FQHC Coverage Factor	FQ1-FQHCCOV	9(1)v9(4)	286 - 290
FQHC Coinsurance Factor	FQ1-FQHCCOIN	9(1)v9(4)	291 - 295
Sequestration Reduction Factor	FQ1-SEQUEST-REDUC	9(1)v9(4)	296 - 300
Chronic Care Management (CCM)/ Behavioral Health Integration (BHI) Payment Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	FQ1-CCMRATE	9(8)v9(2)	301 - 310

Table 3-23: Medicare FQHC COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Facility Type 0 = All other FQHCs 1 = Grandfathered tribal FQHCs	FQ1-FACILITYTYPE	9(1)	311
Collaborative Care Model (CoCM) Services Payment Rate **Note** No longer utilized, as this rate is in the FQHC Fee Schedule Data Files.	FQ1-COCMRATE	9(8)v9(2)	312 - 321
Fee Schedule Table	FQ1-FSTABLE	X(13)	322 - 334
National Carrier	FQ1-NATCARRIER	X(12)	335 - 346
National Coverage Factor	FQ1-NATCOV	9(1)v9(4)	347 - 351
National Coinsurance Factor	FQ1-NATCOINS	9(1)v9(4)	352 - 356
Other Carrier	FQ1-OTHCARRIER	X(12)	357 - 368
Other Coverage Factor	FQ1-OTHCOV	9(1)v9(4)	369 - 373
Other Coinsurance Factor	FQ1-OTHCOINS	9(1)v9(4)	374 - 378
Filler		X(415)	379 - 793
NMPRF Rate File Version	FQ1-VERSION	X(7)	794 - 800

3.2.2.6 Medicare HHA

Table 3-24: Medicare HHA COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Physical Therapy National Per Visit Rate - 042X	H1R-REV-42-RATE	9(8)v9(2)	251 - 260
Occupational Therapy National Per Visit Rate - 043X	H1R-REV-43-RATE	9(8)v9(2)	261 - 270
Speech-Language Pathology National Per Visit Rate - 044X	H1R-REV-44-RATE	9(8)v9(2)	271 - 280
Skilled Nursing National Per Visit Rate - 055X	H1R-REV-55-RATE	9(8)v9(2)	281 - 290
Medical Social Services National Per Visit Rate - 056X	H1R-REV-56-RATE	9(8)v9(2)	291 - 300
Home Health Aide National Per Visit Rate - 057X	H1R-REV-57-RATE	9(8)v9(2)	301 - 310
Federal Standard Episode Rate	H1R-FED-RATE	9(8)v9(2)	311 - 320
Labor Portion	H1R-LABOR	9(1)v9(5)	321 - 326
LUPA Add-On Amount	H1R-LUPAADDON	9(8)v9(2)	327 - 336
Outlier Fixed Loss Amount	H1R-OUTLIER	9(8)v9(2)	337 - 346
Outlier Payment Percent	H1R-OUTLIER-PCT	9(1)v9(4)	347 - 351
Reasonable Cost Factor	H1R-FACTOR	9(1)v9(4)	352 - 356
Percentage Payment Rate Flag	H1R-PPRFLG	9(1)	357

Table 3-24: Medicare HHA COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Percentage Payment Rate	H1R-PPR	9(1)v9(4)	358 - 362
Markup/Discount Factor	H1R-MARKUP	9(1)v9(4)	363 - 367
Hospital Quality Indicator	H1R-HOSPQUALIND	9(1)	368
Fee Schedule Indicator	H1R-FSIND	9(1)	369
Fee Schedule Table	H1R-FSTABLE	X(13)	370 - 382
Physician Coverage Factor	H1R-PHYS-COV	9(1)v9(4)	383 - 387
Physician Coinsurance Factor	H1R-PHYS-COINS	9(1)v9(4)	388 - 392
Physician Location/Carrier Code	H1R-PHYS-CARRIER	X(12)	393 - 404
National Coverage Factor	H1R-NATL-COV	9(1)v9(4)	405 - 409
National Coinsurance Factor	H1R-NATL-COINS	9(1)v9(4)	410 - 414
National Location/Carrier Code	H1R-NATL-CARRIER	X(12)	415 - 426
Other Coverage Factor	H1R-OTHCOV	9(1)v9(4)	427 - 431
Other Coinsurance Factor	H1R-OTHCOINS	9(1)v9(4)	432 - 436
Other Location/Carrier Code	H1R-OTHCARRIER	X(12)	437 - 448
Non-Routine Supplies Conversion Factor	H1R-NRS-FACTOR	9(8)v9(2)	449 - 458
RAP Payment Percentage for Initial Episodes	H1R-RAP-INIT	9(1)v9(4)	459 - 463
RAP Payment Percentage for Subsequent Episodes	H1R-RAP-SUBS	9(1)v9(4)	464 - 468
Rural Add-On - All Other	H1R-RURAL-ADDON	9(1)v9(4)	469 - 473
Skilled Nursing (SN) LUPA Add-On Factor	H1R-SN-LUPA-ADDON	9(1)v9(4)	474 - 478
Physical Therapy (PT) LUPA Add-On Factor	H1R-PT-LUPA-ADDON	9(1)v9(4)	479 - 483
Speech Language Pathology (SLP) LUPA Add-On Factor	H1R-SLP-LUPA-ADDON	9(1)v9(4)	484 - 488
Physical Therapy Per Unit Rate	H1R-REV42-UNIT-RATE	9(8)v9(2)	489 - 498
Occupational Therapy Per Unit Rate	H1R-REV43-UNIT-RATE	9(8)v9(2)	499 - 508
Speech Language Pathology Per Unit Rate	H1R-REV44-UNIT-RATE	9(8)v9(2)	509 - 518
Skilled Nursing Per Unit Rate	H1R-REV55-UNIT-RATE	9(8)v9(2)	519 - 528
Medical Social Services Per Unit Rate	H1R-REV56-UNIT-RATE	9(8)v9(2)	529 - 538
Home Health Aide Per Unit Rate	H1R-REV57-UNIT-RATE	9(8)v9(2)	539 - 548
Value-Based Purchasing (VBP) Adjustment Factor	H1R-VBP-ADJ	9(1)v9(5)	549 - 554
Rural Add-On – High Utilization	H1R-HIGH-RURAL-ADDON	9(1)v9(4)	555 - 559
Rural Add-On – Low Pop. Density	H1R-LOW-RURAL-ADDON	9(1)v9(4)	560 - 564
Transitional National 60-Day Episode Rate	H1R-TRANS-RATE	9(8)v9(2)	565 - 574
Transitional Outlier Fixed Loss Amount	H1R-TRANS-OUTLIER	9(8)v9(2)	575 - 584
HHA Not Eligible for RAP Reimbursement 0 = HHA is eligible for RAP reimbursement 1 = HHA is not eligible for RAP reimbursement	H1R-RAP-EXEMPT	9(1)	585

Table 3-24: Medicare HHA COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Return Code 57 Override 0 = Do not bypass claim-level Pricer Return Code 57 1 = Bypass claim-level Pricer Return Code 57	H1R-RC57-OVERRIDE	9(1)	586
OT LUPA Add-On Factor	H1R-OT-LUPA-ADDON	9(1)v9(4)	587 - 591
Filler		X(202)	592 - 793
NMPRF Rate File Version	H1R-VERSION	X(7)	794 - 800

3.2.2.7 Medicare Hospice

Table 3-25: Medicare Hospice COBOL Rate Calculator Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Mark-up/Discount Factor	HS1-MARKUP	9(1)v9(4)	251 - 255
Routine Home Care, Days 1 - 60 Labor Share	HS1-HIGH-RHC-LRATE	9(8)v9(2)	256 - 265
Routine Home Care, Days 1 - 60 Non-Labor Share	HS1-HIGH-RHC-NLRATE	9(8)v9(2)	266 - 275
Routine Home Care, Days 61+ Labor Share	HS1-LOW-RHC-LRATE	9(8)v9(2)	276 - 285
Routine Home Care, Days 61+ Non-Labor Share	HS1-LOW-RHC-NLRATE	9(8)v9(2)	286 - 295
Continuous Home Care Labor Share	HS1-CHC-LRATE	9(8)v9(2)	296 - 305
Continuous Home Care Non-Labor Share	HS1-CHC-NLRATE	9(8)v9(2)	306 - 315
Inpatient Respite Care Labor Share	HS1-IRC-LRATE	9(8)v9(2)	316 - 325
Inpatient Respite Care Non-Labor Share	HS1-IRC-NLRATE	9(8)v9(2)	326 - 335
General Inpatient Care Labor Share	HS1-GIP-LRATE	9(8)v9(2)	336 - 345
General Inpatient Care Non-Labor Share	HS1-GIP-NLRATE	9(8)v9(2)	346 - 355
Fee Schedule Name	HS1-FSTABLE	X(13)	356 - 368
National Carrier	HS1-NATCARRIER	X(12)	369 - 380
Physician Carrier	HS1-PHYSCARRIER	X(12)	381 - 392
Other Carrier	HS1-OTHCARRIER	X(12)	393 - 404
Sequestor Factor	HS1-SEQUEST-REDUC	9(1)v9(4)	405 - 409
Filler		X(384)	410 - 793
NMPRF Rate File Version	HS1-VERSION	X(7)	794 - 800

3.3 Physician Layouts

3.3.1 C Platform

3.3.1.1 Medicare Physician

Table 3-26: Medicare Physician Rate Calculator Variables - medphys.dat

Field Description	Variable Name	Format	Position
Conditional Bilateral Discount Factor	bilat1	9(1)v9(4)	39 - 43
Independent Bilateral Discount Factor	bilat2	9(1)v9(4)	44 - 48
Co-Surgery Discount Factor	cosurg	9(1)v9(4)	49 - 53
Assistant to Surgery Discount Factor	astsurg	9(1)v9(4)	54 - 58
Sanction/Preclusion Flag 0 = Provider has not been sanctioned or precluded 1 = Provider has been sanctioned by the OIG and is not eligible for Medicare reimbursement 2 = Provider has been precluded and is not eligible for Medicare reimbursement 3 = Provider has been precluded and/or sanctioned by the OIG and is not eligible for Medicare reimbursement	sanction	9(1)	59
Filler		X(9)	60 - 68
Multiple Surgical Procedure Discount Factor - Highest Paid Service	discount1	9(1)v9(4)	69 - 73
Multiple Surgical Procedure Discount Factor - Second through Fifth Highest Paid Services	discount2	9(1)v9(4)	74 - 78
Multiple Diagnostic Imaging Procedure Discount Factor - Technical Highest Paid Service	tcdisc1	9(1)v9(4)	79 - 83
Multiple Diagnostic Imaging Procedure Discount Factor - Technical Not Highest Paid Service	tcdisc2	9(1)v9(4)	84 - 88
Reasonable Charge Factor	rcf	9(1)v9(4)	89 - 93
Anesthesia Minutes (used for calculating Anesthesia Time Units)	anesthmin	9(4)	94 - 97
Monitored Anesthesia Reduction Factor	anesthreduc	9(1)v9(4)	98 - 102
Estimate Bonus Payments/Calculate MACRA QPP Adjustments 0 = Do not estimate bonus payments/calculate MACRA QPP adjustments for this provider 1 = Estimate bonus payments/calculate MACRA QPP adjustments for this provider	bonus_req	9(1)	103
Primary Care Health Professional Shortage Area (HPSA) Bonus Payment Factor	phpsa	9(1)v9(4)	104 - 108
Mental Health Professional Shortage Area (HPSA) Bonus Payment Factor	mhhpsa	9(1)v9(4)	109 - 113

Table 3-26: Medicare Physician Rate Calculator Variables - medphys.dat

Field Description	Variable Name	Format	Position
HPSA Surgical Incentive Payment (HSIP) Factor **Note** The HSIP program expired on December 31, 2015; therefore the HSIP Factor has been set to zero effective January 1, 2016.	hsip	9(1)v9(4)	114 - 118
Primary Care Incentive Payment (PCIP) Factor **Note** The PCIP program expired on December 31, 2015; therefore the PCIP Factor has been set to zero effective January 1, 2016.	pcip	9(1)v9(4)	119 - 123
PCIP Eligibility 1 = Provider is eligible for PCIP bonus payments (i.e. primary care services accounted for 60% or more of the allowed Part B charges for this provider in a given time period) 0 = Provider is not eligible for PCIP bonus payments **Note** The PCIP program expired on December 31, 2015; therefore the PCIP Eligibility field has been set to zero effective January 1, 2016.	pcip_elg	9(1)	124
Mental Health Limitation Factor	mhlim	9(1)v9(4)	125 - 129
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	130 - 134
Fee Schedule Table	fstable	X(13)	135 - 147
Extended Fee Schedule Table	fsexttable	X(13)	148 - 160
Ambulance Coverage Factor	ambcov	9(1)v9(4)	161 - 165
Ambulance Coinsurance Factor	ambcoins	9(1)v9(4)	166 - 170
Filler		X(15)	171 - 185
DMEPOS Coverage Factor	dmecov	9(1)v9(4)	186 - 190
DMEPOS Coinsurance Factor	dmecoins	9(1)v9(4)	191 - 195
Lab Coverage Factor	labcov	9(1)v9(4)	196 - 200
Lab Coinsurance Factor	labcoins	9(1)v9(4)	201 - 205
National Coverage Factor	natcov	9(1)v9(4)	206 - 210
National Coinsurance Factor	natcoins	9(1)v9(4)	211 - 215
Physician Fee Schedule Coverage Factor	pfscov	9(1)v9(4)	216 - 220
Physician Fee Schedule Coinsurance Factor	pfscoins	9(1)v9(4)	221 - 225
Other Coverage Factor	othcov	9(1)v9(4)	226 - 230
Other Coinsurance Factor	othcoins	9(1)v9(4)	231 - 235

Table 3-26: Medicare Physician Rate Calculator Variables - medphys.dat

Field Description	Variable Name	Format	Position
Multiple Diagnostic Imaging Procedure Discount Factor – Professional Component - Highest Paid Service	pcdisc1	9(1)v9(4)	236 - 240
Multiple Diagnostic Imaging Procedure Discount Factor – Professional Component - Not Highest Paid Service	pcdisc2	9(1)v9(4)	241 - 245
Multiple Diagnostic Imaging Cardiovascular Procedure Discount Factor – Technical Component -Highest Paid Service	cvtcdisc1	9(1)v9(4)	246 - 250
Multiple Diagnostic Imaging Cardiovascular Procedure Discount Factor – Technical Component - Not Highest Paid Service	cvtcdisc2	9(1)9(4)	251 - 255
Multiple Diagnostic Imaging Opthalmology Procedure Discount Factor – Technical Component -Highest Paid Service	ophtcdisc1	9(1)v9(4)	256 - 260
Multiple Diagnostic Imaging Opthalmology Procedure Discount Factor – Technical Component - Not Highest Paid Service	ophtcdisc2	9(1)v9(4)	261 - 265
Non-Emergency ESRD Ambulance Reduction Factor	esrd_reduc	9(1)v9(4)	266 - 270
Electronic Health Record Adjustment Factor	ehr	9(1)v9(4)	271- 275
Physician Quality Reporting Adjustment Factor	pqrs	9(1)v9(4)	276 - 280
Value-Based Payment Modifier Adjustment Factor	val_based	9(1)v9(4)	281 - 285
Computed Tomography (CT) Reduction Factor	cttcreduc	9(1)v9(4)	286 - 290
X-Ray With Film Reduction Factor	fx_reduc	9(1)v9(4)	291 - 295
Ambulance Base Rate Reduction Factor - 2 Patients	amb_reduc2	9(1)v9(4)	296 - 300
Ambulance Base Rate Reduction Factor - > 2 Patients	amb_reduc3	9(1)v9(4)	301 - 305
Traditional Medicare Switch 0 = Apply Medicare Advantage requirements 1 = Apply Medicare Fee-for-Service (FFS) requirements	tradmed_sw	9(1)	306
Specialty Code	spec_code	X(2)	307 - 308
Computed Radiography Reduction Factor	fy_reduc	9(1)v9(4)	309 - 313
Sequestration Factor	seq_factor	9(1)v9(4)	314 - 318
Closed Rate Record Flag	closed_fac	9(1)	319
Factor File Name	fac_table	X(13)	320 - 332
Bypass Charge Cap 0 = Apply charge cap 1 = Bypass charge cap	bypass_chargecap	9(1)	333
Colorectal Cancer Screening Payment Factor	colorec_cov	9(1)v9(4)	334 - 338
Colorectal Cancer Screening Co-Payment Factor	colorec_coins	9(1)v9(4)	339 - 343
Filler		X(94)	344 - 437

3.3.2 COBOL Platform

3.3.2.1 Medicare Physician

Table 3-27: Medicare Physician COBOL Rate Calculator Variables - hosp04.dat

Field Description	Variable Name	Format	Position
Conditional Bilateral Discount Factor	P3R-BILAT1	9(1)v9(4)	251 - 255
Independent Bilateral Discount Factor	P3R-BILAT2	9(1)v9(4)	256 - 260
Co-Surgery Discount Factor	P3R-COSURG	9(1)v9(4)	261 - 265
Assistant to Surgery Discount Factor	P3R-ASTSURG	9(1)v9(4)	266 - 270
Sanction/Preclusion Flag 0 = Provider has not been sanctioned or precluded 1 = Provider has been sanctioned by the OIG and is not eligible for Medicare reimbursement 2 = Provider has been precluded and is not eligible for Medicare reimbursement 3 = Provider has been precluded and/or sanctioned by the OIG and is not eligible for Medicare reimbursement	P3R-SANCTION	9(1)	271
Filler		X(9)	272 - 280
Multiple Surgical Procedure Discount Factor - Highest Paid Service	P3R-DISCOUNT1	9(1)v9(4)	281 - 285
Multiple Surgical Procedure Discount Factor - Second through Fifth Highest Paid Services	P3R-DISCOUNT2	9(1)v9(4)	286 - 290
Multiple Diagnostic Imaging Procedure Discount Factor - Technical Highest Paid Service	P3R-TCDISC1	9(1)v9(4)	291 - 295
Multiple Diagnostic Imaging Procedure Discount Factor - Technical Not Highest Paid Service	P3R-TCDISC2	9(1)v9(4)	296 - 300
Reasonable Charge Factor	P3R-RCF	9(1)v9(4)	301 - 305
Anesthesia Minutes (used for calculating Anesthesia Time Units)	P3R-ANESTHMIN	9(4)	306 - 309
Monitored Anesthesia Reduction Factor	P3R-ANESTHRED	9(1)v9(4)	310 - 314
Estimate Bonus Payments/Calculate MACRA QPP Adjustments 0 = Do not estimate bonus payments/calculate MACRA QPP adjustments for this provider 1 = Estimate bonus payments/ calculate MACRA QPP adjustments for this provider	P3R-BONUS-REQ	9(1)	315

Table 3-27: Medicare Physician COBOL Rate Calculator Variables - hosp04.dat

Field Description	Variable Name	Format	Position
Primary Care Health Professional Shortage Area (HPSA) Bonus Payment Factor	P3R-PHPSA	9(1)v9(4)	316 - 320
Mental Health Professional Shortage Area (HPSA) Bonus Payment Factor	P3R-MHHPSA	9(1)v9(4)	321 - 325
HPSA Surgical Incentive Payment (HSIP) Factor **Note** The HSIP program expired on December 31, 2015; therefore the HSIP Factor has been set to zero effective January 1, 2016.	P3R-HSIP	9(1)v9(4)	326 - 330
Primary Care Incentive Payment (PCIP) Factor **Note** The PCIP program expired on December 31, 2015; therefore the PCIP Factor has been set to zero effective January 1, 2016.	P3R-PCIP	9(1)v9(4)	331 - 335
PCIP Eligibility 1 = Provider is eligible for PCIP bonus payments (i.e. primary care services accounted for 60% or more of the allowed Part B charges for this provider in a given time period) 0 = Provider is not eligible for PCIP bonus payments **Note** The PCIP program expired on December 31, 2015; therefore the PCIP Eligibility field has been set to zero effective January 1, 2016.	P3R-PCIP-ELG	9(1)	336
Mental Health Limitation Factor	P3R-MHLIM	9(1)v9(4)	337 - 341
Markup/Discount Adjustment Factor	P3R-MARKUP	9(1)v9(4)	342 - 346
Fee Schedule Table	P3R-FS-TBL	X(13)	347 - 359
Extended Fee Schedule Table	P3R-FSEXT-TBL	X(13)	360 - 372
Ambulance Coverage Factor	P3R-AMB-COV	9(1)v9(4)	373 - 377
Ambulance Coinsurance Factor	P3R-AMB-COINS	9(1)v9(4)	378 - 382
Multiple Diagnostic Imaging Procedure Discount Factor – Professional Highest Paid Service	P3R-PCDISC1	9(1)v9(4)	383 - 387

Table 3-27: Medicare Physician COBOL Rate Calculator Variables - hosp04.dat

Field Description	Variable Name	Format	Position
Multiple Diagnostic Imaging Procedure Discount Factor – Professional Not Highest Paid Service	P3R-PCDISC2	9(1)v9(4)	388 - 392
Filler		X(5)	393 - 397
DMEPOS Coverage Factor	P3R-DME-COV	9(1)v9(4)	398 - 402
DMEPOS Coinsurance Factor	P3R-DME-COINS	9(1)v9(4)	403 - 407
Lab Coverage Factor	P3R-LAB-COV	9(1)v9(4)	408 - 412
Lab Coinsurance Factor	P3R-LAB-COINS	9(1)v9(4)	413 - 417
National Coverage Factor	P3R-NATL-COV	9(1)v9(4)	418 - 422
National Coinsurance Factor	P3R-NATL-COINS	9(1)v9(4)	423 - 427
Physician Fee Schedule Coverage Factor	P3R-PFS-COV	9(1)v9(4)	428 - 432
Physician Fee Schedule Coinsurance Factor	P3R-PFS-COINS	9(1)v9(4)	433 - 437
Other Coverage Factor	P3R-OTH-COV	9(1)v9(4)	438 - 442
Other Coinsurance Factor	P3R-OTH-COINS	9(1)v9(4)	443 - 447
Multiple Diagnostic Imaging Cardiovascular Procedure Discount Factor – Technical Component - Highest Paid Service	P3R-CVTCDISC1	9(1)v9(4)	448 - 452
Multiple Diagnostic Imaging Cardiovascular Procedure Discount Factor – Technical Component - Not Highest Paid Service	P3R-CVTCDISC2	9(1)v9(4)	453 - 457
Multiple Diagnostic Imaging Opthalmology Procedure Discount Factor – Technical Component - Highest Paid Service	P3R-OPHTCDISC1	9(1)v9(4)	458 - 462
Multiple Diagnostic Imaging Opthalmology Procedure Discount Factor – Technical Component - Not Highest Paid Service	P3R-OPHTCDISC2	9(1)v9(4)	463 - 467
Non-Emergency ESRD Ambulance Reduction Factor	P3R-ESRD-REDUC	9(1)v9(4)	468 - 472
Electronic Health Record Adjustment Factor	P3R-EHR	9(1)v9(4)	473 - 477
Physician Quality Reporting Adjustment Factor	P3R-PQRS	9(1)v9(4)	478 - 482
Value-Based Payment Modifier Adjustment Factor	P3R-VAL-BASED	9(1)v9(4)	483 - 487
CT Reduction Factor	P3R-CT-REDUC	9(1)v9(4)	488 - 492
X-Ray With Film Reduction Factor	P3R-FX-REDUC	9(1)v9(4)	493 - 497
Ambulance Base Rate Reduction Factor - 2 Patients	P3R-AMB-REDUC2	9(1)v9(4)	498 - 502

Table 3-27: Medicare Physician COBOL Rate Calculator Variables - hosp04.dat

Field Description	Variable Name	Format	Position
Ambulance Base Rate Reduction Factor - > 2 Patients	P3R-AMB-REDUC3	9(1)v9(4)	503 - 507
Traditional Medicare Switch 0 = Apply Medicare Advantage requirements 1 = Apply Medicare Fee-for-Service (FFS) requirements	P3R-TRADMED-SW	9(1)	508
Specialty Code	P3R-SPEC-CODE	X(2)	509 - 510
Computed Radiography Reduction Factor	P3R-FY-REDUC	9(1)v9(4)	511 - 515
Sequestration Factor	P3R-SEQ-FACTOR	9(1)v9(4)	516 - 520
Closed Rate Record Flag	P3R-CLOSED-FAC	9(1)	521
Factor File Name	P3R-FAC-TBL	X(13)	522 - 534
Bypass Charge Cap 0 = Apply charge cap 1 = Bypass charge cap	P3R-BYPASS-CHARGECAP	9(1)	535
Colorectal Cancer Screening Payment Factor	P3R-COLOREC-COV	9(1)v9(4)	536 - 540
Colorectal Cancer Screening Co-Payment Factor	P3R-COLOREC-COINS	9(1)v9(4)	541 - 545
Filler		X(255)	546 - 800

4 Medicaid Rate Calculator File Layouts

This chapter provides the layouts for the Medicaid Rate Calculator Files. This chapter includes the following sections:

- Inpatient Layouts
  - C Platform
    - Arizona Medicaid
    - California Medicaid
    - Florida Medicaid
    - Georgia Medicaid
    - Illinois Medicaid
    - Illinois Medicaid APR
    - Indiana Medicaid APR
    - Iowa Medicaid
    - Kansas Medicaid
    - Kentucky Medicaid
    - Michigan Medicaid APR
    - Nebraska Medicaid
    - Nebraska Medicaid APR
    - New Jersey Medicaid
    - New Mexico Medicaid
    - New York Medicaid APR
    - New York Medicaid Psychiatric Exempt Unit
    - North Carolina Medicaid
    - Ohio Medicaid
    - Ohio Medicaid APR
    - Pennsylvania Medicaid APR
    - South Carolina Medicaid
    - Texas Medicaid
    - Virginia Medicaid & Virginia Medicaid APR
    - Washington Medicaid
    - Washington Medicaid APR
    - Wisconsin Medicaid

- COBOL Platform
  - New Jersey Medicaid
- Outpatient Layouts
  - Illinois Medicaid APG
  - New Mexico Medicaid APC
  - New York Medicaid APG (effective October 01, 2019)
  - New York Medicaid APG (prior to October 01, 2019)
  - Texas Medicaid Outpatient
  - Virginia Medicaid APG
  - Washington Medicaid APG
  - Wisconsin Medicaid APG

4.1 Inpatient Layouts

4.1.1 C Platform

4.1.1.1 Arizona Medicaid

Table 4-1: Arizona Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
DRG Standardized Base Rate	base	9(8)v9(2)	39 - 48
Hospital-Specific Cost-to-Charge Ratio	rcc	9(1)v9(4)	49 - 53
Hold Harmless Adjustor Factor	hold	9(1)v9(4)	54 - 58
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	59 - 63
Provider Payment Adjustor	provadj	9(1)v9(4)	64 - 68
Cost Outlier Threshold	cot	9(8)v9(2)	69 - 78
Age Cut-Off for Age Policy Adjustor	cutage	9(3)	79 - 81
Interim Claim Minimum Length of Stay	icminlos	9(4)	82 - 85
Interim Claim Per Diem Payment	icpay	9(8)v9(2)	86 - 95
Hospital Type 0 = All Other 1 = Long Term Acute Care 2 = Rehabilitation 3 = Psychiatric	type	9(1)	96
Long Term Acute Care Per Diem Amount	ltpd	9(8)v9(2)	97 - 106
Rehabilitation Per Diem Amount	rpd	9(8)v9(2)	107 - 116
Psychiatric Per Diem Amount	pspd	9(8)v9(2)	117 - 126
Outlier RCC	outrcc	9(1)v9(5)	127 - 132
Filler		X(305)	133 - 437

4.1.1.2 California Medicaid

Table 4-2: California Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
DRG Standardized Base Rate	base	9(8)v9(2)	39 - 48
Hospital-Specific Cost-to-Charge Ratio	rcc	9(1)v9(5)	49 - 54
Age Cut-Off For Age Policy Adjustor	cutage	9(3)	55 - 57
Case-Mix Adjustment Factor	casemix	9(1)v9(5)	58 - 63
Interim Day Threshold	intday	9(4)	64 - 67
Interim Claim Per Diem	intdiem	9(8)v9(2)	68 - 77
1st Cost Outlier Threshold	cot1	9(8)v9(2)	78 - 87

Table 4-2: California Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
2nd Cost Outlier Threshold **Note** Effective July 01, 2017, outlier payments are calculated using a single cost outlier threshold.	cot2	9(8)v9(2)	88 - 97
1st Marginal Cost Percentage	mcf1	9(1)v9(5)	98 - 103
2nd Marginal Cost Percentage **Note** Effective July 01, 2017, outlier payments are calculated using a single marginal cost percentage.	mcf2	9(1)v9(5)	104 - 109
Low Cost Outlier Threshold	lowcot1	9(8)v9(2)	110 - 119
Neonatal Intensive Care Unit	nicu	9(1)	120
Rehabilitation Per Diem Rules	rehabrule	9(1)	121
Rehabilitation Per Diem	rehab	9(8)v9(2)	122 - 131
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	132 - 137
Obstetrics Policy Adjustor	obadj	9(1)v9(4)	138 - 142
Filler		X(295)	143 - 437

4.1.1.3 Florida Medicaid

Table 4-3: Florida Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
DRG Standardized Base Rate	base	9(8)v9(2)	39 - 48
Hospital-Specific Cost-to-Charge Ratio	rcc	9(1)v9(5)	49 - 54
Age Cut-Off For Age Policy Adjustor	cutage	9(3)	55 - 57
Case-Mix Adjustment Factor	casemix	9(1)v9(5)	58 - 63
Hospital Case-Mix	hmix	9(1)v9(5)	64 - 69
Hospital Category 1 = All Other 2 = Rural 3 = LTAC 4 = Medicaid Utilization and High Outlier Payment	provcat	9(1)	70
Provider Adjustor	provadj	9(1)v9(5)	71 - 76
Hospital Average Per Discharge Self-Funded IGT Add-On Payment	sfitgf	9(8)v9(2)	77 - 86
Hospital Average Per Discharge Automatic IGT Add-On Payment	aitgf	9(8)v9(2)	97 - 106
Cost Outlier Threshold	cot	9(8)v9(2)	97 - 106

Table 4-3: Florida Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Marginal Cost Percentage	mcf	9(1)v9(5)	107 - 112
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	113 - 118
Trauma Payment Percentage	trauma	9(1)v9(4)	119 - 123
Marginal Cost Factor 2	mcf2	9(1)v9(4)	124 -128
Filler		X(309)	129 - 437

4.1.1.4 Georgia Medicaid

Table 4-4: Georgia Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Hospital Base Rate	base	9(8)v9(2)	46 - 55
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	56 - 60
Marginal Cost Factor	mcf	9(1)v9(4)	61 - 65
Transfer Payment Flag	trans_flag	X(1)	66
Cost Outlier Payment Flag	outl_flag	X(1)	67
Capital Add-On	cappaddon	9(8)v9(2)	68 - 77
Graduate Medical Education (GME) Add-On	gmeaddon	9(8)v9(2)	78 - 87
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	88 - 93
Newborn Add-On	newbornaddon	9(8)v9(2)	94 - 103
Newborn Add-On for Rural Hospitals	nwbrnruraladdon	9(8)v9(2)	104 - 113
Provider Payment Act Factor	ppa_factor	9(1)v9(4)	114 - 118
Filler		X(319)	119 - 437

4.1.1.5 Illinois Medicaid

Table 4-5: Illinois Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Total Base Rate	blend	9(5)v9(2)	39 - 45
Federal Rate	fwa	9(5)v9(2)	46 - 52
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	53 - 57
IME Adjustment Factor (must be 1.0 or greater; default to 1.0)	imea	9(1)v9(6)	58 - 64
Transfer-in Adjustment Factor	transfac	9(1)v9(4)	65 - 69
Marginal Cost Factor for LOS Outliers	mcfl	9(1)v9(2)	70 - 72
Hospital Specific Cost Outlier Threshold	cot	9(5)v9(2)	73 - 79

Table 4-5: Illinois Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Cost Outlier Factor	cof	9(1)v9(2)	80 - 82
Marginal Cost Factor for Non-Burn Cost Outliers	mcfc	9(1)v9(2)	83 - 85
Marginal Cost Factor for Burns Cost Outliers	mcfbc	9(1)v9(2)	86 - 88
Capital Add-on	cap	9(4)v9(2)	89 - 94
Direct Medical Education Add-on	meded	9(4)v9(2)	95 - 100
Disproportionate Share Hospital Add-on	dsh	9(4)v9(2)	101 - 106
Medicaid High Volume Add-on	mhva	9(4)v9(2)	107 - 112
Non-Physician Anesthesia Add-on	crna	9(4)v9(2)	113 - 118
Level III Perinatal Center Indicator 0 = Hospital does not have center 1 = Hospital has Level III perinatal center	perinatal	9(1)	119
Medicaid Percentage Adjustment	medpercent	9(8)v9(2)	120 - 129
Mark-up/Discount Factor	markup	9(1)v9(4)	130 - 134
HAC Reduction Amount	hacra	9(8)v9(2)	135 - 144
Potentially Preventable Readmission (PPR) Reduction Factor	red_fact	9(1)v9(6)	145 - 151
Provider Rate Reductions (PRR) Factor	prr_fact	9(1)v9(4)	152 - 156
Filler		X(281)	157 - 437

4.1.1.6 Illinois Medicaid APR

Table 4-6: Illinois Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Facility Type 0 = All others 1 = Level II, II+, or III perinatal hospital 2 = Safety net hospital not designated as a children's hospital 3 = Meets the criteria for both facility types 1 & 2	fac_type	9(1)	39
Base Rate	baserate	9(8)v9(2)	40 - 49
Medicaid High Volume Add-On (MHVA)	mhva	9(8)v9(2)	50 - 59
Trauma Policy Adjustor	trauma_adjustor	9(1)v9(4)	60 - 64
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	65 - 69
Fixed Loss Threshold	threshold	9(8)v9(2)	70 - 79
SOI of 1 Adjustment Factor	soi1_adjust_fact	9(1)v9(4)	80 - 84
SOI of 2 Adjustment Factor	soi2_adjust_fact	9(1)v9(4)	85 - 89
SOI of 3 Adjustment Factor	soi3_adjust_fact	9(1)v9(4)	90 - 94
SOI of 4 Adjustment Factor	soi4_adjust_fact	9(1)v9(4)	95 - 99

Table 4-6: Illinois Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Rate Reduction Factor	rate_reduct_fact	9(1)v9(4)	100 - 104
Potentially Preventable Readmission (PPR) Reduction Factor	ppr_fact	9(1)v9(4)	105 - 109
Markup/Discount Factor	markup	9(1)v9(4)	110 - 114
Safety Net Hospital Add-On	snh_addon	9(8)v9(2)	115 - 124
Medicaid Percentage Adjustment	mpa	9(8)v9(2)	125 - 134
Filler		X(303)	135 - 437

4.1.1.7 Indiana Medicaid APR

Table 4-7: Indiana Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	base	9(8)v9(2)	39 - 48
Psychiatric Per Diem	psychdiem	9(8)v9(2)	49 - 58
Rehabilitation Per Diem	rehabdiem	9(8)v9(2)	59 - 68
Burn Per Diem	burndiem	9(8)v9(2)	69 - 78
Capital Per Diem	capdiem	9(8)v9(2)	79 - 88
Medical Education Per Diem	meddiem	9(8)v9(2)	89 - 98
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	99 - 103
Cost Outlier Threshold	cot	9(8)v9(2)	104 - 113
Marginal Cost Factor	mcf	9(1)v9(2)	114 - 116
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	117 - 121
Lesser of Charges or Allowed Amount Flag 0 = Apply Lesser of Charges or Allowed Amount Logic 1 = Do Not Apply Lesser of Charges or Allowed Amount Logic	lesser_flg	9(1)	122
Filler		X(315)	123 - 437

4.1.1.8 Iowa Medicaid

Table 4-8: Iowa Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variables Name	Format	Position
Facility Type 0 = Acute care facility 1 = Critical access hospital 2 = Neonatal level 2 facility 3 = Neonatal level 3 facility 4 = Swing bed unit	fac_type	9(1)	39

Table 4-8: Iowa Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variables Name	Format	Position
Hospital Base Rate	base	9(8)v9(2)	40 - 49
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(7)	50 - 57
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	58 - 63
Statewide Average DRG Rate	statewide_base	9(8)v9(2)	64 - 73
Cost Threshold	cost_threshold	9(8)v9(2)	74 - 83
Statewide Outlier Factor	outlier_factor	9(1)v9(4)	84 - 88
Marginal Cost Factor	mcf	9(1)v9(4)	89 - 93
Long Stay Marginal Cost Factor	long_mcf	9(1)v9(4)	94 - 98
Short Stay Marginal Cost Factor	short_mcf	9(1)v9(4)	99 - 103
Swing Bed Per Diem	swingbed_perdiem	9(8)v9(2)	104 - 113
Filler		X(324)	114 - 437

4.1.1.9 Kansas Medicaid

Table 4-9: Kansas Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Facility Type 0 = Acute care facility 1 = Border city children's hospital	fac_type	9(1)	39
Hospital Base Rate	base	9(8)v9(2)	40 - 49
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(7)	50 - 57
Filler		X(8)	58 - 65
Cost Outlier Adjustment Factor	cotadj	9(1)v9(2)	66 - 68
Day Outlier Adjustment Factor	dayadj	9(1)v9(2)	69 - 71
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	72 - 77
Graduate Medical Education (GME) Adjustment Factor	gme_adj	9(1)v9(6)	78 - 84
Critical Access Hospital (CAH) Adjustment Factor	cah_adj	9(2)v9(4)	85 - 90
Extended Cost Outlier Adjustment Factor	cotadj_ext	9(1)v9(4)	91 - 95
Extended Day Outlier Adjustment Factor	dayadj_ext	9(1)v9(4)	96 - 100
Reduction Factor	red_fact	9(1)v9(4)	101 - 105
Filler		X(332)	106 - 437

4.1.1.10 Kentucky Medicaid

Table 4-10: Kentucky Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	base	9(8)v9(2)	39 - 48
Operating Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	49 - 53
Operating Indirect Medical Education (IME) Factor	ime	9(1)v9(9)	54 - 63
Capital IME Factor	cime	9(1)v9(9)	64 - 73
Marginal Cost Factor: Cost Outliers	mcfc	9(1)v9(4)	74 - 78
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	79 - 83
Capital Base Rate	cbase	9(8)v9(2)	84 - 93
Capital Ratio of Cost-to-Charges (RCC)	crcc	9(1)v9(4)	94 - 98
Critical Access Hospital Per Diem	cahpd	9(8)v9(2)	99 - 108
Psychiatric Per Diem	psypd	9(8)v9(2)	109 - 118
Rehabilitation Per Diem	rehabpd	9(8)v9(2)	119 - 128
Long Term Acute Care Hospital Per Diem	ltcpd	9(8)v9(2)	129 - 138
Cost Threshold	cot	9(8)v9(2)	139 - 148
Nursery Level No longer utilized, effective October 1, 2015.	nurslev	X(1)	149
Facility Type: 00 = Acute care hospital 01 = Critical Access Hospital (CAH) 02 = Psychiatric hospital or Distinct Part Unit (DPU) 03 = Rehabilitation hospital or DPU 04 = Long term acute care hospital	facttype	X(2)	150 - 151
Medicaid High Volume Per Diem **Note** No longer utilized, effective October 01, 2015.	hvpd	9(8)v9(2)	152 - 161
Transplant Payment Percentage **Note** No longer utilized, effective October 01, 2015.	transpct	9(1)v9(4)	162 - 166
Transplant Payment Maximum **Note** No longer utilized, effective October 01, 2015.	transmax	9(8)v9(2)	167 - 176
Marginal Cost Factor 2	mcfc2	9(1)v9(4)	177 - 181
Kentucky Medicaid Adjustment Factor	kadj	9(1)v9(4)	182 - 186
COVID-19 DRG Weight Factor	covid_fact	9(1)v9(4)	187 - 191

Table 4-10: Kentucky Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Cut Off Age	cut_age	9(3)	192 - 194
Psychiatric Pediatric Per Diem Rate	psypd_ped	9(8)v9(2)	195 - 204
Rehabilitation Pediatric Per Diem Rate	rehabpd_ped	9(8)v9(2)	205 - 214
Long Term Care Pediatric Per Diem Rate	ltcpd_ped	9(8)v9(2)	215 - 224
Out-of-State (OOS) DRG Weight Reduction	oos_red	9(1)v9(4)	225 - 229
Filler		X(208)	230 - 437

4.1.1.11 Michigan Medicaid APR

Table 4-11: Michigan Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	hosp_rate	9(5)v9(2)	39 - 45
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	46 - 50
Indirect Medical Education (IME) Adjustment Factor	ime_adjustor	9(1)v9(6)	51 - 57
Daily Rate Factor	daily_rate_factor	9(1)v9(2)	58 - 60
Max Cost Threshold	max_cost_thresh	9(6)v9(2)	61 - 68
Cost Outlier Factor	cost_outlier_factor	9(1)v9(2)	69 - 71
NICU Accreditation Indicator	nicu_ind	9(1)	72
Hospital Capital Rate Per Discharge	hosp_capital	9(5)v9(2)	73 - 79
Markup/Discount Adjustment Factor	hosp_markup	9(1)v9(5)	80 - 85
Hospital Short Stay Rate	hss_rate	9(8)v9(2)	86 - 95
Filler		X(342)	96 - 437

4.1.1.12 Nebraska Medicaid

Table 4-12: Nebraska Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Hospital Base Rate	base	9(8)v9(2)	46 - 55
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	56 - 60
Cost Outlier Threshold	thresh	9(8)v9(2)	61 - 70
Marginal Cost Factor: Other	mcf	9(1)v9(4)	71 - 75
Marginal Cost Factor: Burns	mcf_burn	9(1)v9(4)	76 - 80
Capital Per Diem	capital_diem	9(8)v9(2)	81 - 90
Subspecialty Care Unit Flag	subs_flag	X(1)	91
Direct Medical Education (DME) Add-On	dme	9(8)v9(2)	92 - 101

Table 4-12: Nebraska Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Indirect Medical Education (IME) Adjustment Factor	ime	9(1)v9(6)	102 - 108
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	109 - 113
Psychiatric Per Diem: Tier 1	psych_diem	9(8)v9(2)	114 - 123
Rehabilitation Per Diem	rehab_diem	9(8)v9(2)	124 - 133
Critical Access Cost-based Per Diem	cah_diem	9(8)v9(2)	134 - 143
Critical Access Facility Flag	cah_flag	X(1)	144
Psychiatric Per Diem: Tier 2	psych_diem2	9(8)v9(2)	145 - 154
Psychiatric Per Diem: Tier 3	psych_diem3	9(8)v9(2)	155 - 164
Psychiatric Per Diem: Tier 4	psych_diem4	9(8)v9(2)	165 - 174
RCC for Unstable DRGs	rcc_unstable	9(1)v9(4)	175 - 179
RCC for Transplant DRGs	rcc_transplant	9(1)v9(4)	180 - 184
DME Add-on for Unstable DRGs	dme_unstable	9(8)v9(2)	185 - 194
DME Add-on for Transplant DRGs	dme_transplant	9(8)v9(2)	195 - 204
Filler		X(233)	205 - 437

4.1.1.13 Nebraska Medicaid APR

Table 4-13: Nebraska Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Payer Type	payer_type	X(1)	39
Filler		X(6)	40 - 45
Hospital Base Rate	base	9(8)v9(2)	46 - 55
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	56 - 60
Ratio of Cost-to-Charges: Transplants	rcc_transplant	9(1)v9(4)	61 - 65
Filler		X(25)	66 - 90
Marginal Cost Factor: Other	mcf	9(1)v9(4)	91 - 95
Marginal Cost Factor: Burns	mcf_burn	9(1)v9(4)	96 - 100
Capital Per Diem	capital_diem	9(8)v9(2)	101 - 110
Filler		X(1)	111
Direct Medical Education (DME) Add-On	dme	9(8)v9(2)	112 - 121
Indirect Medical Education (IME) Adjustment Factor	ime	9(1)v9(6)	122 - 128
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	129 - 133
Psychiatric Per Diem: Tier 1	psych_diem	9(8)v9(2)	134 - 143
Rehabilitation Per Diem	rehab_diem	9(8)v9(2)	144 - 153
Critical Access Cost-Based Per Diem	cah_diem	9(8)v9(2)	154 - 163
Critical Access Facility Flag	cah_flag	X(1)	164

Table 4-13: Nebraska Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Psychiatric Per Diem: Tier 2	psych_diem2	9(8)v9(2)	165 - 174
Psychiatric Per Diem: Tier 3	psych_diem3	9(8)v9(2)	175 - 184
Psychiatric Per Diem: Tier 4	psych_diem4	9(8)v9(2)	185 - 194
DME Add-on for Transplant DRGs	dme_transplant	9(8)v9(2)	195 - 204
Filler		X(233)	205 - 437

4.1.1.14 New Jersey Medicaid

Table 4-14: New Jersey Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		9(217)	39 - 255
Hospital Base Rate	base_rate	9(8)v9(2)	256 - 265
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	266 - 270
Marginal Cost Factor	mcf	9(1)v9(4)	271 - 275
Markup/Discount Factor	markup	9(1)v9(4)	276 - 280
Annual Nursing Facility Per Diem	nfpd	9(8)v9(2)	281 - 290
Ratio of Cost-to-Charges (RCC) - New	rcc_new	9(1)v9(5)	291 - 296
Critical Service Add-On Percentage	cs_adj	9(1)v9(4)	297 - 301
Filler		X(136)	302 - 437

4.1.1.15 New Mexico Medicaid

Table 4-15: New Mexico Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Hospital Base Rate	base_rate	9(8)v9(2)	46 - 55
Hospital Capital Rate	cap_rate	9(8)v9(2)	56 - 65
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	66 - 70
Marginal Cost Factor	mcf	9(1)v9(4)	71 - 75
Cost Outlier Threshold	cot_thresh	9(8)v9(2)	76 - 85
LOS Outlier Threshold	los_thresh	9(3)	86 - 88
Disproportionate Share Hospital Flag	dsh_flag	9(1)	89
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	90 - 94
Outlier Flag	out_flag	9(1)	95
Transfer Flag	trfer_flag	9(1)	96
COVID-19 Adjustment for All Other Services	covid_adj	9(1)v9(4)	97 - 101
COVID-19 Adjustment for Intensive Care Unit (ICU) Services	covid_icu	9(1)v9(4)	102 - 106

Table 4-15: New Mexico Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(331)	107 - 437

4.1.1.16 New York Medicaid APR

Table 4-16: New York Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Hospital Base Rate	base_rate	9(8)v9(2)	46 - 55
Capital and Non-Comparable Per Discharge Add-on	capital	9(8)v9(2)	56 - 65
Ratio Of Cost-to-Charges (RCC) (old)	rcc	9(1)v9(4)	66 - 70
Marginal Cost Factor	mcf	9(1)v9(4)	71 - 75
Direct Medical Education (DME) Per Discharge	dme	9(8)v9(2)	76 - 85
Wage Equalization Factor (WEF)	wef	9(1)v9(4)	86 - 90
Indirect Medical Education (IME) Factor	ime	9(1)v9(8)	91 - 99
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	100 - 104
Non-Comparable Per Discharge Add-on	noncomp	9(8)v9(2)	105 - 114
Payment Type: 1 = Medicaid managed care including rebasing 2 = Workers' compensation 3 = No fault 4 = Medicaid managed care excluding rebasing 5 = Fee-for-service 6 = Medicaid managed care including GME payments	paytype	9(1)	115
Return Code 24 Override 0 = Do Not Override Return Code 24 1 = Override Return Code 24	override_rc24	9(1)	116
Pay Acute Care and Alternate Level of Care (ALC) Days Together 0 = Do not pay acute care and ALC days together 1 = Pay acute care and ALC days together	split_bill	9(1)	117
Filler		X(1)	118
Transfer Payment Factor	xfer	9(1)v9(4)	119 - 123
Transition Per Discharge Add-on	transition	9(8)v9(2)	124 - 133
Exempt Flag (Reserved) 1 = Exempt Pricing	exempt	9(1)	134
Exempt Per Diem Rate (Reserved)	ex_perdiem	9(8)v9(2)	135 - 144
SPARCS Allowable Amount	sparcs	9(8)v9(2)	145 - 154

Table 4-16: New York Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Capital and Non-Comparable Per Diem	cap_perdiem	9(8)v9(2)	155 - 164
Alternate Level Of Care Per Diem Rate	alcrate	9(8)v9(2)	165 - 174
Ratio of Cost-to-Charges (new)	rcc_new	9(1)v9(6)	175 - 181
Cost Outlier Payment Flag 0 = Cost outlier payment applied 1 = Cost outlier payment not applied	costflag	9(1)	182
Spinal Implantable Device Percent	imp_per	9(1)v9(4)	183 - 187
Maximum Spinal Implantable Device Payment	max_imp	9(8)v9(2)	188 - 197
Spinal Implantable Device Payment Flag 0 = Spinal implantable device payment not requested 1 = Spinal implantable device payment requested	imp_flag	9(1)	198
Elective Delivery Adjustment	elect_del	9(1)v9(4)	199 - 203
Negative Capital and Non-Comparable Per Discharge Add-on	neg_capital	9(8)v9(2)	204 - 213
Negative Capital and Non-Comparable Per Diem	neg_cap_perdiem	9(8)v9(2)	214 - 223
Filler		X(214)	224 - 437

4.1.1.17 New York Medicaid Psychiatric Exempt Unit

Table 4-17: New York Medicaid Psychiatric Exempt Unit Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(7)	39 - 45
Psychiatric Operating Billing Rate	op_rate	9(8)v9(2)	46 - 55
Psychiatric Non-Operating Billing Rate	nop_rate	9(8)v9(2)	56 - 65
Direct Medical Education Payment	dme	9(8)v9(2)	66 - 75
Electroconvulsive Therapy (ECT) Payment Per Treatment	ect	9(8)v9(2)	76 - 85
Alternate Level of Care (ALC) Per Diem	alc	9(8)v9(2)	86 - 95
Mark-Up/Discount Adjustment Factor	markup	9(1)v9(4)	96 - 100
Payment Type 1 = Fee-for-Service (FFS) 2 = Medicaid Managed Care (MMC)	paytype	9(1)	101
Pediatric Age Cutoff	cut_age	9(3)	102 - 104
Pediatric Adjustment Factor	ped_adj	9(1)v9(5)	105 - 110

Table 4-17: New York Medicaid Psychiatric Exempt Unit Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Psychiatric Non-Operating Billing Positive/Negative Indicator 0 = Positive non-operating billing rate 1 = Negative non-operating billing rate	nop_ind	9(1)	111
Filler		X(326)	112 - 437

4.1.1.18 North Carolina Medicaid

Table 4-18: North Carolina Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Unit Value	unit	9(5)v9(2)	39 - 45
Per Diem Rate (prior to December 01, 1995)	per_diem	9(4)v9(2)	46 - 51
Psychiatric Per Diem	pd_psych	9(4)v9(2)	52 - 57
Rehabilitation Per Diem	pd_rehab	9(4)v9(2)	58 - 63
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	64 - 68
Indirect Medical Education (IME) Adjustment Factor	imea	9(1)v9(6)	69 - 75
Direct Medical Education Adjustment (DME) Factor	meded	9(1)v9(6)	76 - 82
Disproportionate Share Adjustment Factor	dshare	9(1)v9(6)	83 - 89
Marginal Cost Factor: LOS Outliers	mcfl	9(1)v9(2)	90 - 92
Cost Outlier Threshold	cot	9(5)v9(2)	93 - 99
Marginal Cost Factor: Cost Outliers	mcfc	9(1)v9(2)	100 - 102
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	103 - 107
Division of Medical Assistance Inpatient Reduction	dma_reduc	9(1)v9(4)	108 - 112
Facility Type 0 = All others 1 = Disproportionate Share Hospitals (DSHs)	fac_type	9(1)	113
Filler		X(324)	114 - 437

4.1.1.19 Ohio Medicaid

Table 4-19: Ohio Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	base	9(6)v9(2)	39 - 46
Capital Add-on	capadd	9(6)v9(2)	47 - 54
Medical Education Allowance	edallow	9(6)v9(2)	55 - 62

Table 4-19: Ohio Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital with High Percentage of Outliers (1 = yes)	outlhosp	9(1)	63
Hospital with High Percentage of Medicaid, General Assistance and Title V Days (1 = yes)	dshhosp	9(1)	64
Hospital with High Percentage of HIV Patients	hivhosp	9(1)	65
Length of Stay Outlier Percentage for Exceptions	exc_los%	9(1)v9(4)	66 - 70
Length of Stay Outlier Percentage for Non-exceptions	oth_los%	9(1)v9(4)	71 - 75
Cost Outlier Percentage for Exceptions	exc_cost%	9(1)v9(4)	76 - 80
Cost Outlier Percentage for Non-exceptions	oth_cost%	9(1)v9(4)	81 - 85
Cost Outlier Percentage for Babies	baby_cost%	9(1)v9(4)	86 - 90
Ratio of Cost-to-Charges (RCC)	hosp_rcc	9(1)v9(6)	91 - 97
Threshold for Excessive Costs	threshold	9(6)v9(2)	98 - 105
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	106 - 111
Psychiatric Distinct Part Unit	psycunit	X(1)	112 - 112
Nursery Level	nurslev	9(1)	113 - 113
Filler		X(323)	114 - 437

4.1.1.20 Ohio Medicaid APR

Table 4-20: Ohio Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	baserate	9(8)v9(2)	39 - 48
Medical Education Rate	mededrate	9(8)v9(2)	49 - 58
Capital Rate	capital	9(8)v9(2)	59 - 68
Ratio of Cost-to-Charges	rcc	9(1)v9(4)	69 - 73
Outlier Threshold **Note** Major teaching (peer group 9), and children's hospitals have a different Outlier Threshold than all other hospitals.	outthresh	9(8)v9(2)	74 - 83
Marginal Cost Factor	mcf	9(1)v9(4)	84 - 88
Mark-up/Discount Factor	markup	9(1)v9(4)	89 - 93
Facility Type	fac_type	9(1)	94
Filler		X(343)	95 - 437

4.1.1.21 Pennsylvania Medicaid APR

Table 4-21: Pennsylvania Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital DRG Base Rate	base	9(8)v9(2)	39 - 48
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	49 - 53
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	54 - 59
Detox Flag	detox	9(1)	60
Standard Outlier Percentage	out_perc	9(1)v9(4)	61 - 65
High Outlier Percentage	highout_perc	9(1)v9(4)	66-70
Payment Type 1 = Fee for Service (FFS) 2 = Medicaid Managed Care (MMC)	paytype	9(1)	71
Low-Cost Outlier Threshold	l_threshold	9(8)v9(2)	72 - 81
Filler		X(356)	82 - 437

4.1.1.22 South Carolina Medicaid

Table 4-22: South Carolina Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
DRG Discharge Rate	baserate	9(8)v9(2)	39 – 48
Ratio of Cost-to-Charges (RCCs)	rcc	9(1)v9(4)	49 – 53
Same Day Stay Factor	sdsf	9(1)v9(4)	54 - 58
Marginal Cost Factor	mcf	9(1)v9(4)	59 – 63
Mark-up/Discount Factor	markup	9(1)v9(4)	64 – 68
Filler		X(369)	69 – 437

4.1.1.23 Texas Medicaid

Table 4-23: Texas Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Standard Dollar Amount	sda	9(5)v9(2)	39 - 45
LOS Cutoff for Transfer Calculations	tlos	9(4)	46 - 49
Marginal Cost Factor: LOS Outlier	lmcf	9(1)v9(2)	50 - 52
Marginal Cost Factor: Cost Outlier	cmcf	9(1)v9(2)	53 - 55
Cost Outlier Factor: Per Case Threshold	dfactor	9(2)v9(2)	56 - 59
Cost Outlier Factor: Universal Mean Threshold	ufactor	9(2)v9(2)	60 - 63
Cost Outlier Factor: Hospital Threshold	hfactor	9(2)v9(2)	64 - 67

Table 4-23: Texas Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Universal Mean	umean	9(5)v9(2)	68 - 74
Cost Outlier Reimbursement Rate	rcc	9(1)v9(2)	75 - 77
LoneSTAR Select I Discount	discount	9(1)v9(2)	78 - 80
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	81 - 85
Potentially Preventable Readmission (PPR) Reduction Factor	red_fact	9(1)v9(4)	86 - 90
Hospital Type	htype	9(1)	91
Outlier Reduction Factor	outlier_rf	9(1)v9(2)	92 - 94
Children's Hospital Adult Delivery SDA	aobdel_sda	9(5)v9(2)	95 - 101
Potentially Preventable Complications (PPC) Reduction Factor	ppc_fact	9(1)v9(4)	102 - 106
Neonatal Designation 0 = Hospital does not have a neonatal level of care designation 1 = Hospital has a neonatal level of care designation or is exempt from needing a neonatal level of care designation	nloc_flag	9(1)	107
Rural Hospital Delivery SDA	rhdel_sda	9(8)v9(2)	108 - 117
Filler		X(320)	118 - 437

4.1.1.24 Virginia Medicaid & Virginia Medicaid APR

Table 4-24: Virginia Medicaid & Virginia Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Operating Hospital Base Rate	rate	9(5)v9(2)	39 - 45
Wage Index	wi	9(1)v9(5)	46 - 51
Psychiatric Per Diem	pd_psych	9(4)v9(2)	52 - 57
Rehabilitation Per Diem	pd_rehab	9(4)v9(2)	58 - 63
Operating Ratio of Cost-to-Charges (RCCs)	rcc	9(1)v9(4)	64 - 68
Capital Adjustment Factor	capital	9(1)v9(6)	69 - 75
DRG Adjustment Factor	drgadjust	9(1)v9(6)	76 - 82
Labor Portion	labor	9(1)v9(6)	83 - 89
Filler		X(3)	90 - 92
Cost Outlier Threshold	cot	9(5)v9(2)	93 - 99
Marginal Cost Factor: Cost Outlier	mcfc	9(1)v9(2)	100-102
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	103 - 108
Filler		X(329)	109 - 437

4.1.1.25 Washington Medicaid

Table 4-25: Washington Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	hbr	9(5)v9(2)	39 - 45
Contracted Base Rate	cbr	9(5)v9(2)	46 - 52
Facility Type: M = Medicaid standard DRG C = Medicaid contractual DRG P = Some DRGs use contractual rate, others use standard rate R = RCC reimbursement (DRG-excluded) A = Critical Access Hospital (CAH) B = Children's hospital D = Chemically-Using Pregnant (CUP) women certified hospital E = Certified Public Expenditure (CPE) hospital	ft	X(1)	53
Ratio of Cost-to-Charges (RCCs)	rcc	9(1)v9(4)	54- 58
Outlier RCC Reduction Factor	orrf	9(1)v9(2)	59 - 61
Administrative Day Rate for LOS Outliers	adr	9(4)v9(2)	62 - 67
High Cost Trim	hct	9(6)v9(2)	68 - 75
High Cost Factor	hcf	9(1)v9(2)	76 - 78
Low Cost Trim	lct	9(4)v9(2)	79 - 84
Low Cost Factor	lcf	9(1)v9(2)	85 - 87
Length of Stay Age Cut-off 06 = Disproportionate share hospitals 01 = Other hospitals	lac	9(2)	88 - 89
Per Claim Add-on	pcad	9(4)v9(2)	90 - 95
Outpatient RCC	orcc	9(1)v9(4)	96 - 100
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	101 - 106
High Cost Factor: Neonate	hcfn	9(1)v9(4)	107 - 111
Psychiatric Per Diem	psychperdiem	9(8)v9(2)	112 - 121
Rehabilitation Per Diem	rehabperdiem	9(8)v9(2)	122 - 131
Detoxification Per Diem	detoxperdiem	9(8)v9(2)	132 - 141
Medical Per Diem	medperdiem	9(8)v9(2)	142 - 151
Surgical Per Diem	surghperdiem	9(8)v9(2)	152 - 161
Neonatal Per Diem	neonateperdiem	9(8)v9(2)	162 - 171
Burn Per Diem	burnperdiem	9(8)v9(2)	172 - 181
Bariatric Case Rate for Hospital	barperdiem	9(8)v9(2)	182 - 191
Bariatric Flag (1 = hospital can bill for bariatric procedures)	barflg	X(1)	192
CUP rate	cuprate	9(8)v9(2)	193 - 202
Critical Access Hospital inpatient rate	cahip	9(1)v9(4)	203 - 207

Table 4-25: Washington Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Federal Matching Assistance Percentage	fmap	9(1)v9(4)	208 - 212
Outlier Ratio of Cost to Charge Reduction Factor - Burns	orrf_burns	9(1)v9(2)	213 - 215
Outlier Ratio of Cost to Charge Reduction Factor - Neonate	orrf_neonate	9(1)v9(4)	216 - 220
Outlier Ratio of Cost to Charge Reduction Factor	orrf_new	9(1)v9(4)	221 - 225
High-Cost Factor	hcf_new	9(1)v9(4)	226 - 230
Low-Cost Factor	lcf_new	9(1)v9(4)	231 - 235
Outlier Ratio of Cost to Charge Reduction Factor - Burns	orrf_burns_new	9(1)v9(4)	236 - 240
Filler		X(197)	241 - 437

4.1.1.26 Washington Medicaid APR

Table 4-26: Washington Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate	baserate	9(8)v9(2)	39 - 48
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	49 - 53
Critical Access Hospital (CAH) Rate (Legacy)	cahip	9(1)v9(4)	54 - 58
Markup/Discount Adjustment Factor	markup	9(1)v9(4)	59 - 63
Cost Outlier Threshold	cot	9(8)v9(2)	64 - 73
Bariatric Case Rate Payment Amount	barpay	9(8)v9(2)	74 - 83
Hospital Type 0 = All others 1 = Critical Access Hospital (CAH) 2 = Certified Chemical-Using Pregnant (CUP) facility 3 = Certified Public Expenditure (CPE) hospital 4 = Long Term Acute Care	type	9(1)	84
Detox Per Diem Amount	dpd	9(8)v9(2)	85 - 94
Rehabilitation Per Diem Amount	rpd	9(8)v9(2)	95 - 104
Psychiatric Per Diem Amount	pspd	9(8)v9(2)	105 - 114
Federal Matching Assistance Percentage	fmap	9(1)v9(4)	115 - 119
Administrative Day Per Diem Rate	adr	9(8)v9(2)	120 - 129
Chemically Using Pregnant (CUP) Women	cuprate	9(8)v9(2)	130 - 139
Bariatric Flag	barflag	9(1)	140

Table 4-26: Washington Medicaid APR Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
LTAC Per Diem Rate	ltacpd	9(8)v9(2)	141 - 150
Newborn Screening Add-On	newborn_add	9(8)v9(2)	151 - 160
CAH Rate (New)	cahip2	9(1)v9(5)	161 - 166
COVID-19 Adjustment Factor	covid_adj	9(1)v9(4)	167 - 171
Filler		X(266)	172 - 437

4.1.1.27 Wisconsin Medicaid

Table 4-27: Wisconsin Medicaid Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Hospital Base Rate *	base	9(5)v9(2)	39 - 45
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	46 - 50
Cost Outlier Fixed Loss Threshold Amount	cot	9(5)v9(2)	51 - 57
Marginal Cost Factor: Non-Burns	mcfc	9(1)v9(2)	58 - 60
Marginal Cost Factor: Burns	mcfbc	9(1)v9(2)	61 - 63
Disproportionate Share Adjustment (DSH) Factor	dshare	9(1)v9(6)	64 - 70
Markup/Discount Factor	discount	9(1)v9(4)	71 - 75
Filler		X(362)	76 - 437

* *As adjusted for wages, indirect medical education, disproportionate share and adverse selection where applicable.*

4.1.2 COBOL Platform

4.1.2.1 New Jersey Medicaid

Table 4-28: New Jersey Medicaid COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Filler		9(240)	251 - 490
Hospital Base Rate	NJR-BASE-RATE	9(8)v9(2)	491 - 500
Ratio of Cost-to-Charges	NJR-RCC	9(1)v9(4)	501 - 505
Marginal Cost Factor	NJR-MCF	9(1)v9(4)	506 - 510
Markup/Discount Factor	NJR-MARKUP	9(1)v9(4)	511 - 515
Annual Nursing Facility Per Diem	NJR-NFPD	9(8)v9(2)	516 - 525
Ratio of Cost-to-Charges - New	NJR-RCC-NEW	9(1)v9(5)	526 - 531
Critical Service Add-On Percentage	NJR-CS-ADJ	9(1)v9(4)	532 - 536
Filler		X(264)	537 - 800

4.2 Outpatient Layouts

4.2.0.1 Illinois Medicaid APG

Table 4-29: Illinois Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Provider Specific Base Rate	base_rate	9(8)v9(2)	39 - 48
Mark-up/Discount Factor	markup	9(1)v9(4)	49 - 53
First Significant Procedure Discount	disc1	9(1)v9(4)	54 - 58
Second Significant Procedure Discount	disc2	9(1)v9(4)	59 - 63
All Other Significant Procedure Discount	disc3	9(1)v9(4)	64 - 68
First Repeated Ancillary Discount	ancdisc	9(1)v9(4)	69 - 73
Terminated Procedure Discount	termdisc	9(1)v9(4)	74 - 78
Bi-lateral Procedure Discount	bilatdisc	9(1)v9(4)	79 - 83
Filler		X(2)	84 - 85
Second Repeated Ancillary Discount	ancdisc2	9(1)v9(4)	86 - 90
Third Repeated Ancillary Discount	ancdisc3	9(1)v9(4)	91 - 95
Rate Reduction Factor	rate_reduct_fact	9(1)v9(4)	96 - 100
Ambulatory Procedures Listing (APL) Return Code Override 0 = Do not bypass APL requirements 1 = Bypass APL requirements	apl_rc_flag	9(1)	101
Operating Ratio of Cost-to-Charges (RCCs)	oper_rcc	9(1)v9(4)	102 - 106
Capital RCCs	cap_rcc	9(1)v9(4)	107 - 111
Fixed Loss Amount	floss	9(8)v9(2)	112 - 121
Outlier Eligibility Indicator 0 = Not eligible for cost outlier add-on payments 1 = Eligible for cost outlier add-on payments	out_elig	9(1)	122
Marginal Cost Factor	mcf	9(1)v9(4)	123 - 127
Filler		X(310)	128 - 437

4.2.0.2 New Mexico Medicaid APC

Table 4-30: New Mexico Medicaid APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Markup/Discount Factor	markup	9(1)v9(4)	39 - 43
National Carrier	natcarrier	X(12)	44 - 55
Other Carrier	othcarrier	X(12)	56 - 67
Multiple Procedure Discount Factor 1	disc1	9(1)v9(4)	68 - 72
Multiple Procedure Discount Factor 2	disc2	9(1)v9(4)	73 - 77

Table 4-30: New Mexico Medicaid APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Conditionally Bilateral Discount Factor	cond_disc	9(1)v9(4)	78 - 82
Independently Bilateral Discount Factor	ind_disc	9(1)v9(4)	83 - 87
Facility Type	fac_type	9(2)	88 - 89
Reduction Factor	red_fact	9(1)v9(4)	90 - 94
Pediatric Age	pd_age	9(3)	95 - 97
Fee Schedule Name	fstable	X(13)	98 - 110
Adjustment Factor	adj_fact	9(1)v9(5)	111 - 116
Filler		X(321)	117 - 437

4.2.0.3 New York Medicaid APG (effective October 01, 2019)

Table 4-31: Enhanced New York Medicaid APG Hospital Rate File Variables - medout.dat (effective October 01, 2019)

Field Description	Variable Name	Format	Position
Locator Code Flag	locat_code_flag	9(1)	39
Markup	markup	9(1)v9(4)	40 - 44
MSPD Discount 1	mspd_disc1	9(1)v9(4)	45 - 49
MSPD Discount 2	mspd_disc2	9(1)v9(4)	50 - 54
MSPD Discount 3	mspd_disc3	9(1)v9(4)	55 - 59
Ancillary Discount 1	anc_disc1	9(1)v9(4)	60 - 64
Ancillary Discount 2	anc_disc2	9(1)v9(4)	65 - 69
Ancillary Discount 3	anc_disc3	9(1)v9(4)	70 - 74
Terminated Discount	term_disc	9(1)v9(4)	75 - 79
Bilateral Discount	bilat_disc	9(1)v9(4)	80 - 84
340B Drug Discount	drug_disc	9(1)v9(4)	85 - 89
Language Other Than English Adjustment	lang_adj	9(1)v9(4)	90 - 94
HO/HN Modifier Adjustment	mh_disc	9(1)v9(4)	95 - 99
Mental Health U5 Adjustment Factor	psych_disc	9(1)v9(4)	100 - 104
Mental Health Adjustment 1	mh_adj1	9(1)v9(4)	105 - 109
Mental Health Adjustment 2	mh_adj2	9(1)v9(4)	110 - 114
Group Smoking Cessation Adjustment	group_cess_adj	9(1)v9(4)	115 - 119
Non Distinct Observation Bed Adjustment	nondisc_obsadj	9(1)v9(4)	120 - 124
Second Day Observation Adjustment	obsadj	9(1)v9(4)	125 - 129
Pediatric Psych Adjustment	ped_psych_adj	9(1)v9(4)	130 - 134
State Wide Base Rate	stwide_base	9(8)v9(2)	135 - 144
VFC Rate	vfc_rate	9(3)v9(2)	145 - 149

Table 4-31: Enhanced New York Medicaid APG Hospital Rate File Variables - medout.dat (effective October 01, 2019)

Field Description	Variable Name	Format	Position
Vaccine Rate	vac_rate	9(3)v9(2)	150 - 154
Pediatric Age Cutoff	doh_age	9(3)	155 - 157
SED Pediatric Age Cutoff	omh_age	9(3)	158 - 160
Fee Schedule Table	fstable	9(3)	161 - 173
National Carrier	natcarrier	X(12)	174 - 185
Other Carrier	othcarrier	X(12)	186 - 197
KP Modifier Adjustment	opioid_adj	9(1)v9(4)	198 - 202
Offsite Licensed Behavioral Health (LBHP) Practitioner Adjustment	lbhp_adj	9(1)v9(4)	203 - 207
Offsite LBHP Location Flag	lbhp_facility	9(1)	208
Dental Telehealth Discount	dental_disc	9(1)v9(4)	209 - 213
Zip Code Lookup Flag 0 = Single zip code lookup; if locator code is appended, always use locator code 1 = Loop through zip codes until locator code/rate code match is found; if locator code is appended, always use locator code	lookup_bypass	9(1)	214
Facility Type 01 = Hospital-based (clinic, emergency department, or ASC) 02 = Free-standing Diagnostic Treatment Center (DTC) 03 = Office of Mental Health (OMH) certified clinic; hospital-based 04 = OMH certified clinic; free-standing DTC	factype	9(2)	215 - 216
OMH Group Peer Services Adjustment	group_peer_adj	9(1)v9(4)	217 - 221
Filler		X(216)	222 - 437

4.2.0.4 New York Medicaid APG (prior to October 01, 2019)

Table 4-32: New York Medicaid APG Hospital Rate File Variables - medout.dat (prior to October 01, 2019)

Field Description	Variable Name	Format	Position
Facility Type 01 = Hospital 02 = Free standing DTC 03 = OMH certified hospital 04 = OMH certified free standing DTC	factype	9(2)	39 - 40
OPD Base Rate	opd_base	9(8)v9(2)	41 - 50

Table 4-32: New York Medicaid APG Hospital Rate File Variables - medout.dat (prior to October 01, 2019)

Field Description	Variable Name	Format	Position
Non-APG Rate	nonapg	9(8)v9(2)	51 - 60
OPD Capital Add-On	opd_capital	9(8)v9(2)	61 - 70
Blend Factor	blend	9(1)v9(2)	71 - 73
Mark-up/Discount Factor	markup	9(1)v9(4)	74 - 78
Significant Procedure - First Weight Percent	disc1	9(1)v9(4)	79 - 83
Significant Procedure - Second Weight Percent	disc2	9(1)v9(4)	84 - 88
Significant Procedure - Third Weight Percent	disc3	9(1)v9(4)	89 - 93
Repeated Ancillary Discount	ancdisc	9(1)v9(4)	94 - 98
Terminated Procedure Discount	termdisc	9(1)v9(4)	99 - 103
Bilateral Procedure Discount	bilatdisc	9(1)v9(4)	104 - 108
ASC Base Rate	asc_base	9(8)v9(2)	109 - 118
ED Base Rate	ed_base	9(8)v9(2)	119 - 128
ASC Capital Add-On	asc_capital	9(8)v9(2)	129 - 138
ED Capital Add-On	ed_capital	9(8)v9(2)	139 - 148
DTC Base Rate	dtc_base	9(8)v9(2)	149 – 158
DTC Capital Add-On	dtc_capital	9(8)v9(2)	159 – 168
DTC Non-APG Rate	dtc_nonapg	9(8)v9(2)	169 – 178
Exception Base Rate	exception_base	9(8)v9(2)	179 – 188
Free-Standing ASC Base Rate	fr_asc_base	9(8)v9(2)	189 – 198
Free-Standing Capital Add-On	fr_asc_capital	9(8)v9(2)	199 – 208
Free-Standing Non-APG Rate	fr_asc_nonapg	9(8)v9(2)	209 – 218
Renal Base Rate	renal_base	9(8)v9(2)	219 – 228
Renal Capital Add-On	renal_capital	9(8)v9(2)	229 – 238
Renal Non-APG Rate	renal_nonapg	9(8)v9(2)	239 – 248
Dental Base Rate	dental_base	9(8)v9(2)	249 – 258
Dental Capital Add-On	dental_capital	9(8)v9(2)	259 – 268
Dental Non-APG Rate	dental_nonapg	9(8)v9(2)	269 – 278
Drug Discount	drugdisc	9(1)v9(4)	279 - 283
Language Adjustment	lang_adj	9(1)v9(4)	284 - 288
U5 Modifier Adjustment	u5_mod	9(1)v9(4)	289 - 293
HO/HN Modifier Adjustment	hohn_mod	9(1)v9(4)	294 - 298
Statewide Base Rate	st_base	9(8)v9(2)	299 - 308
Mental Health Adjustment 1	mh_adj1	9(1)v9(4)	309 - 313
Mental Health Adjustment 2	mh_adj2	9(1)v9(4)	314 - 318
HQ Modifier Adjustment	hq_mod	9(1)v9(4)	319 - 323
SL Modifier Rate	sl_vac	9(8)v9(2)	324 - 333

Table 4-32: New York Medicaid APG Hospital Rate File Variables - medout.dat (prior to October 01, 2019)

Field Description	Variable Name	Format	Position
FB Modifier Rate	fb_vac	9(8)v9(2)	334 - 343
MH Hospital Base Rate	mh_hosp_base	9(8)v9(2)	344 - 353
MH Hospital Non-APG Rate	mh_hosp_nonapg	9(8)v9(2)	354 - 363
MH Hospital Capital Add-On	mh_hosp_cap	9(8)v9(2)	364 - 373
MH Non-Hospital Base Rate	mh_nonhosp_base	9(8)v9(2)	374 - 383
MH Non-Hospital Non-APG Rate	mh_nonhosp_legacy	9(8)v9(2)	384 - 393
MH Non-Hospital Capital Add-On	mh_nonhosp_cap	9(8)v9(2)	394 - 403
MH Blend Factor	mh_blend	9(1)v9(2)	404 - 406
Offsite Adjustment Factor	off_adj	9(1)v9(4)	407 - 411
Non-Discrete Observation Unit Adjustment	nondis_obs_adj	9(1)v9(4)	412 - 416
Second Day Observation Adjustment	second_day_adj	9(1)v9(4)	417 - 421
Pediatric Psychiatric Adjustment	ped_psych_adj	9(1)v9(4)	422 - 426
Second Repeated Ancillary Discount	ancdisc2	9(1)v9(4)	427 - 431
Third Repeated Ancillary Discount	ancdisc3	9(1)v9(4)	432 - 436
Filler		X(1)	437

4.2.0.5 Texas Medicaid Outpatient

Table 4-33: Texas Medicaid Outpatient Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Reimbursement Factor	fac_disc	9(1)v9(4)	39 - 43
Interim Rate	rcc	9(1)v9(5)	44 - 49
Rural ED Reduction Factor	er_cap	9(1)v9(4)	50 - 54
Fee Schedule Table	fs_table	X(13)	55 - 67
National Carrier	natcarrier	X(12)	68 - 79
DME Carrier	dmecarrier	X(12)	80 - 91
Other Carrier	othcarrier	X(12)	92 - 103
Mark-Up/Discount Factor	markup	9(1)v9(4)	104 - 108
Non-Rural ED Rate	er_rate	9(8)v9(2)	109 - 118
Non-Rural ED Rate Adjustment	er_adj	9(1)v9(4)	119 - 123
Filler		X(314)	124 - 437

4.2.0.6 Virginia Medicaid APG

Table 4-34: Virginia Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Provider Specific Base Rate	base_rate	9(8)v9(2)	39 - 48

Table 4-34: Virginia Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Mark-up/Discount Factor	markup	9(1)v9(4)	49 - 53
First Procedure Discount	disc1	9(1)v9(4)	54 - 58
Second Procedure Discount	disc2	9(1)v9(4)	59 - 63
All Other Procedures Discount	disc3	9(1)v9(4)	64 - 68
First Repeated Ancillary Discount	ancdisc1	9(1)v9(4)	69 - 73
Second Repeated Ancillary Discount	ancdisc2	9(1)v9(4)	74 - 78
Third Repeated Ancillary Discount	ancdisc3	9(1)v9(4)	79 - 83
Terminated Procedure Discount	termdisc	9(1)v9(4)	84 - 88
Bi-lateral Procedure Discount	bilatdisc	9(1)v9(4)	89 - 93
340B Drug Discount	drugdisc	9(1)v9(4)	94 - 98
Fee Schedule	fstable	X(13)	99 - 111
Extended Fee Schedule	fsexttable	X(13)	112 - 124
National Carrier	natcarrier	X(12)	125 - 136
Other Carrier	othcarrier	X(12)	137 - 148
Filler		X(289)	149 - 437

4.2.0.7 Washington Medicaid APG

Table 4-35: Washington Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Provider Specific Base Rate	base_rate	9(8)v9(2)	39 - 48
Mark-up/Discount Factor	markup	9(1)v9(4)	49 - 53
First Significant Procedure Discount	disc1	9(1)v9(4)	54 - 58
Second Significant Procedure Discount	disc2	9(1)v9(4)	59 - 63
All Other Significant Procedures Discount	disc3	9(1)v9(4)	64 - 68
First Repeated Ancillary Discount	ancdisc	9(1)v9(4)	69 - 73
Terminated Procedure Discount	termdisc	9(1)v9(4)	74 - 78
Bilateral Discount	bilatdisc	9(1)v9(4)	79 - 83
Hospital Type 00 = All others 01 = Sole Community Hospital (SCH) 02 = Critical Access Hospital (CAH)	type	9(2)	84 - 85
Pediatric Adjustment Factor	pedadj	9(1)v9(4)	86 - 90
Sole Community Hospital Adjustor	schadj	9(1)v9(4)	91 - 95

Table 4-35: Washington Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Pediatric Age Cutoff	cutage	9(3)	96 - 98
Critical Access Payment Factor (Legacy)	cahip	9(1)v9(4)	99 - 103
Outpatient Ratio of Cost-to-Charges (RCCs)	out_rcc	9(1)v9(4)	104 - 108
Second Repeated Ancillary Discount	ancdisc2	9(1)v9(4)	109 - 113
Third Repeated Ancillary Discount	ancdisc3	9(1)v9(4)	114 - 118
Fee Schedule Table	fstable	X(13)	119 - 131
Extended Fee Schedule Table	fsexttable	X(13)	132 - 144
National Carrier	natcarrier	X(12)	145 - 156
Other Carrier	othcarrier	X(12)	157 - 168
Critical Access Payment Factor (New)	cahip2	9(1)v9(5)	169 - 174
Filler		X(263)	175 - 437

4.2.0.8 Wisconsin Medicaid APG

Table 4-36: Wisconsin Medicaid APG Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Provider Specific Base Rate	base_rate	9(8)v9(2)	39 - 48
Mark-up/Discount Factor	markup	9(1)v9(4)	49 - 53
First Procedure Discount	disc1	9(1)v9(4)	54 - 58
Second Procedure Discount	disc2	9(1)v9(4)	59 - 63
All Other Procedures Discount	disc3	9(1)v9(4)	64 - 68
First Repeated Ancillary Discount	ancdisc1	9(1)v9(4)	69 - 73
Second Repeated Ancillary Discount	ancdisc2	9(1)v9(4)	74 - 78
Terminated Procedure Discount	termdisc	9(1)v9(4)	79 - 83
Bi-lateral Procedure Discount	bilatdisc	9(1)v9(4)	84 - 88
Percent of Charge Factor	pctchrg	9(1)v9(4)	89 - 93
Third Repeated Ancillary Discount	ancdisc3	9(1)v9(4)	94 - 98
Second Percentage of Charge Factor	pctchrg2	9(1)v9(4)	99 - 103
Fee Schedule Table	fstable	X(13)	104 - 116
Extended Fee Schedule Table	fsexttable	X(13)	117 - 129
National Carrier	natcarrier	X(12)	130 - 141
Other Carrier	othcarrier	X(12)	142 - 153
Filler		X(284)	154 - 437

5 Extended Hospital Rate Calculator File Layouts

This chapter provides the layouts for Extended Hospital Rate Calculator Files (C and COBOL). This chapter includes the following sections:

5.1 C Platform Key Fields

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 5-1: C Key Fields

Field Description	Variable Name	Format	Position
Hospital Number	pfac	X(16)	1 - 16
Paysource (Payer) Code	psrc	X(13)	17 - 29
Hospital Number with NPI/Taxonomy	pfac	X(20)	1 - 20
Paysource (Payer) Code with NPI/Taxonomy	psrc	X(9)	21 - 29
Effective Date	eff_date	9(8)	30 - 37
Patient Type	pattype	X(1)	38
Sequence Number	seqnum	X(1)	39
Union of Payer-Specific Variables		X(468)	40 - 507
Pricer Type	prcr_type	X(2)	508 - 509
Key Type	key_type	X(1)	510

5.1.1 C Platform Pricer-Specific Fields

5.1.1.1 Contract APC

Table 5-2: Contract APC Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Extended Fee Schedule Table	fsexttable	X(13)	40 - 52
Pay Lines with MUEs Flag 0 = Do not pay lines with MUEs 1 = Pay lines with MUEs up to the MUE maximum	mue_flag	9(1)	53

Table 5-2: Contract APC Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Apply Therapy Modifier and Revenue Code Logic Flag 0 = Do not apply Return Code 41 1 = Assign Return Code 41 for therapy billing errors based on bill type and revenue code requirements 2 = Assign Return Code 41 for therapy G-codes without appropriate discipline and severity modifiers 3 = Assign Return Code 41 for bill type/revenue code restrictions and also for therapy G-codes without appropriate discipline and severity modifiers 4 = Apply Return Code 41 for therapy code without appropriate modifier 5 = Apply all Return Code 41 options	rc41_flag	9(1)	54
Non-Emergency ESRD Ambulance Reduction Factor	esrd_reduc	9(1)v9(4)	55 - 59
Bypass Fee Schedule Markup if Fee Schedule Payment Capped at Charges 0 = Apply markup to line items whose fee schedule payment has been capped at charges 1 = Bypass markup for line items whose fee schedule payment has been capped at charges	bypass_markup	9(1)	60
Apply Terminated Discounting to Non-Payment Status T Codes 0 = Do not apply terminated discounts to eligible services 1 = Apply terminated discounting to eligible services	term_disc	9(1)	61
Apply Invalid Billing of Device Credit Logic 0 = Do not assign Return Code 42 for claims with invalid billing of device credits 1 = Assign Return Code 42 to claims with invalid billing of device credits	inval_device_flag	9(1)	62
Paystatus J1 Flag 0 = Pay the same as other APCs (default) 1 = Use contract fee schedule or pay a percent of charge	psj1	9(1)	63
Payment Factor, Paystatus J1	psj1payfact	9(1)v9(4)	64 - 68
Co-Payment Factor, Paystatus J1	psj1cpyfact	9(1)v9(4)	69 - 73
Apply Michigan Medicaid Short Stay Reimbursement Policy 0 = Do not apply Michigan Medicaid Short Stay Reimbursement Policy 1 = Apply Michigan Medicaid Short Stay Reimbursement Policy	short_stay	9(1)	74
Short Stay Rate	hss_rate	9(8)v9(2)	75 - 84

Table 5-2: Contract APC Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Apply Computed Tomography (CT) Reduction Factor 0 = Do not apply CT Reduction Policy 1 = Apply the CT Reduction Policy	modct_flag	9(1)	85
Computed Tomography (CT) Reduction Factor	ct_reduc	9(1)v9(4)	86 - 90
Apply Never Event Modifier Logic 0 = Do not apply 1 = Apply invalid modifier for pricing line-level Return Code 08	nem_flag	9(1)	91
Non-Participating Provider Factor	altprov_factor	9(1)v9(4)	92 - 96
Apply X-Ray With Film Reduction Flag 0 or blank = Do not apply x-ray with film reduction 1 = Apply x-ray with film reduction	fx_flag	9(1)	97
X-Ray With Film Reduction Factor	fx_reduc	9(1)v9(4)	98 - 102
Fee Schedule Layout Flag Check = Utilize new fee schedule layout (450 bytes) Do Not Check = Utilize legacy fee schedule layout (38 bytes)	fs_flag	9(1)	103
Apply Non-Emergent Emergency Room (ER) Reduction Flag 0 = Do not apply non-emergent ER reduction 1 = Apply non-emergent ER reduction based on any non-reason for visit diagnosis code 2 = Apply non-emergent ER reduction factor based on principal diagnosis code 3 = Apply non-emergent ER reduction factor based on principal or first secondary diagnosis code	er_flag	9(1)	104
Non-Emergent Qualified Physician Referral Factor	mdrefer_factor	9(1)v9(4)	105 - 109
Non-Emergent No Qualified Physician Referral Factor	norefer_factor	9(1)v9(4)	110 - 114
DME Rural Indicator 0 = Non-rural (urban) facility for DME services 1 = Rural facility for DME services	rural_ind	9(1)	115
Apply Provider-Based Department (PBD) Reduction Flag 0 = Do not apply reduction factor 1 = Apply PN reduction factor 2 = Apply PO reduction factor 3 = Apply both PN and PO reduction factors	pn_flag	9(1)	116
PBD Reduction Factor (PN)	pn_reduc	9(1)v9(4)	117 - 121
PBD Payment Factor (PN)	pn_pay	9(1)v9(4)	122 - 126

Table 5-2: Contract APC Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Ambulance Pricing Option 0 = No change from previous methodology 1 = Apply Medicare rules 2 = Apply Michigan rules 3 = Apply non-Medicare rules	amb_option	9(1)	127
Ambulance Base Rate Reduction - 2 Patients	amb_reduc2	9(1)v9(4)	128 - 132
Ambulance Base Rate Reduction - > 2 Patients	amb_reduc3	9(1)v9(4)	133 - 137
Paystatus K Flag 0 = Medicare rules Procedure code is grouped to an APC and priced using an APC rate. 1 = Percent of charge if no fee schedule If there is a fee schedule rate for the procedure code, pay via the fee schedule. If the item is not in the fee schedule, pay as a percent of line item charge. 2 = Price using the fee schedule rate	psk	9(1)	138
Payment Factor, Paystatus K	pskpayfact	9(1)v9(4)	139 - 143
Co-Payment Factor, Paystatus K	pskcpyfact	9(1)v9(4)	144 - 148
Apply Computed Radiography Reduction Flag 0 = Do not apply computed radiography reduction 1 = Apply computed radiography reduction	fy_flag	9(1)	149
Computed Radiography Reduction Factor	fy_reduc	9(1)v9(4)	150 - 154
Therapy Bundling Flag 0 = Do not deny bundled therapy services with line-level Pricer Return Code 36 1 = Only deny bundled therapy services with line-level Pricer Return Code 36 when a fee schedule rate is not established 2 = Deny all bundled therapy services with line-level Pricer Return Code 36	bundle_therapy	9(1)	155
PBD Reduction Factor (PO)	po_reduc	9(1)v9(4)	156 - 160
Fee Schedule Mark-Up Flag for Ambulance Fee Schedule Items 1 = Bypass mark-up factor	fsamb_markup	9(1)	161
Fee Schedule Mark-Up Flag for DME Fee Schedule Items 1 = Bypass mark-up factor	fsdme_markup	9(1)	162
Fee Schedule Mark-Up Flag for Lab Fee Schedule Items 1 = Bypass mark-up factor	fslab_markup	9(1)	163

Table 5-2: Contract APC Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Fee Schedule Mark-Up Flag for National/ASP/ Medicaid Fee Schedule Items 1 = Bypass mark-up factor	fsnat_markup	9(1)	164
Fee Schedule Mark-Up Flag for Physician Fee Schedule Items 1 = Bypass mark-up factor	fsphys_markup	9(1)	165
Occupational Therapy Assistant (OTA) Reduction Factor (CO)	ota_reduc	9(1)v9(4)	166 - 170
Physical Therapy Assistant (PTA) Reduction Factor (CQ)	pta_reduc	9(1)v9(4)	171 - 175
Filler		X(332)	176 - 507

5.1.1.2 Contract Multi-Pricer/DRG Pro

Table 5-3: Contract Multi-Pricer/DRG Pro Extended Hospital Rate Calculator Variables - medext.dat

Field Description	Variable Name	Format	Position
DRG Weight Factor	drg_factor	9(1)v9(4)	40 - 44
Diagnosis Code and Effective Date Array - Diagnosis Code - Start Date - End Date	 dx_code start_date end_date	X(10) (occurs 10 times) 9(8) 9(8)	45 - 304
Filler		X(203)	305 - 507

5.1.1.3 Medicaid APG Pro

Table 5-4: Medicaid APG Pro Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Add-On 2	add_on2	9(8)v9(2)	40 - 49
Add-On 3	add_on3	9(8)v9(2)	50 - 59
Alternate Weight	st_weight	9(2)v9(5)	60 - 66
Independently Bilateral Adjustment	bilatdisc2	9(1)v9(4)	67 - 71
Payment 1	pay1	9(8)v9(2)	72 - 81
Filler		X(426)	82 - 507

5.1.1.4 Medicaid APR Pro

Table 5-5: Medicaid APR Pro Extended Hospital Rate Calculator Variables - medext.dat

Field Description	Variable Name	Format	Position
Per Diem Rate 1	perdiem1	9(4)v9(2)	40 - 45
Per Diem Rate 2	perdiem2	9(4)v9(2)	46 - 51
Labor Portion	labor	9(1)v9(6)	52 - 58
Wage Index	wi	9(1)v9(5)	59 - 64
Adjustment Factor 1	adjustfactor1	9(1)v9(6)	65 - 71
Capital Adjustment Factor	capital_factor	9(1)v9(6)	72 - 78
Per Diem Factor 3	perdiem3	9(4)v9(2)	79 - 84
Case-Mix Factor	casemix	9(1)v9(5)	85 - 90
Extended Ratio of Cost-to-Charges (RCCs)	rcc_ext	9(1)v9(6)	91 - 97
High Cost Fixed Outlier Threshold 2	cot3	9(8)v9(2)	98 - 107
Age Limit 2	cut_age2	9(3)	108 - 110
Policy Add-On 2	pol_addon2	9(8)v9(2)	111 - 120
Policy Add-On 3	pol_addon3	9(8)v9(2)	121 - 130
Hospital Type 2 00 = Standard reimbursement 01 = Subject to policy adjustment 02 = Subject to policy adjustment with facility requirements	type2	9(2)	131 - 132
Filler		X(375)	133 - 507

5.1.1.5 Medicare APC-HOPD

Table 5-6: Medicare APC-HOPD Extended Hospital Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Position	Format
Colorectal Cancer Screening Payment Factor	colorec_cov	9(1)v9(4)	40 - 44
Colorectal Cancer Screening Co-Payment Factor	colorec_coins	9(1)v9(4)	45 - 49
Filler		X(458)	50 - 507

5.1.1.6 Medicare ESRD

Table 5-7: Medicare ESRD Extended Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Adjusted Outlier Services MAP - Adult	adj_map_adlt	9(8)v9(2)	40 - 49
Adjusted Outlier Services MAP - Pediatric	adj_map_ped	9(8)v9(2)	50 - 59
Age Factor - Array - Separately Payable Services	agefact_sep [30] 6 characters, 5 times	9(1)v9(5)	60 - 89
Bundle Age Factor - Array	bundle_ agefact[30] 6 characters, 5 times	9(1)v9(5)	90 - 119
Filler		X(15)	120 - 134
BMI Factor - Separately Payable Services	bmifactor_sep	9(1)v9(5)	135 - 140
Bundle BMI Factor	bundle_bmifactor	9(1)v9(5)	141 - 146
Bundle BSA Adjustment Factor	bundle_bsaadj	9(1)v9(4)	147 - 151
Bundle BSA Adjustment Factor - Separately Payable Services	bundle_bsaadj_sep	9(1)v9(5)	152 - 157
Bundle Average BSA	bundle_avgbsa	9(1)v9(4)	158 - 162
Bundle Budget Neutrality Factor	bundle_bnf	9(1)v9(6)	163 - 169
Bundle Labor-Related Portion	bundle_ls	9(1)v9(5)	170 - 175
Bundle Wage Index	bundle_wi	9(1)v9(4)	176 - 180
Comorbidity Factor - Array	comrbd_factor [36] 6 characters, 6 times	9(1)v9(5)	181 - 216
Filler		X(36)	217 - 252
Comorbidity Factor - Array - Separately Payable Services	comrbd_factor_sep [36] 6 characters, 6 times	9(1)v9(5)	253 - 288
Filler		X(36)	289 - 324
Drug Dispensing Fee	dispense_fee	9(2)v9(2)	325 - 328
Fixed Loss Dollar Amount - Adult	floss_adlt	9(8)v9(2)	329 - 338
Fixed Loss Dollar Amount - Pediatric	floss_ped	9(8)v9(2)	339 - 348
Fixed Loss Sharing Percentage	floss_pct	9(1)v9(4)	349 - 353
Low Volume Factor	lvfac	9(1)v9(4)	354 - 358
Low Volume - Separately Payable Services	lvfac_sep	9(1)v9(4)	359 - 363
Onset Adjustment	onsetadj	9(1)v9(4)	364 - 368
Onset Days	onsetdays	9(3)	369 - 371

Table 5-7: Medicare ESRD Extended Rate Calculator Variables - medext02.dat

Field Description	Variable Name	Format	Position
Onset Factor - Separately Payable Services	onsetadj_sep	9(1)v9(5)	372 - 377
Pediatric PD < 13	ped_pd_13	9(1)v9(5)	378 - 383
Pediatric PD < 13 - Separately Payable Services	ped_pd_13_sep	9(1)v9(5)	384 - 389
Pediatric PD > 13	ped_pd_17	9(1)v9(5)	390- 395
Pediatric PD > 13 - Separately Payable Services	ped_pd_17_sep	9(1)v9(5)	396 - 401
Pediatric HD < 13	ped_hd_13	9(1)v9(5)	402 - 407
Pediatric HD < 13 - Separately Payable Services	ped_hd_13_sep	9(1)v9(5)	408 - 413
Pediatric HD > 13	ped_hd_17	9(1)v9(5)	414 - 419
Pediatric HD > 13 - Separately Payable Services	ped_hd_17_sep	9(1)v9(5)	420 - 425
PPS Training Adjustment	trainingadj	9(3)v9(2)	426 - 430
Unadjusted PPS Rate	base_rate	9(8)v9(2)	431 - 440
Part D Blended Amount	part_d_blend	9(3)v9(2)	441 - 445
Bundled Blend Factor	bundle_blend	9(1)v9(2)	446 - 448
Quality Reduction Factor	qualredfact	9(1)v9(4)	449 - 453
Extended Fee Schedule Table	fsexttable	X(13)	454 - 466
Return Code Override 0 = Do not override Return Code 04, 05, and 38 1 = Override Return Code 04, 05, and 38	rc_over	9(1)	467
Rural Adjustment Factor	rural_adj	9(1)v9(5)	468 - 473
Rural Adjustment Factor - Separately Billable	rural_adj_sep	9(1)v9(5)	474 - 479
Filler		X(28)	480 - 507

5.1.1.7 Medicare Inpatient

Table 5-8: Medicare Inpatient Extended Hospital Rate Calculator Variables - medext.dat

Field Description	Variable Name	Format	Position
Value Based Purchasing Adjustment Factor (VBP Factor)	o_vbp_adj	9(1)v9(11)	40 - 51
Uncompensated DSH Per Claim Amount	uncomp_dsh	9(8)v9(2)	52 - 61
HAC Reduction Factor	hac_fac	9(1)v9(4)	62 - 66
Medicare Dependant Hospital (MDH) Factor	mdh_fact	9(1)v9(4)	67 - 71

Table 5-8: Medicare Inpatient Extended Hospital Rate Calculator Variables - medext.dat

Field Description	Variable Name	Format	Position
Interest Adjustment Factor	midnite_fact	9(1)v9(6)	72 - 78
Antimicrobial New Technology Procedure and Claim Factor	antitechopfac	9(1)v9(2)	79 - 81
COVID-19 DRG Weight Factor	covid_fact	9(1)v9(4)	82 - 86
Allogeneic Stem Cell Per Diem Pass-Through	stem_pasthru	9(8)v9(2)	87 - 96
Federal Wage-Adjusted Rate (new)	fwa_new	9(8)v9(2)	97 - 106
Filler		X(401)	107 - 507

5.1.1.8 New York Medicaid APG (prior to October 01, 2019)

Table 5-9: New York Medicaid APG Extended Hospital Rate Calculator Variables - medext02.dat (prior to October 01, 2019)

Field Description	Variable Name	Format	Position
Fee Schedule Table	fstable	X(13)	40 - 52
Extended Fee Schedule Table	fsexttable	X(13)	53 - 65
National Carrier	natcarrier	X(12)	66 - 77
Other Carrier	othcarrier	X(12)	78 - 89
Fee Schedule Indicator	rmfsind	9(1)	90
OASAS Base Rate	oas_hosp	9(8)v9(2)	91 - 100
OASAS Capital Add-On	oas_cap	9(8)v9(2)	101 - 110
Free-Standing OASAS Base Rate	oas_fs	9(8)v9(2)	111 - 120
KP Modifier Adjustment	kp_mod	9(1)v9(4)	121 - 125
Multiple E&M Payment Amount	mult_em	9(8)v9(2)	126 - 135
Office for People With Developmental Disabilities (OPWDD) Base Rate	omrd_hosp	9(8)v9(2)	136 - 145
OPWDD Capital Add-On	omrd_cap	9(8)v9(2)	146 - 155
Free-Standing OPWDD Base Rate	omrd_fs	9(8)v9(2)	156 - 165
Free-Standing OPWDD Capital Add-On	omrd_fs_cap	9(8)v9(2)	166 - 175
OASAS Chemical Rehabilitation Base Rate	oas_hosp_rehab	9(8)v9(2)	176 - 185
OASAS Opioid Treatment Center Rate	oas_hosp_otp	9(8)v9(2)	186 - 195

Table 5-9: New York Medicaid APG Extended Hospital Rate Calculator Variables - medext02.dat (prior to October 01, 2019)

Field Description	Variable Name	Format	Position
Free-Standing OASAS Chemical Rehabilitation Rate	oas_fs_rehab	9(8)v9(2)	196 - 205
Free-Standing OASAS Opioid Treatment Center Rate	oas_fs_otp	9(8)v9(2)	206 - 215
Licensed Behavioral Health Practitioner (LBHP) Benefit Flag	lbhp_locflag	9(1)	216
OASAS Hospital Chemical Rehabilitation Capital Rate	oas_hosp_rehab_cap	9(8)v9(2)	217 - 226
Filler		X(281)	227 - 507

5.2 COBOL Platform Key Fields

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 5-10: COBOL Key Fields

Field Description	Variable Name	Format	Position
Hospital Number	HER-HOSP	X(16)	1 - 16
Paysource (Payer) Code	HER-PCODE	X(13)	17 - 29
Hospital Number with NPI	HER-NPI	X(10)	1 - 10
Hospital Number with Taxonomy	HER-TAXONOMY	X(10)	11 - 20
Paysource (Payer) Code with NPI/Taxonomy	HER-PAYID	X(9)	21 - 29
Patient Type	HER-PATTYPE	X(1)	30
Effective Date Sequence Code Extension	HER-ESEQ-EXT	X(1)	31
Effective Date Sequence Code Extension (Set by Base Rate Calculator Program)	HER-ESEQ	9(4)	32 - 35
Effective Date of Rate Calculator Variables	HER-EDATE		
Effective Century/Year	HER-EDATE-CCYY	9(4)	36 - 39
Effective Month	HER-EDATE-MM	9(2)	40 - 41
Effective Day	HER-EDATE-DD	9(2)	42 - 43
Filler		X(8)	44 - 51
Union of Payer-Specific Variables		X(746)	52 - 797

Table 5-10: COBOL Key Fields

Field Description	Variable Name	Format	Position
Pricer Type	HCR0-PRCR-TYPE	X(2)	798 - 799
Key Type	HCR0-KEY-TYPE	X(1)	800

5.2.1 COBOL Platform Pricer-Specific Fields

5.2.1.1 Contract APC

Table 5-11: Contract APC Extended COBOL Hospital Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Extended Fee Schedule Variable	Y3R0-FSEXTTABLE	X(13)	52 - 64
Pay Lines with MUEs Flag 0 = Do not pay lines with MUEs 1 = Pay lines with MUEs up to the MUE maximum	Y3R0-MUE-FLAG	9(1)	65
Apply Therapy Modifier and Revenue Code Logic Flag 0 = Do not apply Return Code 41 1 = Assign Return Code 41 for therapy billing errors based on bill type and revenue code requirements 2 = Assign Return Code 41 for therapy G-codes without appropriate discipline and severity modifiers 3 = Assign Return Code 41 for bill type/revenue code restrictions and also for therapy G-codes without appropriate discipline and severity modifiers 4 = Apply Return Code 41 for therapy code without appropriate modifier 5 = Apply all Return Code 41 options	Y3R0-RC41-FLAG	9(1)	66
Non-Emergency ESRD Ambulance Reduction Factor	Y3R0-ESRD-REDUCE	9(1)v9(4)	67 - 71
Bypass Fee Schedule Markup if Fee Schedule Payment Capped at Charges 0 = Apply markup to line items whose fee schedule payment has been capped at charges 1 = Bypass markup for line items whose fee schedule payment has been capped at charges	Y3R0-BYPASS-CAP	9(1)	72
Apply Terminated Discounting to Non-Payment Status T Codes 0 = Do not apply terminated discounts to eligible services 1 = Apply terminated discounting to eligible services	Y3R0-TERM-DISC	9(1)	73

Table 5-11: Contract APC Extended COBOL Hospital Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Apply Invalid Billing of Device Credit Logic 0 = Do not assign Return Code 42 for claims with invalid billing of device credits 1 = Assign Return Code 42 to claims with invalid billing of device credits	Y3R0-INVAL-DEVICE-FLAG	9(1)	74
Paystatus J1 Flag 0 = Pay the same as other APCs (default) 1 = Use contract fee schedule or pay a percent of charge	Y3R0-PSJ1	9(1)	75
Payment Factor, Paystatus J1	Y3R0-PSJ1PAYFACT	9(1)v9(4)	76 - 80
Co-Payment Factor, Paystatus J1	Y3R0-PSJ1CPYFACT	9(1)v9(4)	81 - 85
Apply Michigan Medicaid Short Stay Reimbursement Policy 0 = Do not apply Michigan Medicaid Short Stay Reimbursement Policy 1 = Apply Michigan Medicaid Short Stay Reimbursement Policy	Y3R0-SHORT-STAY	9(1)	86
Short Stay Rate	Y3R0-HSS-RATE	9(8)v9(2)	87 - 96
Apply Computed Tomography (CT) Reduction 0 = Do not apply CT Reduction Policy 1 = Apply the CT Reduction Policy	Y3R0-MODCT-FLAG	9(1)	97
Computed Tomography (CT) Reduction Factor	Y3R0-CT-REDUC	9(1)v9(4)	98 - 102
Apply Never Event Modifier Logic 0 = Do not apply 1 = Apply invalid modifier for pricing line-level Return Code 08	Y3R0-NEM-FLAG	9(1)	103
Non-Participating Provider Factor	Y3R0-ALTPROV-FACTOR	9(1)v9(4)	104 -108
Apply X-Ray With Film Reduction Flag 0 or blank = Do not apply x-ray with film reduction 1 = Apply x-ray with film reduction	Y3R0-FX-FLAG	9(1)	109
X-Ray With Film Reduction Factor	Y3R0-FX-REDUC	9(1)v9(4)	110 - 114
Fee Schedule Layout Flag Check = Utilize new fee schedule layout (450 bytes) Do Not Check = Utilize legacy fee schedule layout (41 bytes)	Y3R0-FS-FLAG	9(1)	115

Table 5-11: Contract APC Extended COBOL Hospital Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Apply Non-Emergent Emergency Room (ER) Reduction Flag 0 = Do not apply non-emergent ER reduction 1 = Apply non-emergent ER reduction based on any non-reason for visit diagnosis code 2 = Apply non-emergent ER reduction factor based on principal diagnosis code 3 = Apply non-emergent ER reduction factor based on principal or first secondary diagnosis code	Y3R0-ER-FLAG	9(1)	116
Non-Emergent Qualified Physician Referral Factor	Y3R0-MD-REFER-FACTOR	9(1)v9(4)	117 - 121
Non-Emergent No Qualified Physician Referral Factor	Y3R0-MD-NOREFER-FACTOR	9(1)v9(4)	122 - 126
DME Rural Indicator 0 = Non-rural (urban) facility for DME services 1 = Rural facility for DME services	Y3R0-RURAL-IND	9(1)	127
Apply PBD Reduction Flag 0 = Do not apply reduction factor 1 = Apply PN reduction factor 2 = Apply PO reduction factor 3 = Apply both PN and PO reduction factors	Y3R0-PN-FLAG	9(1)	128
PBD Reduction Factor (PN)	Y3R0-PN-REDUC	9(1)v9(4)	129 - 133
PBD Payment Factor (PN)	Y3R0-PN-PAY	9(1)v9(4)	134 - 138
Ambulance Pricing Option 0 = No change from previous methodology 1 = Apply Medicare rules 2 = Apply Michigan rules 3 = Apply non-Medicare rules	Y3R0-AMB-OPTION	9(1)	139
Ambulance Base Rate Reduction - 2 Patients	Y3R0-AMB-REDUC2	9(1)v9(4)	140 - 144
Ambulance Base Rate Reduction - > 2 Patients	Y3R0-AMB-REDUC3	9(1)v9(4)	145 - 149
Paystatus K Flag 0 = Medicare rules Procedure code is grouped to an APC and priced using an APC rate. 1 = Percent of charge if no fee schedule If there is a fee schedule rate for the procedure code, pay via the fee schedule. If the item is not in the fee schedule, pay as a percent of line item charge. 2 = Price using the fee schedule rate	Y3R0-PSK	9(1)	150

Table 5-11: Contract APC Extended COBOL Hospital Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Payment Factor, Paystatus K	Y3R0-PSKPAYFACT	9(1)v9(4)	151 - 155
Co-Payment Factor, Paystatus K	Y3R0-PSKCPYFACT	9(1)v9(4)	156 - 160
Apply Computed Radiography Reduction Flag 0 = Do not apply computed radiography reduction 1 = Apply computed radiography reduction	Y3R0-FY-FLAG	9(1)	161
Computed Radiography Reduction Factor	Y3R0-FY-REDUC	9(1)v9(4)	162 - 166
Therapy Bundling Flag 0 = Do not deny bundled therapy services with line-level Pricer Return Code 36 1 = Only deny bundled therapy services with line-level Pricer Return Code 36 when a fee schedule rate is not established 2 = Deny all bundled therapy services with line-level Pricer Return Code 36	Y3R0-BUNDLE-THERAPY	9(1)	167
PBD Reduction Factor (PO)	Y3R0-PO-REDUC	9(1)v9(4)	168 - 172
Fee Schedule Mark-Up Flag for Ambulance Fee Schedule Items 1 = Bypass mark-up factor	Y3R0-FSAMB-MARKUP	9(1)	173
Fee Schedule Mark-Up Flag for DME Fee Schedule Items 1 = Bypass mark-up factor	Y3R0-FSDME-MARKUP	9(1)	174
Fee Schedule Mark-Up Flag for Lab Fee Schedule Items 1 = Bypass mark-up factor	Y3R0-FSLAB-MARKUP	9(1)	175
Fee Schedule Mark-Up Flag for National/ASP/ Medicaid Fee Schedule Items 1 = Bypass mark-up factor	Y3R0-FSNAT-MARKUP	9(1)	176
Fee Schedule Mark-Up Flag for Physician Fee Schedule Items 1 = Bypass mark-up factor	Y3R0-FSPHYS-MARKUP	9(1)	177
OTA Reduction Factor (CO)	Y3R0-OTA-REDUC	9(1)v9(4)	178 - 182
PTA Reduction Factor (CQ)	Y3R0-PTA-REDUC	9(1)v9(4)	183 - 187
Filler		X(610)	188 - 797

5.2.1.2 Contract Multi-Pricer/DRG Pro

Table 5-12: Contract Multi-Pricer/DRG Pro Extended Hospital Rate Calculator Variables - hospext.dat

Field Description	Variable Name	Format	Position
DRG Weight Factor	MPR0-DRG-FACTOR	9(1)v9(4)	52 - 56
Diagnosis Code and Effective Date Array - Diagnosis Code - Start Date - End Date	 MPR0-DX-CODE MPR0-START-DATE MPR0-END-DATE	X(10) (occurs 10 times) 9(8) 9(8)	57 - 316
Filler		X(481)	317 - 797

5.2.1.3 Medicare APC-HOPD

Table 5-13: Medicare APC-HOPD COBOL Extended Hospital Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Colorectal Cancer Screening Payment Factor	Y2R0-COLOREC-COV	9(1)v9(4)	52 - 56
Colorectal Cancer Screening Co-Payment Factor	Y2R0-COLOREC-COINS	9(1)v9(4)	57 - 61
Filler		X(736)	62 - 797

5.2.1.4 Medicare ESRD

Table 5-14: Medicare ESRD COBOL Extended Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Adjusted Outlier Services MAP – Adult	E1R0-ADJ-MAP-ADLT	9(8)v9(2)	52 - 61
Adjusted Outlier Services MAP – Pediatric	E1R0-ADJ-MAP-PED	9(8)v9(2)	62 - 71
Age Factor –Array – Separately Payable Services	E1R0-SEP-AGEFACT [30] 6 characters, 5 times	9(1)v9(4)	72 - 101

Table 5-14: Medicare ESRD COBOL Extended Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Bundle Age Factor –Array	E1R0-BUNDLE-AGEFACT[30] 6 characters, 5 times	9(1)v9(4)	102 - 131
Filler		X(15)	132 - 146
BMI Factor – Separately Payable Services	E1R0-BMIFACTOR-SEP	9(1)v9(5)	147 - 152
Bundle BMI Factor	E1R0-BUNDLE-BMIFACTOR	9(1)v9(5)	153 - 158
Bundle BSA Adjustment Factor	E1R0-BUNDLE-BSAADJ	9(1)v9(4)	159 - 163
Bundle BSA Adjustment Factor – Separately Payable Services	E1R0-BUNDLE-BSAADJ-SEP	9(1)v9(5)	164 - 169
Bundle Average	E1R0-BSABUNDLE-AVGBSA	9(1)v9(4)	170 - 174
Bundle Budget Neutrality Factor	E1R0-BUNDLE-BNF	9(1)v9(6)	175 - 181
Bundle Labor-Related Portion	E1R0-BUNDLE-LS	9(1)v9(5)	182 - 187
Bundle Wage Index	E1R0-BUNDLE-WI	9(1)v9(4)	188 - 192
Comorbidity Factor – Array	E1R0-COMRBD-FACTOR [36] 6 characters, 6 times	9(1)v9(5)	193 - 228
Filler		X(36)	229 - 264
Comorbidity Factor – Array – Separately Payable Services	E1R0-COMRBD-FACTOR-SEP [36] 6 characters 6 times	9(1)v9(5)	265 - 300
Filler		X(36)	301 - 336
Drug Dispensing Fee	E1R0-DISPENSE-FEE	9(2)v9(2)	337 - 340
Fixed Loss Dollar Amount – Adult	E1R0-FLOSS-ADLT	9(8)v9(2)	341 - 350
Fixed Loss Dollar Amount – Pediatric	E1R0-FLOSS-PED	9(8)v9(2)	351 - 360
Fixed Loss Sharing Percentage	E1R0-FLOSS-PCT	9(1)v9(4)	361 - 365
Low Volume	E1R0-LVFAC	9(1)v9(4)	366 - 370
Low Volume – Separately Payable Services	E1R0-LVFAC-SEP	9(1)v9(4)	371 - 375
Onset Adjustment	E1R0-ONSETADJ	9(1)v9(4)	376 - 380
Onset Days	E1R0-ONSETDAYS	9(3)	381 - 383
Onset Factor – Separately Payable Services	E1R0-ONSETADJ-SEP	9(1)v9(5)	384 - 389
Pediatric PD < 13	E1R0-PED-PD-13	9(1)v9(5)	390 - 395
Pediatric PD < 13 – Separately Payable Services	E1R0-PED-PD-13-SEP	9(1)v9(5)	396 - 401
Pediatric PD > 13	E1R0-PED-PD-17	9(1)v9(5)	402 - 407

Table 5-14: Medicare ESRD COBOL Extended Rate Calculator Variables - hspex02.dat

Field Description	Variable Name	Format	Position
Pediatric PD > 13 – Separately Payable Services	E1R0-PED-PD-17-SEP	9(1)v9(5)	408 - 413
Pediatric HD < 13	E1R0-PED-HD-13	9(1)v9(5)	414 - 419
Pediatric HD < 13 – Separately Payable Services	E1R0-PED-HD-13-SEP	9(1)v9(5)	420 - 425
Pediatric HD > 13	E1R0-PED-HD-17	9(1)v9(5)	426 - 431
Pediatric HD > 13 – Separately Payable Services	E1R0-PED-HD-17-SEP	9(1)v9(5)	432 - 437
PPS Training Adjustment	E1R0-PPS-TRAININADJ	9(3)v9(2)	438 - 442
Unadjusted PPS Rate	E1R0-BASE-RATE	9(8)v9(2)	443 - 452
Part D Blended Amount	E1R0-PART-D-BLEND	9(3)v9(2)	453 - 457
Bundled Blend Factor	E1R0-BUNDLE-BLEND	9(1)v9(2)	458 – 460
Quality Reduction Factor	E1R0-QUALREDFACT	9(1)v9(4)	461 - 465
Extended Fee Schedule Table	E1R0-FSEXTTABLE	X(13)	466 - 478
Return Code Override 0 = Do not override Return Code 04, 05, and 38 1 = Override Return Code 04, 05, and 38	E1R0-RC-OVER	9(1)	479
Rural Adjustment Factor	E1R0-RURAL-ADJ	9(1)v9(5)	480 - 485
Rural Adjustment Factor - Separately Billable	E1R0-RURAL-ADJ-SEP	9(1)v9(5)	486 - 491
Filler		X(306)	492 - 797

5.2.1.5 Medicare Inpatient

Table 5-15: Medicare Inpatient COBOL Extended Hospital Rate Calculator Variables - hospext.dat

Field Description	Variable Name	Format	Position
Value Based Purchasing Adjustment Factor (VBP Factor)	HCR0-O-VBP-ADJ	9(1)v9(11)	52 - 63
Uncompensated DSH Per Claim Amount	HCR0-UNCOMP-DSH	9(8)v9(2)	64 - 73
HAC Reduction Factor	HCR0-HAC-FAC	9(1)v9(4)	74 - 78
Medicare Dependant Hospital (MDH) Factor	HCR0-MDH-FACT	9(1)v9(4)	79 - 83
Interest Adjustment Factor	HCR0-MIDNITE-FACT	9(1)v9(6)	84 - 90
Antimicrobial New Technology Procedure and Claim Factor	HCR0-ANTI-TECH-OP-FAC	9(1)v9(2)	91 - 93

Table 5-15: Medicare Inpatient COBOL Extended Hospital Rate Calculator Variables - hospext.dat

Field Description	Variable Name	Format	Position
COVID-19 DRG Weight Factor	HCR0-COVID-FACT	9(1)v9(4)	94 - 98
Allogeneic Stem Cell Per Diem Pass-Through	HCR0-STEM-PASSTHRU	9(8)v9(2)	99 - 108
Federal Wage-Adjusted Rate (new)	HCR0-FWA-NEW	9(8)v9(2)	109 - 118
Filler		X(679)	119 - 797

6 Other Rate Calculator File Layouts

This chapter provides the layouts for the “other” (i.e., Commercial) Rate Calculator File layouts (C and COBOL). This chapter includes the following sections:

- Inpatient Layouts
  - C Platform
    - Contract Multi-Pricer/DRG Pro
    - Medicaid APR Pro
    - TRICARE/CHAMPUS
  - COBOL Platform
    - Contract Multi-Pricer/DRG Pro
    - TRICARE/CHAMPUS
- Outpatient Layouts
  - C Platform
    - Contract APC
    - Contract ASC
    - Medicaid APG Pro
    - TRICARE APC
  - COBOL Platform
    - Contract APC
    - Contract ASC

6.1 Inpatient Layouts

6.1.1 C Platform

6.1.1.1 Contract Multi-Pricer/DRG Pro

Table 6-1: Contract Multi-Pricer/DRG Pro Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Filler		X(71)	39 - 109
Transfer Pricing Flag 1 = Acute Care Transfers 2 = Medicare Acute, Post-Acute, and Special Post-Acute Care Transfers	special1	9(1)	110
Short Stay Pricing Flag	special2	9(1)	111
One Day Stay Pricing Flag	special3	9(1)	112
Outlier Pricing Flag 1 = Combination Stop-Loss 2 = First Dollar - Dollar Threshold (per diem rate) 3 = First Dollar - Day Threshold (per diem rate) 4 = First Dollar - Dollar Threshold (PPR to per diem rate cap) 5 = First Dollar - Dollar Threshold (PPR) 6 = Second Dollar - Dollar Threshold (PPR) 7 = Second Dollar - Day Threshold (per diem rate) 8 = Second Dollar - Day Threshold (per diem rate - threshold based on average mlos) 9 = Second Dollar - Standard DRG Cost Outlier Threshold	special4	X(1)	113
Limit Reimbursement to a% of Charges Flag	special5	9(1)	114
Filler		X(15)	115 - 129
Overall Markup/Discount Flag	special6	9(1)	130
Markup/Discount Factor	discount	9(1)v9(4)	131 - 135
Short Stay Factor	shortstayfactor	9(1)v9(4)	136 - 140
Maximum Percent of Charge	chargecapfactor	9(1)v9(4)	141 - 145
Outlier Payment for Transfers Flag	transoutflag	9(1)	146
Transfer Factor	transferfactor	9(1)v9(4)	147 - 151
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	152 - 156
Base Factor for High Cost Outlier	basefactor	9(1)v9(4)	157 -161
Cost Factor for High Cost Outlier	costfactor	9(1)v9(4)	162 - 166
Charge Factor for High Cost Outlier	chargefactor	9(1)v9(4)	167 - 171
Cost Threshold for High Cost Outlier	costthreshold	9(8)v9(2)	172 - 181
Charge Threshold for High Cost Outlier	chargethreshold	9(8)v9(2)	182 - 191
Day Threshold for Outlier	daythreshold	9(4)	192 - 195

Table 6-1: Contract Multi-Pricer/DRG Pro Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Per Diem for Outlier	perdiem	9(8)v9(2)	196 - 205
Negotiated Number of Days in Excess of DRG Mean Length of Stay for Outlier	adddays	9(4)	206 - 209
One Day Stay Rate	onedaystayrate	9(8)v9(2)	210 - 219
Minimum Percent of Charge	minchargefactor	9(1)v9(4)	220 - 224
One Day Stay Pricing Takes Precedence Over Transfer Pricing	onedayovertrans	9(1)	225
Never Reimburse Below a% of Charges Flag	special7	9(1)	226
Filler		X(210)	227 - 436
Extended Hospital Rate Calculator File in Use 0 = Extended Hospital Rate Calculator File not required 1 = Extended Hospital Rate Calculator File required	medext_sw	X(1)	437

6.1.1.2 Medicaid APR Pro

Table 6-2: Medicaid APR Pro Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable name	Format	Position
State	state_id	X(2)	39 - 40
Procedure Array	proc_array	X(4) (occurs 50 times)	41 - 240
Hospital Base Rate	base	9(8)v9(2)	241 - 250
Ratio of Cost-to-Charges (RCCs)	rcc	9(1)v9(4)	251 - 255
Mark-up/Discount Factor	markup	9(1)v9(4)	256 - 260
Potentially Preventive Readmission (PPR) Factor	ppr	9(1)v9(4)	261 - 265
High Cost Fixed Outlier Threshold	cot	9(8)v9(2)	266 - 275
Capital Add-On Payment	capital	9(8)v9(2)	276 - 285
Hospital Type 00 = Standard reimbursement 01 = Exempt from PPR adjustments 02 = Eligible for policy adjustor 03 = Eligible for policy adjustor with age limit 04 = Exempt from transfer logic 05 = Paid RCC with age restrictions 06 = Eligible for base rate policy adjustment subject to DRG requirement	type	9(2)	286 - 287
Malpractice Add-On Payment	malprac	9(8)v9(2)	288 - 297
Organ Acquisition Add-On Payment	orgpay	9(8)v9(2)	298 - 307
Marginal Cost Factor 1	mcf	9(1)v9(4)	308 - 312

Table 6-2: Medicaid APR Pro Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable name	Format	Position
Medical Education Payment	mededpay	9(8)v9(2)	313 - 322
Interim Claim Threshold	iclm_threshold	9(3)	323 - 325
Interim Claim Per Diem	iclm_perdiem	9(8)v9(2)	326 - 335
Day Outlier Threshold	mhls_threshold	9(3)	336 - 338
Day Outlier Per Diem	mhls_perdiem	9(8)v9(2)	339 - 348
Policy Adjustor 1	pol_adj1	9(1)v9(4)	349 - 353
Policy Adjustor 2	pol_adj2	9(1)v9(4)	354 - 358
Policy Adjustor 3	pol_adj3	9(1)v9(4)	359 - 363
Policy Adjustor 4	pol_adj4	9(1)v9(4)	364 - 368
Policy Adjustor 5	pol_adj5	9(1)v9(4)	369 - 373
Policy Adjustor 6	pol_adj6	9(1)v9(4)	374 - 378
Age Limit	cut_age	9(3)	379 - 381
Marginal Cost Factor 2	mcf2	9(1)v9(4)	382 - 386
Provider Adjustor	prov_adj	9(1)v9(4)	387 - 391
Birth Weight Age Limit	bw_age_limit	9(2)	392 - 393
Policy Add-On 1	pol_addon1	9(8)v9(2)	394 - 403
Outlier Threshold 2	cot2	9(8)v9(2)	404 - 413
Marginal Cost Factor 3	mcf3	9(1)v9(4)	414 - 418
Potentially Preventable Readmission (PPR) Extended Factor	ppr_ext	9(1)v9(5)	419 - 424
Filler		X(12)	425 - 436
Extended Hospital Rate Calculator File in Use 0 = Extended Hospital Rate Calculator File not required 1 = Extended Hospital Rate Calculator File required	medext_sw	X(1)	437

6.1.1.3 TRICARE/CHAMPUS

Table 6-3: TRICARE/CHAMPUS Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Labor-related Adjusted Standardized Amount (ASA)	lrasa	9(4)v9(2)	39 - 44
Non-Labor-related ASA	nlrasa	9(4)v9(2)	45 - 50
Labor-Related Children's Hospital Differential	lrchd	9(4)v9(2)	51 - 56
Non-Labor-related Children's Hospital Differential	nlrchd	9(4)v9(2)	57 - 62
Wage Index	wi	9(1)v9(4)	63 - 67
Indirect Medical Education (IME) Adjustment	imea	9(1)v9(6)	68 - 74
Ratio of Cost-to-Charges (RCC)	rcc	9(1)v9(4)	75 - 79

Table 6-3: TRICARE/CHAMPUS Hospital Rate Calculator Variables - medcalc.dat

Field Description	Variable Name	Format	Position
Cost Outlier Threshold	cot	9(5)v9(2)	80 - 86
Children's Hospital/Neonate Cost Outlier Threshold	cotcn	9(5)v9(2)	87 - 93
Cost Outlier Factor/Multiplier	cof	9(1)v9(2)	94 - 96
Short Stay Outlier Factor	sof	9(1)v9(2)	97 - 99
Neonate Transfer Factor	ntf	9(1)v9(2)	100 - 102
Marginal Cost Factor: LOS Outliers	mcfl	9(1)v9(2)	103 - 105
Marginal Cost Factor: Cost Outliers	mcfc	9(1)v9(2)	106 - 108
Marginal Cost Factor: Burns LOS Outliers	mcfbl	9(1)v9(2)	109 - 111
Marginal Cost Factor: Burns Cost Outliers	mcfbc	9(1)v9(2)	112 - 114
Marginal Cost Factor: Children's Hospitals/ Neonates	mcfn	9(1)v9(2)	115 - 117
National TRICARE Rate	ncr	9(5)v9(2)	118 - 124
Children's Hospital/Neonatal Cost Outlier Adjustment	ccoladj	9(1)v9(4)	125 - 129
Operating Percent for Cost Outlier Threshold	opcotper	9(1)v9(4)	130 - 134
Labor Portion	labor	9(1)v9(4)	135 - 139
Filler		X(5)	140 - 144
TRICARE Hospital Base Rate	baser	9(5)v9(2)	145 - 151
Markup/Discount Adjustment Factor	markup	9(1)v9(5)	152 - 157
Psychiatric Per Diem	pd_psych	9(8)v9(2)	158 - 167
Psychiatric Distinct Part Unit	psycunit	X(1)	168
Waiver	waiver	X(1)	169
Waiver Factor	waiver_factor	9(1)v9(4)	170 - 174
COVID-19 DRG Weight Factor	covid_fact	9(1)v9(4)	175 - 179
Value-Based Purchasing (VBP) Adjustment Factor	vbp_adj	9(1)v9(11)	180 - 191
Traditional New Tech. Procedure and Claim Factor	techopfac	9(1)v9(2)	192 - 194
Alternative New Tech. Procedure and Claim Factor	alttechopfac	9(1)v9(2)	195 - 197
Filler		X(247)	198 - 444

6.1.2 COBOL Platform

6.1.2.1 Contract Multi-Pricer/DRG Pro

Table 6-4: Contract Multi-Pricer/DRG Pro COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Filler		X(71)	251 - 321
Transfer Pricing Flag 1 = Acute Care Transfers 2 = Medicare Acute, Post-Acute, and Special Post-Acute Care Transfers	MPR-SPECIAL1	9(1)	322
Short Stay Pricing Flag	MPR-SPECIAL2	9(1)	323
One Day Stay Pricing Flag	MPR-SPECIAL3	9(1)	324
Outlier Pricing Flag 1 = Combination Stop-Loss 2 = First Dollar - Dollar Threshold (per diem rate) 3 = First Dollar - Day Threshold (per diem rate) 4 = First Dollar - Dollar Threshold (PPR to per diem rate cap) 5 = First Dollar - Dollar Threshold (PPR) 6 = Second Dollar - Dollar Threshold (PPR) 7 = Second Dollar - Day Threshold (per diem rate) 8 = Second Dollar - Day Threshold (per diem rate - threshold based on average mlos)	MPR-SPECIAL4	X(1)	325
Limit Reimbursement to a% of Charges Flag	MPR-SPECIAL5	9(1)	326
Ratio of Cost-to-Charges	MPR-RCC	9(1)v9(4)	327 - 331
Cost Threshold	MPR-COSTTHRESHOLD	9(8)v9(2)	332 - 341
Overall Markup/Discount Flag	MPR-SPECIAL6	9(1)	342
Markup/Discount Factor	MPR-DISCOUNT	9(1)v9(4)	343 - 347
Base Factor for High Cost Outlier	MPR-BASEFACTOR	9(1)v9(4)	348 - 352
Cost Factor for High Cost Outlier	MPR-COSTFACTOR	9(1)v9(4)	353 - 357
Charge Factor for High Cost Outlier	MPR-CHARGEFACTOR	9(1)v9(4)	358 - 362
Charge Threshold for High Cost Outlier	MPR-CHARGETHRESHOLD	9(8)v9(2)	363 - 372
Outlier Payment for Transfer Flag	MPR-TRANSOUTFLAG	9(1)	373
Transfer Factor	MPR-TRANSFERFACTOR	9(1)v9(4)	374 - 378

Table 6-4: Contract Multi-Pricer/DRG Pro COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Maximum Percent of Charge	MPR-CHARGECAPFACTOR	9(1)v9(4)	379 - 383
Short Stay Factor	MPR-SHORTSTAYFACTOR	9(1)v9(4)	384 - 388
Never Reimburse Below a% of Charges Flag	MPR-SPECIAL7	9(1)	389
Day Threshold for Outlier	MPR-DAYTHRESHOLD	9(4)	390 - 393
Per Diem for Outlier	MPR-PERDIEM	9(8)v9(2)	394 - 403
Negotiated Number of Days in Excess of DRG Mean Length of Stay for Outlier	MPR-ADDDAYS	9(4)	404 - 407
One Day Stay Rate	MPR-ONEDAYSTAYRATE	9(8)v9(2)	408 - 417
Minimum Percent of Charge	MPR-MINCHARGEFACTOR	9(1)v9(4)	418 - 422
One Day Stay Pricing Takes Precedence Over Transfer Pricing	MPR-ONEDAYOVERTRANS	9(1)	423
Filler		X(369)	424 - 792
Extended Hospital Rate Calculator File in Use 0 = Extended Hospital Rate Calculator File not required 1 = Extended Hospital Rate Calculator File required	MPR-MEDEXT-SW	X(1)	793
Reserved for Rate File Version	MPR-VERSION	X(7)	794 - 800

6.1.2.2 TRICARE/CHAMPUS

Table 6-5: TRICARE/CHAMPUS COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
ASA – Labor-related	CHR-LRASA	9(8)v9(2)	251 - 260
ASA – Non-Labor-related	CHR-NLRASA	9(8)v9(2)	261 - 270
Children's Differential/Labor-related	CHR-LRCHD	9(8)v9(2)	271 - 280
Children's Differential/Non-Labor	CHR-NLRCHD	9(8)v9(2)	281 - 290
Wage Index	CHR-CWI	9(1)v9(4)	291 - 295
Indirect Education Adjustment	CHR-CIMEA	9(1)v9(6)	296 - 302
Cost-to-Charge Ratio	CHR-CRCC	9(1)v9(4)	303 - 307
Cost Outlier Threshold	CHR-CCOT	9(8)v9(2)	308 - 317

Table 6-5: TRICARE/CHAMPUS COBOL Hospital Rate Calculator Variables - hosprate.dat

Field Description	Variable Name	Format	Position
Children's Hospital/Neonate Cost Outlier Threshold	CHR-CCOTCN	9(8)v9(2)	318 - 327
Cost Outlier Factor/Multiplier	CHR-CCOF	9(1)v9(2)	328 - 330
Short Stay Outlier Factor	CHR-CSSOF	9(1)v9(2)	331 - 333
Neonate Transfer Factor	CHR-CNTF	9(1)v9(2)	334 - 336
Marginal Cost Factor: LOS	CHR-CMCFL	9(1)v9(2)	337 - 339
Marginal Cost Factor: Cost	CHR-CMCFC	9(1)v9(2)	340 - 342
Marginal Cost Factor: Burns - LOS	CHR-CMCFBL	9(1)v9(2)	343 - 345
MCF - Children's Hospitals/Neonates	CHR-CMCFCN	9(1)v9(2)	346 - 348
Marginal Cost Factor: Burns - Cost	CHR-CMCFBC	9(1)v9(2)	349 - 351
COVID-19 DRG Weight Factor	CHR-COVID-FACTOR	9(1)v9(4)	352 - 356
Value-Based Purchasing (VBP) Adjustment Factor	CHR-VBP-FACTOR	9(1)v9(11)	357 - 368
Traditional New Tech. Procedure and Claim Factor	CHR-TECHOPFAC	9(1)v9(2)	369 - 371
Alternative New Tech. Procedure and Claim Factor	CHR-ALT-TECHOPFAC	9(1)v9(2)	372 - 374
Filler		X(114)	375 - 488
National TRICARE Rate	CHR-NCR	9(8)v9(2)	489 - 498
Hospital-Based TRICARE Rate	CHR-HBCR	9(8)v9(2)	499 - 508
Children's Hospital/Neonatal Cost Outlier Adjustment	CHR-CCOLADJ	9(1)v9(4)	509 - 513
Operating Percent for Cost Outlier Threshold	CHR-OPCOTPER	9(1)v9(4)	514 - 518
Labor Portion	CHR-LABOR	9(1)v9(4)	519 - 523
Markup/Discount Adjustment Factor	CHR-MARKUP	9(1)v9(5)	524 - 529
Psychiatric Per Diem	CHR-PD-PSYCH	9(8)v9(2)	530 - 539
Psychiatric Distinct Part Unit	CHR-PSYCUNIT	X(1)	540
Waiver	CHR-WAIVER	X(1)	541
Waiver Factor	CHR-WAIVER-FACTOR	9(1)v9(4)	542 - 546
Filler		X(254)	547 - 800

6.2 Outpatient Layouts

6.2.1 C Platform

6.2.1.1 Contract APC

Table 6-6: Contract APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Labor-related Portion	labor	9(1)v9(5)	39 - 44
Wage Index	wi	9(1)v9(5)	45 - 50
Facility Type 00 = All other hospitals 05 = OPPS exempt (CAH) 08 = Non-participating hospital	fac_type	9(2)	51 - 52
Multiple Procedure Discount Factor – For highest weighted procedure APC.	discount1	9(1)v9(4)	53 - 57
Multiple Procedure Discount Factor – For second highest weighted procedure APC.	discount2	9(1)v9(4)	58 - 62
Multiple Procedure Discount Factor – For third highest weighted procedure APC.	discount3	9(1)v9(4)	63 - 67
Multiple Procedure Discount Factor – For all other procedure APCs.	discount4	9(1)v9(4)	68 - 72
Discontinued Procedures Discount Factor	dmodpct	9(1)v9(4)	73 - 77
Outpatient Ratio of Costs-to-Charges	rcc	9(1)v9(5)	78 - 83
Filler		X(11)	84 - 94
Outlier Payment Percent	outlier_pct	9(1)v9(4)	95 - 99
Outlier Payment Factor	outlier_fac	9(1)v9(4)	100 - 104
Ambulance Rural Factor	ambrural	9(1)v9(4)	105 - 109
Ambulance Non-Rural Factor	ambnonrural	9(1)v9(4)	110 - 114
Hospital Quality Indicator	hospqualind	X(1)	115
Hospital Quality Reduction Factor	qualredfact	9(1)v9(4)	116 - 120
Filler		X(5)	121 - 125
Claim Denial Override Flag 0 = Do not override Return Code 22 1 = Override Return Code 22	clm_denial_override	9(1)	126
Payment Limit Flag – Limit payment to some percent of charges. 0 = No 1 = Yes	paylim	9(1)	127
Payment Limit Factor – Limit payment for each claim to this field times total charges.	paypct	9(1)v9(4)	128 - 132
Reserved for Co-Payment Limit Flag – Limit co-payment to some percent of charges. 0 = No 1 = Yes	copaylim	9(1)	133

Table 6-6: Contract APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Reserved for Co-Payment Limit Factor – Limit payment for each claim to this field times total charges.	copaypct	9(1)v9(4)	134 - 138
Base * Weight Pricing Flag 0 = No (use APC Rates) 1 = Yes (use BRATE * APC weights)	brflag	9(1)	139
Base Rate or Conversion Factor – Supply this field if BRFLAG = 1	brate	9(5)v9(3)	140 - 147
Fee Schedule Charge Limit Flag 0 = Fee schedule items are priced at the fee schedule rate 1 = Fee schedule items are priced at the lesser of the fee schedule rate or line item charge 2 = Fee schedule items except for Payment Status Indicator G and K items are priced at the lesser of the fee schedule rate or line item charge (default)	fschglim	9(1)	148
Discounting Option 0 = Use Medicare discounting rules (default) 1 = Use contract pricing discounts 2 = Use Iowa Medicaid discounting rules	discoption	9(1)	149
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9(1)	150
Fee Schedule Table	fstable	X(13)	151 - 163
Ambulance Coverage Factor	ambcov	9(1)v9(4)	164 - 168
Ambulance Coinsurance Factor	ambcoins	9(1)v9(4)	169 - 173
Ambulance Location/Carrier Code **Note** For Medicare pricing, Ambulance Carrier Code is based on patient zip code at point of pickup.	ambcarrier	X(12)	174 - 185
DMEPOS Coverage Factor	dmecov	9(1)v9(4)	186 - 190
DMEPOS Coinsurance Factor	dmecoins	9(1)v9(4)	191 - 195
DMEPOS Location/Carrier Code	dmecarrier	X(12)	196 - 207
Lab Coverage Factor	labcov	9(1)v9(4)	208 - 212
Lab Coinsurance Factor	labcoins	9(1)v9(4)	213 - 217
Lab Location/Carrier Code	labcarrier	X(12)	218 - 229
National Coverage Factor	mamcov	9(1)v9(4)	230 - 234
National Coinsurance Factor	mamcoins	9(1)v9(4)	235 - 239
National Location/Carrier Code	mamcarrier	X(12)	240 - 251
Physician Fee Schedule Coverage Factor	rehcov	9(1)v9(4)	252 - 256
Physician Fee Schedule Coinsurance Factor	rehcoins	9(1)v9(4)	257 - 261
Physician Fee Schedule Location/Carrier Code	rehcarrier	X(12)	262 - 273

Table 6-6: Contract APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Other Coverage Factor	othcov	9(1)v9(4)	274 - 278
Other Coinsurance Factor	othcoins	9(1)v9(4)	279 - 283
Other Location/Carrier Code	othcarrier	X(12)	284 - 295
APC Mapping Flag 0 = Do not map HCPCS codes 1 = Map HCPCS codes	apcmapflag	9(1)	296
Pricing Selection, Non-OPPS 0 = Include Non-OPPS and Reasonable Cost under Non-OPPS 1 = Separate Reasonable Cost from Non-OPPS	psaf	9(1)	297
Payment Factor, Non-OPPS Items	psafpayfact	9(1)v9(4)	298 - 302
Co-Payment Factor, Non-OPPS Items	psafcpyfact	9(1)v9(4)	303 - 307
Filler		9(1)	308
Payment Factor, Non-Covered Items	psbepayfact	9(1)v9(4)	309 - 313
Co-Payment Factor, Non-Covered Items	psbecpyfact	9(1)v9(4)	314 - 318
Filler		9(1)	319
Payment Factor, Inpatient Items	pscpayfact	9(1)v9(4)	320 - 324
Co-Payment Factor, Inpatient Items	psccpyfact	9(1)v9(4)	325 - 329
Pricing Selection, Packaged Items/Paystatus N: 0 = Package according to Medicare rules 1 = Use Contract fee schedule or pay percent of charge	psn	9(1)	330
Payment Factor, Packaged Items/Paystatus N	psnpayfact	9(1)v9(4)	331 - 335
Co-Payment Factor, Packaged Items/Paystatus N	psncpyfact	9(1)v9(4)	336 - 340
Pricing Selection, Line Items Without HCPCS Codes: 0 = Medicare rules 1 = Package 2 = Use specified percent of charges	psrev	9(1)	341
Payment Factor, Line Items Without HCPCS Codes	psrevpayfact	9(1)v9(4)	342 - 346
Co-Payment Factor, Line Items Without HCPCS Codes	psrevcpyfact	9(1)v9(4)	347 - 351
Paystatus G Flag 0 = Medicare rules *Procedure code is grouped to an APC and priced using an APC rate.* 1 = Percent of charge if no fee schedule *If there is a fee schedule rate for the procedure code, pay via the fee schedule. If the item is not in the fee schedule, pay as a percent of line item charge.* 2 = Price using the fee schedule rate	psg	9(1)	352
Payment Factor, Paystatus G	psgpayfact	9(1)v9(4)	353 - 357
Co-Payment Factor, Paystatus G	psgcpyfact	9(1)v9(4)	358 - 362

Table 6-6: Contract APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Paystatus H Flag 0 = Pay the same as other APCs (default) 1 = Use Contract fee schedule or pay a percent of charge	psh	9(1)	363
Payment Factor, Paystatus H	pshpayfact	9(1)v9(4)	364 - 368
Co-Payment Factor, Paystatus H	pshcpyfact	9(1)v9(4)	369 - 373
Bilateral Pricing Discount Factor – Default is 1.0000.	bilateral	9(1)v9(4)	374 - 378
Payment Factor, Reasonable Cost Items	psflpayfact	9(1)v9(4)	379 - 383
Co-Payment Factor, Reasonable Cost Items	psflcpyfact	9(1)v9(4)	384 - 388
Override ID	override_id	X(20)	389 - 408
Total Reimbursement Mark-Up Factor	discount	9(1)v9(4)	409 - 413
Lab Panel/Multi-Channel Flag 0 = Perform lab panel/multi-channel discounting (default) 1 = Do not perform lab panel/multi-channel discounting	labpnl	9(1)	414
Fee Schedule Mark-Up Flag Except Fee Type of Other 0 = Apply mark-up factor 1 = Do not apply mark-up factor	fee_markup	9(1)	415
Fee Schedule Mark-Up Flag for Fee Type of Other 0 = Apply mark-up factor 1 = Do not apply mark-up factor	fsother_markup	9(1)	416
Pay Status H Items Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	h_markup	9(1)	417
Pay Status G and K Items Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	gk_markup	9(1)	418
Pay Status J1, J2, R, S, T, V, and X Items Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	rstvx_markup	9(1)	419
Pay Status F and L Items Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	fl_markup	9(1)	420
All Other Payment Statuses Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	other_markup	9(1)	421
Outlier Add-On Items Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	out_markup	9(1)	422
Pay Status U Mark-Up Flag 0 = Apply mark-up factor 1 = Do not apply mark-up factor	u_markup	9(1)	423

Table 6-6: Contract APC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Pricer Return Code 08 Override Flag 1 = Override line-level Pricer Return Code 08 for modifiers GX, GY, and GZ.	modovrflg	9(1)	424
Outlier Fixed Cost Threshold	outlier_thresh	9(8)v9(2)	425 - 434
Reserved for Reasonable Cost Factor	rcost_fact	9(1)v9(4)	435 - 439
Rural Adjustment Factor	rural_fact	9(1)v9(4)	440 - 444

6.2.1.2 Contract ASC

Table 6-7: Contract ASC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	labor	9(1)v9(5)	39 - 44
Wage Index	wi	9(1)v9(5)	45 - 50
Multiple Procedure Discount Factor - First Procedure	discount1	9(1)v9(4)	51 - 55
Multiple Procedure Discount Factor - All Other Procedures	discount4	9(1)v9(4)	56 - 60
Discontinued Procedure Discount	dmodpct	9(1)v9(4)	61 - 65
Percentage Payment Rate Flag	pprflg	9(1)	66
Percentage Payment Rate	ppr	9(1)v9(4)	67 - 71
Mark-up/Discount Factor	markup	9(1)v9(4)	72 - 76
Payment Limit Flag	paylim	9(1)	77
Payment Limit Factor	paypct	9(1)v9(4)	78 - 82
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	fsind	9(1)	83
Fee Schedule Table	fstable	X(13)	84 - 96
Coverage Factor	asrcov	9(1)v9(4)	97 - 101
Coinsurance Factor	asrcoins	9(1)v9(4)	102 - 106
Fee Schedule Carrier	asrcarrier	X(12)	107 - 118
Other Coverage Factor	othcov	9(1)v9(4)	119 - 123
Other Coinsurance Factor	othcoins	9(1)v9(4)	124 - 128
Other Fee Schedule Carrier	othcarrier	X(12)	129 - 140
Payment Status A2 Items Mark-up Flag	a2_markup	9(1)	141
Payment Status AX Items Mark-up Flag	ax_markup	9(1)	142
Payment Status AZ Items Mark-up Flag	az_markup	9(1)	143
Payment Status F4 Items Mark-up Flag	f4_markup	9(1)	144
Payment Status G2 Items Mark-up Flag	g2_markup	9(1)	145
Payment Status H2 Items Mark-up Flag	h2_markup	9(1)	146

Table 6-7: Contract ASC Hospital Rate File Variables - medout.dat

Field Description	Variable Name	Format	Position
Payment Status H7 Items Mark-up Flag	h7_markup	9(1)	147
Payment Status H8 Items Mark-up Flag	h8_markup	9(1)	148
Payment Status J7 Items Mark-up Flag	j7_markup	9(1)	149
Payment Status J8 Items Mark-up Flag	j8_markup	9(1)	150
Payment Status K2 Items Mark-up Flag	k2_markup	9(1)	151
Payment Status K7 Items Mark-up Flag	k7_markup	9(1)	152
Payment Status L6 Items Mark-up Flag	l6_markup	9(1)	153
Payment Status P2 Items Mark-up Flag	p2_markup	9(1)	154
Payment Status P3 Items Mark-up Flag	p3_markup	9(1)	155
Payment Status R2 Items Mark-up Flag	r2_markup	9(1)	156
Payment Status Z2 Items Mark-up Flag	z2_markup	9(1)	157
Payment Status Z3 Items Mark-up Flag	z3_markup	9(1)	158
Cardiac Resynch. Therapy Logic Flag 0 = Do not apply Return Code 37 1 = Apply Return Code 37	rc37_flag	9(1)	159
ASC Quality Reduction Factor	qual_reduct	9(1)v9(4)	160 - 164
Apply Bio-Similar Modifier Logic Flag 0 = Do not apply Return Code 54 1 = Apply Return Code 54	rc54_flag	9(1)	165
Fee Schedule Layout Flag 0 or Blank = Utilize legacy fee schedule layout (38 bytes) 1 = Utilize new fee schedule layout (450 bytes)	fs_flag	9(1)	166
Colonoscopy Payment Factor	col_pay_fact	9(1)v9(4)	167 - 171
Colonoscopy Co-Payment Factor	col_copay_fact	9(1)v9(4)	172 - 176
Pay or Deny Lines With MUEs 0 = Do not pay lines with MUEs 1 = Pay lines with MUEs up to the MUE maximum 2 = Deny lines using user-defined maximum units via the ASC Rule File 3 = Pay lines with MUEs up to the user-defined maximum units via the ASC Rule File	mue_flag	9(1)	177
Multiple Procedure Discount Factor - Second Procedure	discount2	9(1)v9(4)	178 - 182
Multiple Procedure Discount Factor - Third Procedure	discount3	9(1)v9(4)	183 - 187
Filler		X(250)	188 - 437

6.2.1.3 Medicaid APG Pro

Table 6-8: Medicaid APG Pro Hospital Rate Variables - medout.dat

Field Description	Variable Name	Format	Position
State	state_id	X(2)	39 - 40
Procedure Array	proc_array	X(4) (occurs 50 times)	41 - 240
Provider Specific Base Rate	base_rate	9(8)v9(2)	241 - 250
Mark-Up/Discount Factor	markup	9(1)v9(4)	251 - 255
First Procedure Discount	disc1	9(1)v9(4)	256 - 260
Second Procedure Discount	disc2	9(1)v9(4)	261 - 265
All Other Procedures Discount	disc3	9(1)v9(4)	266 - 270
First Repeat Ancillary Discount	ancdisc1	9(1)v9(4)	271 - 275
Second Repeat Ancillary Discount	ancdisc2	9(1)v9(4)	276 - 280
Third Repeat Ancillary Discount	ancdisc3	9(1)v9(4)	281 - 285
Terminated Procedure Discount	termdisc	9(1)v9(4)	286 - 290
Bilateral Procedure Adjustment	bilatdisc	9(1)v9(4)	291 - 295
Ratio of Cost-to-Charges (RCCs)	rcc	9(1)v9(4)	296 - 300
Factor 1	factor1	9(1)v9(4)	301 - 305
Rate 1	rate1	9(8)v9(4)	306 - 315
Rate 2	rate2	9(8)v9(4)	316 - 325
Facility Type	facility_type	9(1)	326
Policy Adjustor 1	pol_adj1	9(1)v9(4)	327 - 331
Policy Adjustor 2	pol_adj2	9(1)v9(4)	332 - 336
Marginal Cost Factor	mcf	9(1)v9(4)	337 - 341
Cost Outlier Threshold	threshold	9(8)v9(2)	342 - 351
Age	age	9(3)	352 - 354
Add-On Payment	add_on	9(8)v9(2)	355 - 364
Ratio of Cost of Charges (RCCs) 2	rcc2	9(1)v9(4)	365 - 369
Policy Adjustor 3	pol_adj3	9(1)v9(4)	370 - 374
Policy Adjustor 4	pol_adj4	9(1)v9(4)	375 - 379
Policy Adjustor 5	pol_adj5	9(1)v9(4)	380 - 384
Filler		X(2)	385 - 386
Extended Hospital Rate Calculator File in Use 0 = Extended Hospital Rate Calculator File not required 1 = Extended Hospital Rate Calculator File required	medext_sw	X(1)	387
Fee Schedule Table	fstable	X(13)	388 - 400
Extended Fee Schedule Table	fsexttable	X(13)	401 - 413
National Carrier	natcarrier	X(12)	414 - 425

Table 6-8: Medicaid APG Pro Hospital Rate Variables - medout.dat

Field Description	Variable Name	Format	Position
Other Carrier	othcarrier	X(12)	426 - 437

6.2.1.4 TRICARE APC

Table 6-9: TRICARE APC Hospital Rate Calculator Variables - medout.dat

Field Description	Variable Name	Format	Position
In Network Provider	network	9(1)	39
Markup	markup	9(1)v9(4)	40 - 44
User Key 1	user_key1	X(15)	45 - 59
User Key 2	user_key2	X(15)	60 - 74
Filler		X(363)	75 - 437

6.2.2 COBOL Platform

6.2.2.1 Contract APC

Table 6-10: Contract APC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	Y3R-LABOR	9(1)v9(5)	251 - 256
Wage Index	Y3R-WI	9(1)v9(5)	257 - 262
Facility Type 00 = All other hospitals 05 = OPPS exempt (CAH) 08 = Non-participating hospital	Y3R-FACILITY-TYPE	9(2)	263 - 264
Multiple Significant Procedure Payment Discount Factor for Highest Weighted Procedure	Y3R-DISCOUNT1	9(1)v9(4)	265 - 269
Multiple Significant Procedure Payment Discount Factor for 2nd Highest Weighted Procedure.	Y3R-DISCOUNT2	9(1)v9(4)	270 - 274
Multiple Significant Procedure Payment Discount Factor for 3rd Highest Weighted Procedure.	Y3R-DISCOUNT3	9(1)v9(4)	275 - 279
Multiple Significant Procedure Payment Discount Factor for all other Procedures.	Y3R-DISCOUNT4	9(1)v9(4)	280 - 284
Discontinued Procedures Discount Factor	Y3R-DMODPCT	9(1)v9(4)	285 - 289
Outpatient Ratio of Costs to Charges	Y3R-RCC	9(1)v9(5)	290 - 295
Inpatient Deductible	Y3R-INPDED	9(8)v9(2)	296 - 305

Table 6-10: Contract APC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Reserved for 1996 Ratio of Payment to Charges		9(1)v9(4)	306 - 310
Outlier Payment Percent	Y3R-OUTLIER-PCT	9(1)v9(4)	311 - 315
Outlier Payment Factor	Y3R-OUTLIER-FAC	9(1)v9(4)	316 - 320
Ambulance Rural Factor	Y3R-AMBRURAL	9(1)v9(4)	321 - 325
Ambulance Non-Rural Factor	Y3R-AMBNONRURAL	9(1)v9(4)	326 - 330
Hospital Quality Indicator	Y3R-HOSPQUALIND	X(1)	331
Hospital Quality Reduction Factor	Y3R-QUALREDFACT	9(1)v9(4)	332 - 336
Filler		X(5)	337 - 341
Claim Denial Override Flag 0 = Do not override Return Code 22 1 = Override Return Code 22	Y3R0-CLM-DENIAL-OVERRIDE	9(1)	342
Flag to Limit Payment to Some Percent of Charges (APC Contract Pricer Only)	Y3R-PAYLIM	9(1)	343
Payment Limit Factor (Limit Payment for Each Claim to this Field Times Total Charges) (APC Contract Pricer Only).	Y3R-PAYPCT	9(1)v9(4)	344 - 348
Flag to Limit Co-Payment to Some Percent of Charges (APC Contract Pricer Only)	Y3R-COPAYLIM	9(1)	349
Co-Payment Limit Factor (Limit Payment for Each Claim to this Field Times Total Charges (APC Contract Pricer Only)	Y3R-COPAYPCT	9(1)v9(4)	350 - 354
Use Base * Weight Pricing	Y3R-BRFLAG	9(1)	355
Base Rate or Conversion Factor.	Y3R-BRATE	9(5)v9(3)	356 - 363
Fee Schedule Charge Limit Flag 0 = Fee schedule items are priced at the fee schedule rate 1 = Fee schedule items are priced at the lesser of the fee schedule rate or line item charge 2 = Fee schedule items except for Payment Status Indicator G and K items are priced at the lesser of the fee schedule rate or line item charge (default)	Y3R-FSCHGLIM	9(1)	364
Discounting Option 0 = Use Medicare discounting rules (default) 1 = Use contract pricing discounts 2 = Use Iowa Medicaid discounting rules	Y3R-DISCOPTION	9(1)	365
Fee Schedule Indicator	Y3R-FSIND	9(1)	366
Fee Schedule Table	Y3R-FSTABLE	X(13)	367 - 379

Table 6-10: Contract APC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Ambulance Coverage Factor	Y3R-AMBCOV	9(1)v9(4)	380 - 384
Ambulance Coinsurance Factor	Y3R-AMBCOINS	9(1)v9(4)	385 - 389
Ambulance Location/Carrier Code	Y3R-AMBCARRIER	X(12)	390 - 401
DMEPOS Coverage Factor	Y3R-DMECOV	9(1)v9(4)	402 - 406
DMEPOS Coinsurance Factor	Y3R-DMECOINS	9(1)v9(4)	407 - 411
DMEPOS Location/Carrier Code	Y3R-DMECARRIER	X(12)	412 - 423
Lab Coverage Factor	Y3R-LABCOV	9(1)v9(4)	424 - 428
Lab Coinsurance Factor	Y3R-LABCOINS	9(1)v9(4)	429 - 433
Lab Location/Carrier Code	Y3R-LABCARRIER	X(12)	434 - 445
National Coverage Factor	Y3R-MAMCOV	9(1)v9(4)	446 - 450
National Coinsurance Factor	Y3R-MAMCOINS	9(1)v9(4)	451 - 455
National Location/Carrier Code	Y3R-MAMCARRIER	X(12)	456 - 467
Physician Fee Schedule Coverage Factor	Y3R-REHCOV	9(1)v9(4)	468 - 472
Physician Fee Schedule Coinsurance Factor	Y3R-REHCOINS	9(1)v9(4)	473 - 477
Physician Fee Schedule Location/ Carrier Code	Y3R-REHCARRIER	X(12)	478 - 489
Other Coverage Factor	Y3R-OTHCOV	9(1)v9(4)	490 - 494
Other Coinsurance Factor	Y3R-OTHCOINS	9(1)v9(4)	495 - 499
Other Location/Carrier Code	Y3R-OTHCARRIER	X(12)	500 - 511
Pricing Selection, Non-OPPS 0 = Include Non-OPPS and Reasonable Cost under Non-OPPS. 1 = Separate Reasonable Cost from Non-OPPS.	Y3R-PSAF	9(1)	512
Payment Factor for Non-OPPS Items (Paystatus A)	Y3R-PSAFPAYFACT	9(1)v9(4)	513 - 517
Co-Payment Factor for Non-OPPS Items	Y3R-PSAFCPYFACT	9(1)v9(4)	518 -522
Reserved Filler		9(1)	523
Payment Factor for Non-Covered Items	Y3R-PSBEPAYFACT	9(1)v9(4)	524 - 528
Co-Payment Factor for Non-Covered Items	Y3R-PSBECPYFACT	9(1)v9(4)	529 - 533
Reserved Filler		9(1)	534
Payment Factor for Inpatient Items	Y3R-PSCPAYFACT	9(1)v9(4)	535 - 539
Co-Payment Factor for Inpatient Items	Y3R-PSCCPYFACT	9(1)v9(4)	540 - 544
Pricing Selection for Packaged Items (Paystatus N)	Y3R-PSN	9(1)	545
Payment Factor for Packaged Items	Y3R-PSNPAYFACT	9(1)v9(4)	546 - 550

Table 6-10: Contract APC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Co-Payment Factor for Packaged Items	Y3R-PSNCPYFACT	9(1)v9(4)	551 - 555
Pricing Selection for Line Items Without HCPCS Codes	Y3R-PSREV	9(1)	556
Payment Factor for Line Items Without HCPCS Codes	Y3R-PSREVPAYFACT	9(1)v9(4)	557 - 561
Co-Payment Factor for Line Items Without HCPCS Codes	Y3R-PSREVCPYFACT	9(1)v9(4)	562 - 566
Paystatus G Flag 0 = Medicare rules *Procedure code is grouped to an APC and priced using an APC rate.* 1 = Percent of charge if no fee schedule *If there is a fee schedule rate for the procedure code, pay via the fee schedule. If the item is not in the fee schedule, pay as a percent of line item charge.* 2 = Price using the fee schedule rate	Y3R-PSG	9(1)	567
Payment Factor for Paystatus G	Y3R-PSGPAYFACT	9(1)v9(4)	568 - 572
Co-Payment Factor for Paystatus G	Y3R-PSGCPYFACT	9(1)v9(4)	573 - 577
Paystatus H Flag	Y3R-PSH	9(1)	578
Payment Factor for Paystatus H	Y3R-PSHPAYFACT	9(1)v9(4)	579 - 583
Co-Payment Factor for Paystatus H	Y3R-PSHCPYFACT	9(1)v9(4)	584 - 588
Bilateral Pricing Discount Factor Default is 1.0000 (if left at zeros, Pricer will assume discount = 1.0000)	Y3R-BILATERAL	9(1)v9(4)	589 - 593
Total Reimbursement Discount Factor	Y3R-DISCOUNT	9(1)v9(4)	594 - 598
Fixed Outlier Threshold	Y3R-OUTLIER THRESH	9(8)v9(2)	599 - 608
Payment Factor for Reasonable Cost Items	Y3R-PSFLPAYFACT	9(1)v9(4)	609 - 613
Co-Payment Factor, Reasonable Cost Items	Y3R-PSFLCPYFACT	9(1)v9(4)	614 - 618
Lab Panel /Multi-Channel Flag 0 = Perform lab panel/multi-channel discounting (default) 1 = Do not perform lab panel/multi-channel discounting	Y3R-LABPNL	9(1)	619
Fee Schedule Mark-Up Flag except Fee Type of Other 0 = Apply mark-up factor 1 = Do not apply mark-up factor	Y3R-FEE-MARKUP	X(1)	620
Fee Schedule Mark-Up Flag for Fee Type of Other 0 = Apply Mark-Up Factor 1 = Do Not Apply Mark-Up Factor	Y3R-FSOTHER-MARKUP	X(1)	621

Table 6-10: Contract APC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Pay Status H Items Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do Not Apply Mark-Up Factor	Y3R-H-MARKUP	X(1)	622
Pay Status G and K Items Mark-up Flag 0 = Apply Mark-Up Factor 1 = Do Not Apply Mark-Up Factor	Y3R-GK-MARKUP	X(1)	623
Pay Status J1, J2, R, S, T, V, and X Items Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do not Apply Mark-Up Factor	Y3R-RSTVX-MARKUP	X(1)	624
Pay Status F and L Items Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do Not Apply Mark-Up Factor	Y3R-FL-MARKUP	X(1)	625
All Other Payment Statuses Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do not Apply Mark-Up Factor	Y3R-OTHER-MARKUP	X(1)	626
Outlier Add-on Items Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do not Apply Mark-Up Factor	Y3R-OUT-MARKUP	X(1)	627
Rural Adjustment Factor	Y3R-RURAL-FACT	9(1)v9(4)	628 - 632
Pay Status U Mark-Up Flag 0 = Apply Mark-Up Factor 1 = Do Not Apply Mark-Up Factor	Y3R-U-MARKUP	X(1)	633
Pricer Return Code 08 Override Flag 1 = Override Line-Level Pricer Return Code 08 for Modifiers GX, GY, and GZ	Y3R-MODOVRFLG	9(1)	634
Filler		X(159)	635 - 793
NMPRF Version	Y3R-VERSION	X(7)	794 - 800

6.2.2.2 Contract ASC

Table 6-11: Contract ASC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Labor-Related Portion	Y4R-LABOR	9v9(5)	251 - 256
Wage Index	Y4R-WI	9v9(5)	257 - 262
Multiple Procedure Discount Factor - First Procedure	Y4R-DISCOUNT1	9(1)v9(4)	263 - 267
Multiple Procedure Discount Factor – All Other Procedures	Y4R-DISCOUNT4	9(1)v9(4)	268 - 272
Discontinued Procedure Discount	Y4R-DMODPCT	9(1)v9(4)	273 - 277
Payment Percentage Rate Flag	Y4R-PPRFLG	9(1)	278 - 278

Table 6-11: Contract ASC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Payment percentage rate	Y4R-PPR	9(1)v9(4)	279 - 283
Markup/Discount Factor	Y4R-MARKUP	9(1)v9(4)	284 - 288
Payment Limit Flag	Y4R-PAYLIM	9(1)	289 - 289
Payment Limit Factor	Y4R-PAYPCT	9(1)v9(4)	290 - 294
Fee Schedule Indicator 0 = No fee schedule pricing 1 = Fee schedule pricing	Y4R-FSIND	9(1)	295 - 295
Fee Schedule Table	Y4R-FSTABLE	X(13)	296 - 308
ASC Coverage Factor	Y4R-ASRCOV	9(1)v9(4)	309 - 313
ASC Coinsurance Factor	Y4R-ASRCOINS	9(1)v9(4)	314 - 318
ASC Fee Schedule Carrier	Y4R-ASRCARRIER	X(12)	319 - 330
Other Coverage Factor	Y4R-OTHCOV	9(1)v9(4)	331 - 335
Other Coinsurance Factor	Y4R-OTHCOINS	9(1)v9(4)	336 - 340
Other Fee Schedule Carrier	Y4R-OTHCARRIER	X(12)	341 - 352
Payment Status A2 Items Mark-up Flag	Y4R-A2-MARKUP	9(1)	353
Payment Status AX Items Mark-up Flag	Y4R-AX-MARKUP	9(1)	354
Payment Status AZ Items Mark-up Flag	Y4R-AZ-MARKUP	9(1)	355
Payment Status F4 Items Mark-up Flag	Y4R-F4-MARKUP	9(1)	356
Payment Status G2 Items Mark-up Flag	Y4R-G2-MARKUP	9(1)	357
Payment Status H2 Items Mark-up Flag	Y4R-H2-MARKUP	9(1)	358
Payment Status H7 Items Mark-up Flag	Y4R-H7-MARKUP	9(1)	359
Payment Status H8 Items Mark-up Flag	Y4R-H8-MARKUP	9(1)	360
Payment Status J7 Items Mark-up Flag	Y4R-J7-MARKUP	9(1)	361
Payment Status J8 Items Mark-up Flag	Y4R-J8-MARKUP	9(1)	362
Payment Status K2 Items Mark-up Flag	Y4R-K2-MARKUP	9(1)	363
Payment Status K7 Items Mark-up Flag	Y4R-K7-MARKUP	9(1)	364
Payment Status L6 Items Mark-up Flag	Y4R-L6-MARKUP	9(1)	365
Payment Status P2 Items Mark-up Flag	Y4R-P2-MARKUP	9(1)	366
Payment Status P3 Items Mark-up Flag	Y4R-P3-MARKUP	9(1)	367
Payment Status R2 Items Mark-up Flag	Y4R-R2-MARKUP	9(1)	368
Payment Status Z2 Items Mark-up Flag	Y4R-Z2-MARKUP	9(1)	369
Payment Status Z3 Items Mark-up Flag	Y4R-Z3-MARKUP	9(1)	370
Cardiac Resynch. Therapy Logic Flag 0 = Do not apply Return Code 37 1 = Apply Return Code 37	Y4R-RC37-FLAG	9(1)	371
ASC Quality Reduction Factor	Y4R-QUAL-REDUCT	9(1)v9(4)	372 - 376
Apply Bio-Similar Modifier Logic Flag 0 = Do not apply Return Code 54 1 = Apply Return Code 54	Y4R-RC54-FLAG	9(1)	377

Table 6-11: Contract ASC COBOL Hospital Rate File Variables - hosp02.dat

Field Description	Variable Name	Format	Position
Fee Schedule Layout Flag 0 or Blank = Utilize legacy fee schedule layout (38 bytes) 1 = Utilize new fee schedule layout (450 bytes)	Y4R-FS-FLAG	9(1)	378
Colonoscopy Payment Factor	Y4R-COL-PAY-FACT	9(1)v9(4)	379 - 383
Colonoscopy Co-Payment Factor	Y4R-COL-COPAY-FACT	9(1)v9(4)	384 - 388
Pay or Deny Lines With MUEs 0 = Do not pay lines with MUEs 1 = Pay lines with MUEs up to the MUE maximum 2 = Deny lines using user-defined maximum units via the ASC Rule File 3 = Pay lines with MUEs up to the user-defined maximum units via the ASC Rule File	Y4R-MUE-FLAG	9(1)	389
Multiple Procedure Discount Factor - Second Procedure	Y4R-DISCOUNT2	9(1)v9(4)	390 - 394
Multiple Procedure Discount Factor - Third Procedure	Y4R-DISCOUNT3	9(1)v9(4)	395 - 399
Filler		X(394)	400 - 793
NMPRF Version	Y4R-VERSION	X(7)	794 - 800

7 Physician Factor File Layout

This chapter provides the layout for the Physician Factor File (C and COBOL). It includes the following section:

- C and COBOL Platform Layout

7.1 C and COBOL Platform Layout

Table 7-1: Physician Factor Variables - facphy*yy*.dat; fac09*yy*.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position
Billing National Provider Identifier (NPI)	npi	HFR-NPI	X(10)	1 - 10
Paysource	paysrc	HFR-PAYSRC	X(9)	11 - 19
Tax Identification Number (TIN)	tin	HFR-TIN	X(9)	20 - 28
Sequence Number	seq_nbr	HFR-SEQ-NBR	9(4)	29 - 32
Page Number	pge_nbr	HFR-PGE-NBR	9(2)	33 - 34
Start Date	startdate	HFR-START-DATE	9(8)	35 - 42
End Date	enddate	HFR-END-DATE	9(8)	43 - 50
C Pricer Type Reserved	prcr_type_c	HFR-PRCR-TYPE-C-RSVD	X(2)	51 - 52
COBOL Pricer Type Reserved	prcr_type_cbl	HFR-PRCR-TYPE-CBL-RSVD	X(2)	53 - 54
Payment Factor	pay_fac	HFR-09-PAY-FAC	9(3)v9(6)	55 - 63
Filler			X(37)	64 - 100

8 Fee Schedule File Layouts

This chapter provides the layouts for the Fee Schedule Data Files (C and COBOL). This chapter includes the following sections:

- Overview
  - File Naming Conventions
- Fee Schedule Data File Layout
  - Key Fields
  - Medicaid APG Fee Schedule Data File Layout
  - APC-HOPD and Contract APC Fee Schedule Data File Layout
  - ESRD Fee Schedule Data File Layout
  - Physician Fee Schedule Data File Layout
  - SNF Fee Schedule Data File Layout
  - Legacy Fee Schedule Data File Layout

8.1 Overview

Optum supplies different types of Fee Schedule Files. The file for the calendar year is updated several times throughout the year and distributed separately on the Fee Schedule Data File distribution. Users can modify or import a Fee Schedule File through Rate Manager or create a user-specified file in the file layouts detailed below. Once a fee schedule has been modified, it should be renamed to prevent it from being overwritten by future updates from Optum. The Pricers used alone or with the Optimizer, can accept user-specified fee schedule file names that conform to the appropriate naming convention. When naming a user-specified file, keep in mind that the file name must (1) include fs, FS, or fee as the first letters of the file name (note that the Extended Fee Schedule file name should be prefixed with ex or EX), (2) not exceed eight (8) characters, and (3) not include spaces or non-alphanumeric characters (for example, *fscnt12* or *ex2011* are valid file names for the C Platform). Refer to the EASYGroup™ User's Guide for further information.

Beginning January 01, 2017, the Fee Schedule Data File will only contain data for a given year and for a specific payment system. During the course of the Fiscal Year (FY), updated/revised annual fee schedule files for each payment system may be released. The files will overlay the client's current fee schedule files for that year/payment system. Prior to the next Fiscal Year (FY), a new annual fee schedule file will be deployed. As was the case prior to January 01, 2017, the new file will only contain data for a given year and for a specific payment system. In order to determine if you need to load the new annual fee schedule file, please reference the figure below. If the distribution contains a file matching the listed naming scheme(s), then you will need to load the new annual fee schedule file.

Figure 8-1. Naming Schemes

REIMB TYPE (######)	FSRnnyyyy (yy=Year)
APCOPPS	FSR01yy
APCASC	FSR02yy
SNF	FSR03yy
APGASC	FSR04yy
ESRD	FSR05yy
HHA	FSR06yy
ASCCONT	FSR07yy
MIMDCD	FSR08yy
PHYSICIAN	FSR09yy
IOWA APC	FSR10yy

For the data-only distribution of the fee schedule files, the JCL for defining/loading the new annual fee schedule file is named:

- MVSFSYY (z/OS)
- VSEFSYY (z/VSE)

For the Pricer distributions, steps for defining/loading the new annual fee schedule file have been added to the existing JCL named:

- MVSCLDF/MVSCLLD (z/OS)
- VSECLDF/VSECLLD (z/VSE)

Note

Prior to January 01, 2017, the COBOL Fee Schedules contained only rates for the current year. If required, users can create a cumulative file for multiple years (refer to the **COBOL** directory within the distribution for a sample JCL).

8.1.1 File Naming Conventions

Fee schedule file names are listed in the following tables, where *yyyy* or *yy* is replaced by the 4-digit or 2-digit calendar year, respectively.

Table 8-1: Fee Schedule File Names

Description	C	COBOL	COBOL Fee Rate	COBOL Fee Type
Alabama BCBS APG	feealbc*yy*.dat	N/A	N/A	N/A
APC-HOPD	fee*yyyy*.dat	fsr01*yy*.dat	N/A	N/A
ASC	feeasc*yy*.dat	fsr02*yy*.dat	N/A	N/A
Colorado APG	feeco*yy*.dat	N/A	N/A	N/A
Contract APC	fee*yyyy*.dat	fsr01*yy*.dat	N/A	N/A
Contract ASC	**Legacy:** fsasc*yy*.dat **New:** feeasc*yy*.dat	**New:** fsr02*yy*.dat	**Legacy:** fsr02.dat	**Legacy:** fst02.dat
Enhanced New York Medicaid APG	feeny*yy*.dat feenyw*yy*.dat	N/A	N/A	N/A
ESRD	feesrd*yy*.dat	fsr05*yy*.dat	N/A	N/A
FQHC	feefq*yy*.dat	fsr11*yy*.dat	N/A	N/A
HHA	feehh*yy*.dat	fsr06*yy*.dat	N/A	N/A
Hospice	feehsp*yy*.dat	fsr12*yy*.dat	N/A	N/A
Iowa Medicaid APC	feeia*yy*.dat	fsr10*yy*.dat	N/A	N/A
Massachusetts Medicaid APG	feema*yy*.dat	N/A	N/A	N/A

Table 8-1: Fee Schedule File Names

Description	C	COBOL	COBOL Fee Rate	COBOL Fee Type
Michigan Medicaid APC	feemi*yy*.dat	fsr08*yy*.dat	N/A	N/A
Michigan Medicaid ASC	feemia*yy*.dat	fsr07*yy*.dat	N/A	N/A
Nebraska Medicaid APG	feene*yy*.dat	N/A	N/A	N/A
New Mexico Medicaid APC	feenm*yy*.dat	N/A	N/A	N/A
Ohio Medicaid APG	feeoh*yy*.dat	N/A	N/A	N/A
Physician	feephys*yy*.dat	fsr09*yy*.dat	N/A	N/A
RHC	feerhc*yy*.dat	N/A	N/A	N/A
SNF	feesnf*yy*.dat	fsr03*yy*.dat	N/A	N/A
Texas Medicaid Outpatient	feetx*yy*.dat	N/A	N/A	N/A
Virginia Medicaid APG	feeva*yy*.dat	N/A	N/A	N/A
Virginia Medicaid ASC	feevaas*yy*.dat	N/A	N/A	N/A
Washington Medicaid APG	feewa*yy*.dat	N/A	N/A	N/A
Wisconsin Medicaid APG	feewi*yy*.dat	N/A	N/A	N/A

Table 8-2: Legacy Extended Fee Schedule File Names

Description	C	COBOL
Contract APC	ex*yyyy*.dat	fse01.dat

8.2 Fee Schedule Data File Layout

8.2.1 Key Fields

Key fields are variables used across all applicable payment systems.

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
HCPCS Code	hcpcs	FSR1-HCPCS-CODE	X(7)	1 - 7	HCPCS Level I or II code. No embedded spaces or decimals.

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Location/Carrier	carrier	FSR1-CARRIER	X(12)	8 - 19	Identifies the carrier code for this payment rate.
Sequence Number	seq_nbr	FSR1-SEQ-NBR	9(4)	20 - 23	Begins at 1, varies based on carrier.
Page Number	pge_nbr	FSR1-PGE-NBR	9(2)	24 - 25	Reserved
Start Date	startdate	FSR1-START-DATE	9(8)	26 - 33	CCYYMMDD. Date on which this payment rate becomes effective. Generally, this will be January 1st of each calendar year.
End Date	enddate	FSR1-END-DATE	9(8)	34 - 41	00000000 = Code is still in effect YYYYMMDD = End date for the record
Total Number of Modifiers	ttl_mods	FSR1-TTL-MODS	9(1)	42	Total number of modifiers.
Modifier 1	modifier1	FSR1-MODIFIER1	X(2)	43 - 44	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.
Modifier 2	modifier2	FSR1-MODIFIER2	X(2)	45 - 46	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.
Modifier 3	modifier3	FSR1-MODIFIER3	X(2)	47 - 48	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.
Modifier 4	modifier4	FSR1-MODIFIER4	X(2)	49 - 50	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Modifier 5	modifier5	FSR1-MODIFIER5	X(2)	51 - 52	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.
Pricer Type (C Platform)	prcr_type_c	FSR1-PRCR-TYPE-C	X(2)	53 - 54	Refer to the Input & Output Parameter Blocks User's Guide for a detailed list.
Pricer Type (COBOL Platform)	prcr_type_cbl	FSR1-PRCR-TYPE-CBL	X(2)	55 - 56	Refer to the Input & Output Parameter Blocks User's Guide for a detailed list.
Fee Schedule Type	type	FSR1-TYPE	X(2)	57 - 58	A = Ambulance fee schedule D = DMEPOS fee schedule L = Clinical laboratory fee schedule M = Medicaid fee schedule N = National/ASP fee schedule P = Physician fee schedule S = ASC fee schedule X = Other fee schedule (user-defined)

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Gap Fill Indicator	gapfill	FSR1-GAPFILL	X(2)	59 - 60	**APC-HOPD**: Ambulance Services: 1 = Ground transport 2 = Air transport 3 = Air mileage 4 = Ground mileage Physician Services: 5 = Therapy service subject to discounting 9 = All other therapy services **ASC**: Indicates whether a service is subject to multiple procedure discounting and/or the service is preventive and coinsurance is waived. 0 = Not subject to multiple procedure discounting 1 = Subject to multiple procedure discounting 2 = Coinsurance is waived for this preventive service 3 = Subject to multiple procedure discounting and coinsurance is waived for this preventive service continued below...

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Gap Fill Indicator <continued>	gapfill	FSR1-GAPFILL	X(2)	59 - 60	**Contract APC**: Ambulance Services: 1 = Ground transport 2 = Air transport 3 = Air mileage 4 = Ground mileage Physician Services: 5 = Therapy service subject to discounting 9 = All other therapy services National/ASP: A = Anesthesia service Other: B = Michigan Medicaid ambulance mileage **ESRD**: National/ASP: 2 = Epoetin alfa Retacrit® 3 = Drug subject to the Transitional Drug Add-On Payment Adjustment (TDAPA) 5 = Epoetin alfa 6 = Darbepoetin alfa 8 = Blood 9 = Non-ESRD Erythropoietin Stimulating Agent (ESA) **FQHC:** National/ASP: 1 = Coinsurance based on charges **HHA**: National/ASP: 1 = Osteoporosis drugs continued below...

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Gap Fill Indicator <continued>	gapfill	FSR1-GAPFILL	X(2)	59 - 60	**Hospice:** Physician Services: 1 = Kidney Disease Education **Iowa Medicaid APC:** Physician Services: 5 = Therapy service subject to discounting National/ASP: A = Anesthesia **Michigan Medicaid APC:** Physician Services: 5 = Therapy service subject to discounting **New Mexico Medicaid APC:** 1= Lab service 2 = Vaccine for children 3 = Observation service 4 = Manual pricing **Physician**: Ambulance Services: 1 = Ground transport 2 = Air transport 3 = Air mileage 4 = Ground mileage DME Services: 5 = Units not used in pricing 6 = Pharmacy supply and dispensing code **SNF**: Ambulance Services: 1 = Ground transport 2 = Air transport 3 = Air mileage 4 = Ground mileage Physician Services: 5 = Therapy service subject to discounting 6 = Coinsurance is waived for this preventive service **Texas Medicaid Outpatient:** 4 = Manual pricing

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Rate 1	rate1	FSR1-RATE1	9(8)v9(3)	61 - 71	Contains the fee schedule rate for: A = Urban ambulance D = Urban DMEPOS L = Clinical laboratory M = Medicaid N = National/ASP P = Facility physician S = ASC fee schedule X = Other fee schedule (user-defined) **Washington Medicaid APG:** For services with a Special Payment Flag (*spay_flag*) of 4 (Paid Based on Age (Dental Procedure)), this is the fee schedule rate for patients age 21 and older. For all other services, this is the fee schedule rate for all patients.
Rate 2	rate2	FSR1-RATE2	9(8)v9(3)	72 - 82	Contains the fee schedule rate for: A = Rural ambulance D = Rural DMEPOS M = Medicaid P = Non-facility physician **Washington Medicaid APG:** For services with a Special Payment Flag (*spay_flag*) of 4 (Paid Based on Age (Dental Procedure)), this is the fee schedule rate for patients under the age of 21.
Rate 3	rate3	FSR1-RATE3	9(8)v9(3)	83 - 93	Contains the fee schedule rate for: A = Super rural ambulance P = Therapy services subject to the MPPR
Rate 4	rate4	FSR1-RATE4	9(8)v9(3)	94 - 104	Contains the fee schedule rate for: A = Ground rural ambulance for 1 - 17 miles
Filler			X(22)	105 - 126	

Table 8-3: Fee Schedule Data File Variables - Key Fields, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Multiple Fee Schedule Type Flag	multi_ftype	FSR1-MULTIFLAG	9(1)	127	0 = This code only has one fee schedule type for the year 1 = This code changed fee schedule types for the year
Filler			X(43)	128 - 170	

Note

Fields 171 - 450 are payment system-specific.

8.2.2 Medicaid APG Fee Schedule Data File Layout

Table 8-4: Medicaid APG Fee Schedule Data File Variables

Field Description	Variable Name	Format	Position	Notes
Procedure Weight	weight	9(3)v9(6)	171 - 179	**Enhanced New York Medicaid APG:** Relative weight for this procedure.
Procedure Discount Percent 1	disc1	9(1)v9(5)	180 - 185	**Ohio Medicaid APG**: The payment for this procedure will be discounted by this factor if units are billed that exceed the value shown in the Maximum Units field. **Washington Medicaid APG:** The payment for this service will be discounted by this factor when the Special Payment Flag is set to 3.
Procedure Discount Percent 2	disc2	9(1)v9(5)	186 - 191	Reserved
Procedure Discount Percent 3	disc3	9(1)v9(5)	192 - 197	Reserved
Maximum Units	maxunits	9(7)	198 - 204	**Ohio Medicaid APG**: The number of units for which the service will be paid 100% and above which the service will be paid the discount shown in the Procedure Discount Percent 1 field. **Enhanced New York Medicaid APG, Washington Medicaid APG, and Wisconsin Medicaid APG:** The maximum payable units for this procedure code.

Table 8-4: Medicaid APG Fee Schedule Data File Variables

Field Description	Variable Name	Format	Position	Notes
Fee Flag	fee_flag	9(1)	205	This flag indicates if the procedure code is paid using a fee schedule rate, and, if so how it is paid using that rate. **Alabama BCBS APG, Colorado Medicaid APG, Enhanced New York Medicaid APG, Massachusetts Medicaid APG, Nebraska Medicaid APG, Virginia Medicaid ASC, Washington Medicaid APG, and Wisconsin Medicaid APG:** 0 = Price using procedure weight 1 = Price using fee schedule rate (charge cap) 2 = Price using percent of charge 3 = Price using second percent of charge 4 = Price using greater of fee schedule rate or charges 5 = Price using fee schedule (no charge cap) 6 = Price using percent of cost with discounts 7 = Price using fee schedule rate with discounts (charge cap) 8 = Price using fee schedule rate with discounts (no charge cap) continued below...
Fee Flag <continued>	fee_flag	9(1)	205	**Ohio Medicaid APG**: 1 = Price using fee schedule rate (charge cap) 2 = Price using fee schedule rate (charge cap, no packaging or consolidation) 6 = Price using percent of cost with discounts 7 = Price using fee schedule rate with discounts (charge cap) 8 = Price using fee schedule rate with discounts (no charge cap) **Virginia Medicaid APG:** 1 = Price using fee schedule rate (charge cap) 2 = Price using fee schedule rate (charge cap, no packaging or consolidation) 5 = Price using fee schedule (no charge cap)
Units Flag	units_flag	9(1)	206	**Enhanced New York Medicaid APG:** Apply the units of service in the payment calculation. 0 = Service units not used 1 = Service units used 2 = Top 25 drug

Table 8-4: Medicaid APG Fee Schedule Data File Variables

Field Description	Variable Name	Format	Position	Notes
Special Payment Flag	spay_flag	9(1)	207	This procedure code uses special payment logic. **Colorado Medicaid APG:** 1 = Manually priced 3 = Long Acting Reversible Contraceptive (LARC) device **Enhanced New York Medicaid APG:** 0 = No special payment logic 1 = Carve out 2 = Payable incidental procedure 3 = Per-diem max units payment logic 4 = No capital add-on procedure 5 = No capital add-on procedure and payable incidental procedure 8 = No payment **Ohio Medicaid APG:** 0 = No special payment logic 2 = Vaccine for Children (VFC) 3 = Long Acting Reversible Contraceptive (LARC) device **Virginia Medicaid APG:** 0 = No special payment logic 2 = Vaccine for Children (VFC) vaccine code, paid fee schedule if patient age < 19 3 = Long Acting Reversible Contraceptive (LARC) device continued below...
Special Payment Flag <continued>	spay_flag	9(1)	207	**Virginia Medicaid ASC:** 0 = No special payment logic 9 = Vaccine for Children (VFC) vaccine code, paid fee schedule if patient age < 19 **Washington Medicaid APG:** 0 = No special payment logic 1 = Procedure code paid billed charges 2 = Procedure code paid percent of charge 3 = Non-excepted off-campus provider-based department reduction applied 4= Paid based on age (dental procedure) **Wisconsin Medicaid APG**: 0 = No special payment logic 2 = Procedure code paid even if packaged by APG Grouper

Table 8-4: Medicaid APG Fee Schedule Data File Variables

Field Description	Variable Name	Format	Position	Notes
Stand Alone Flag	standalone_flag	9(1)	208	**Enhanced New York Medicaid APG:** This procedure will not be paid if billed without any other procedures on the same date of service (i.e., stand-alone). 0 = Not subject to stand-alone payment logic 1 = If stand-alone, pay zero
Transition Flag	trans_flag	9(1)	209	**Enhanced New York Medicaid APG:** Payment for this procedure code will be a blend of the APG payment and the previous non-APG payment. 0 = Not subject to blending 1 = Subject to blending
AMCC Indicator	amcc	9(1)	210	**Massachusetts Medicaid APG:** 0 = Concept does not apply 1 = Multi-channel service 2 = Lab panel service 3 = Lab panel service with components not included in the AMCC bundling
AMCC Component Count	amcc_cnt	9(3)	211 - 213	**Massachusetts Medicaid APG:** Count of procedure codes that are included in the AMCC bundling for this lab panel code. For multichannel services, the count will always be 001.
Codes Not Included in AMCC Bundling	not_amcc	X(5) occurs 3 times	214 - 228	**Massachusetts Medicaid APG:** Procedure code that is not included in the AMCC bundling for this lab panel code.
Filler		X(222)	229 - 450	

8.2.3 APC-HOPD and Contract APC Fee Schedule Data File Layout

Table 8-5: APC-HOPD & Contract APC Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Practice Expense RVU	pe_rvu	FSR1-FS1-PE-RVU	9(8)v9(5)	171 - 183	**APC-HOPD and Contract APC:** Non-facility PE RVU value. This value is used to determine the highest paid therapy service.
Anesthesia Base Units	anth_base	FSR1-FS1-ANTH-BASE	9(3)	184 - 186	**Contract APC:** Base units for this anesthesia service.

Table 8-5: APC-HOPD & Contract APC Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Alternate Pricing Flag	alt_flag	FSR1-FS1-ALT-FLAG	9(1)	187	**Contract APC:** Procedure codes are being processed using the following methodologies: 1 = Manually Priced 2 = Maximum Fee (lesser of the billed charges or fee schedule rate) 3 = Billed Charges
Co-Payment Waived Flag	copay_waived	FSR1-FS1-COPAY-WAIVED	9(1)	188	**APC-HOPD and Contract APC:** Flag used to identify services that are not subject to co-payments. 0 = Co-Payment is Not Waived 1 = Co-Payment is Waived
Filler			X(262)	189 - 450	

8.2.4 ESRD Fee Schedule Data File Layout

Table 8-6: ESRD Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
ESRD Non-Separately Payable Flag	cb_flag	FSR1-FS5-CB-FLAG	9(1)	171	This flag identifies services that will not be separately payable when billed with Modifier AY on an ESRD claim. 1 = Service is not separately payable when billed with Modifier AY on an ESRD claim 0 = Otherwise
Outlier Flag	outlier_flag	FSR1-FS5-OUTLIER-FLAG	9(1)	172	Flag to identify services that contribute to outlier calculations. 0 = Procedure code is not outlier eligible 1 = Procedure code is outlier eligible

Table 8-6: ESRD Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
AKI Non-Separately Payable Flag	cb_flag2	FSR1-FS5-CB-FLAG2	9(1)	173	This flag identifies services that will not be separately payable when billed on an AKI claim. 1 = Service is not separately payable on an AKI claim 0 = Otherwise
Filler			X(277)	174 - 450	

8.2.5 Physician Fee Schedule Data File Layout

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Practice Expense RVU	pe_rvu	FSR1-FS9-PE-RVU	9(8)v9(5)	171 - 183	Non-facility PERVU value.
Status Code	scode	FSR1-FS9-SCODE	X(1)	184	Indicates whether the code is in the fee schedule and whether it is separately payable if the service is covered. A = Active code B = Bundled code C = Carriers price the code D = Deleted code E = Excluded from physician fee schedule by regulation F = Deleted/discontinued code G = Not valid for Medicare purposes H = Deleted modifier I = Not valid for Medicare purposes J = Anesthesia service M = Measurement code N = Non-covered service P = Bundled/excluded code Q = Therapy functional information code (used for required reporting purposes only) R = Restricted coverage T = Injections X = Statutory exclusion

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
PC/TC Indicator	pctc	FSR1-FS9-PCTC	X(1)	185	0 = Physician service codes 1 = Diagnostic tests for radiology services 2 = Professional component only codes 3 = Technical component only codes 4 = Global test only codes 5 = Incident to codes 6 = Laboratory physician interpretation codes 7 = Physical therapy service, for which payment may not be made 8 = Physician interpretation codes 9 = Not applicable
Global Surgery	glob_surg	FSR1-FS9-GLOB-SURG	X(3)	186 - 188	000 = Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable. 010 = Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10 day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during the 10-day postoperative period generally not payable. continued below...

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Global Surgery	glob_surg	FSR1-FS9-GLOB-SURG	X(3)	186 - 188	090 = Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule amount. MMM = Maternity codes; usual global period does not apply. XXX = The global concept does not apply to this code. YYY = The carrier is to determine whether the global concept applies and establishes postoperative period, if appropriate, at time of pricing. ZZZ = The code is related to another service and is always included in the global period of the other service.
MPPR Indicator	mppr	FSR1-FS9-MPPR	9(1)	189	0 = Not eligible for multiple procedure discounting 2 = Eligible for multiple procedure discounting 3 = Eligible for Endoscopy Discounting 4 = Professional/Technical Component (PC/TC) Eligible for Diagnostic Imaging Discounting 5 = Subject to 20% PE RVU Discount for Certain Therapy Services 6 = Eligible for Diagnostic Cardiovascular Procedure Discounting 7 = Eligible for Diagnostic Ophthalmology Procedure Discounting 9 = Concept does not apply
Bilateral Indicator	bilat	FSR1-FS9-BILAT	9(1)	190	Indicates services subject to bilateral payment adjustments. 0 = Not bilateral 1 = Conditionally bilateral 2 = Inherently bilateral 3 = Independently bilateral 9 = Not applicable

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Assistant to Surgery Indicator	astsurg	FSR1-FS9-ASTSURG	9(1)	191	Indicates services where an assistant at surgery is never paid for per Medicare Claims Manual. 0 = Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity. 1 = Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid. 2 = Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid. 9 = Concept does not apply.
Co-Surgery Indicator	cosurg	FSR1-FS9-COSURG	9(1)	192	Indicates services for which two surgeons, each in a different specialty, may be paid. 0 = Co-surgeons not permitted for this procedure 1 = Co-surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure 2 = Co-surgeons permitted and no documentation required if the two-specialty requirement is met 9 = Concept does not apply

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Team Surgery Indicator	teamsurg	FSR1-FS9-TEAMSURG	9(1)	193	Indicates services for which team surgeons may be paid. 0 = Team surgeons not permitted for this procedure. 1 = Team surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report. 2 = Team surgeons permitted; pay by report. 9 = Concept does not apply.
Endoscopy Base Code	endo_base	FSR1-FS9-ENDO-BASE	X(5)	194 - 198	Base code for this endoscopic procedure.
Filler			9(1)	199	
Anesthesia Flag	anesthesia	FSR1-FS9-ANESTHESIA	9(1)	200	1 = Anesthesia service does not have time units
Anesthesia Base Units	base_units	FSR1-FS9-BASE-UNITS	9(3)	201 - 203	Base units for this anesthesia service.
Coinsurance Waiver Flag	coins_waived	FSR1-FS9-COINS-WAIVED	9(1)	204	0 = Coinsurance not waived 1 = Coinsurance waived 2 = Coinsurance waived with appropriate modifier 3 = Coinsurance waived with appropriate preventive service 4 = Coinsurance waived; when billed with a Prolonged Preventive Service (PPS), the PPS coinsurance will also be waived
Therapy Code Indicator	therapy	FSR1-FS9-THERAPY	9(1)	205	1 = “Always therapy” code (non-facility rate in all circumstances) 2 = “Sometimes therapy” code (non-facility rate in some circumstances)
AMCC Indicator	amcc	FSR1-FS9-AMCC	9(1)	206	1 = Multi-channel service 2 = Lab panel service 3 = Lab panel service with components not included in the AMCC bundling 0 = Concept does not apply

Table 8-7: Physician Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
AMCC Component Count	amcc_cnt	FSR1-FS9-AMCC-CNT	9(3)	207 - 209	Count of procedure codes that are included in the AMCC bundling for this lab panel code. For multi-channel services, the count will always be 001.
Codes Not Included in AMCC Bundling	not_amcc	FSR1-FS9-NOT-AMCC	X(5)	210 - 224	Procedure code that is not included in the AMCC bundling for this lab panel code.
Filler			9(1)	225	
OPPS Facility Fee Amount	fac_oppscap	FSR1-FS9-FAC-OPPSCAP	9(8)v9(3)	226 - 236	Facility fee schedule rate that has been capped at the level of the OPPS Payment Amount mandated by Section 5102(b) of the DRA of 2005.
OPPS Non-Facility Fee Amount	nonfac_oppscap	FSR1-FS9-NONFAC-OPPSCAP	9(8)v9(3)	237 - 247	Non-facility fee schedule rate that has been capped at the level of the OPPS Payment Amount mandated by Section 5102(b) of the DRA of 2005.
Preoperative Percentage	preop	FSR1-FS9-PREOP	9(1)v9(4)	248 - 252	Preoperative percentage of global fee.
Intraoperative Percentage	intraop	FSR1-FS9-INTRAOP	9(1)v9(4)	253 - 257	Intraoperative percentage of global fee, including postoperative work in the hospital.
Postoperative Percentage	postop	FSR1-FS9-POSTOP	9(1)v9(4)	258 - 262	Postoperative percentage of global fee for services provided in the office after hospital discharge.
Cardiovascular TC Code 1	cardio_tc1	FSR1-FS9-CARDIO-TC1	X(7)	263 - 269	First TC code associated with this global cardiovascular service.
Cardiovascular TC Code 2	cardio_tc2	FSR1-FS9-CARDIO-TC2	X(7)	270 - 276	Second TC code associated with this global cardiovascular service.
Filler			X(174)	277 - 450	

8.2.6 SNF Fee Schedule Data File Layout

Table 8-8: SNF Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Practice Expense RVU	pe_rvu	FSR1-FS3-PE-RVU	9(8)v9(5)	171 - 183	Non-facility PE RVU value.

Table 8-8: SNF Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Filler			X(267)	184 - 450	

8.3 Legacy Fee Schedule Data File Layout

Note

Applicable to Contract ASC only.

Table 8-9: Legacy Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	C Position	COBOL Position	Notes
HCPCS Code	hcpcs	HCPCS	X(5)	1 - 5	4 - 8 *(1 - 3 is Filler)*	HCPCS Level I or II code. No embedded spaces or decimals. HCPCS Level II or CPT® code. No embedded spaces or decimals.
Location/ Carrier	carrier	CARRIER	X(12)	6 - 17	9 - 20	Identifies the carrier code for this payment rate. This is set to “NATIONAL” for all ASC Fee Schedule services.
Effective Date	effdate	EFFDATE	9(8)	18 - 25	21 - 28	CCYYMMDD. Date on which this payment rate becomes effective. Generally, this will be January 1st of each calendar year.
Modifier	modifier	MODIFIER	X(2)	26 - 27	29 - 30	Where applicable, a HCPCS code can appear more than once in the table along with different modifiers, where the modifier results in a different payment.
Fee Schedule Rate	feerate	FEERATE	9(7)v9(2)	28 - 36	31 - 39	Fee Schedule Payment Rate applicable for this service.
Fee Schedule Type	type	TYPE	X(1)	37	40	**Contract ASC**: S = ASC fee schedule X = Other fee schedule (user-defined)

Table 8-9: Legacy Fee Schedule Data File Variables, C and COBOL

Field Description	C Variable Name	COBOL Variable Name	Format	C Position	COBOL Position	Notes
Gap Fill Indicator	gapfill	GAPFILL	X(1)	38	41	**Contract ASC**: Indicates whether a service is subject to multiple procedure discounting and/or the service is preventive and coinsurance is waived. 0 = Not subject to multiple procedure discounting. 1 = Subject to multiple procedure discounting. 2 = Coinsurance is waived for this preventive service. 3 = Subject to multiple procedure discounting and coinsurance is waived for this preventive service.

9 Code Table Data File Layouts

This chapter provides the layouts for the various Code Table Data Files (C and COBOL (when applicable)). This chapter includes the following sections:

- File Naming Conventions
- Code Table Data File Layouts
  - APC Code Table Data File Layout
  - ESRD Code Table Data File Layout
  - HHA Code Table Data File Layout
  - Hospice Code Table Data File Layout
  - Inpatient Code Table Data File Layout
  - Medicaid APG Pro Code Table Layout
  - New Mexico Medicaid APC Code Table Data File Layout
  - New York Medicaid APG Code Table Data File Layout
  - New York Psychiatric Exempt Unit Code Table Data File Layout
  - North Carolina Inpatient Code Table Data File Layout
  - Physician Code Table Data File Layout
  - RHC Code Table Data File Layout
  - Standard APG Code Table Data File Layout
  - Standard APR Code Table Data File Layout
  - SNF Code Table Data File Layout

9.1 File Naming Conventions

The Code Table Data File names are listed below:

Table 9-1: Code Table Data File Names

Description	Filename C Platform	Filename COBOL Platform
APC Code Table Data File	codeapc.dat	code01.dat
ESRD Code Table Data File	codesrd.dat	code05.dat
HHA Code Table Data File	codehha.dat	code06.dat
Hospice Code Table Data File	codehsp.dat	code12.dat
Inpatient Code Table Data File	codedrg.dat	codedrg.dat
Medicaid APG Pro Code Table: - Alabama BCBS APG Code Table Data File - Colorado Medicaid APG Code Table Data File - Florida Medicaid APG Code Table Data File - Illinois Medicaid APG Code Table Data File - Nebraska Medicaid APG Code Table Data File - Ohio Medicaid APG Code Table Data File - Virginia Medicaid APG Code Table Data File - Virginia Medicaid ASC Code Table Data File - Washington DC Medicaid APG Code Table Data File	 - codeal3.dat - codeco1.dat - codefl1.dat - codeil1.dat - codene1.dat - codeoh1.dat - codeva1.dat - codeva4.dat - codedc1.dat	
New Mexico Medicaid APC Code Table Data File	codenm1.dat	
New York Medicaid APG Code Table Data File	codeny1.dat	
New York Psychiatric Exempt Unit Code Table Data File	codeny5.dat	
North Carolina Inpatient Code Table Data File	codenc2.dat	
Physician Code Table Data File	codephys.dat	code09.dat
RHC Code Table Data File	coderhc.dat	
Standard APG Code Table: - Illinois Medicaid APG Code Table Data File - New York Medicaid APG Code Table Data File	 - codeil1.dat - codeny1.dat	

Table 9-1: Code Table Data File Names

Description	Filename C Platform	Filename COBOL Platform
Standard APR Code Table: - Colorado Inpatient Code Table Data File - Florida Inpatient Code Table Data File - Hawaii Inpatient Code Table Data File - Illinois Inpatient Code Table Data File - Indiana Inpatient Code Table Data File - Louisiana Inpatient Code Table Data File - Massachusetts Inpatient Code Table Data File - Minnesota Inpatient Code Table Data File - Mississippi Inpatient Code Table Data File - New Jersey Inpatient Code Table Data File - Ohio Inpatient Code Table Data File - Rhode Island Inpatient Code Table Data File - Virginia Inpatient Code Table Data File - Washington DC Inpatient Code Table Data File - Wisconsin Inpatient Code Table Data File	 - codeco2.dat - codefl2.dat - codehi2.dat - codeil2.dat - codein2.dat - codela2.dat - codema2.dat - codemn2.dat - codems2.dat - codenj2.dat - codeoh2.dat - coderi2.dat - codeva2.dat - codedc2.dat - codewi2.dat	
SNF Code Table Data File	codesnf.dat	code03.dat

9.2 Code Table Data File Layouts

9.2.1 APC Code Table Data File Layout

Table 9-2: APC Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = Procedure code D = ICD-9-CM diagnosis code K = ICD-10-CM diagnosis code M = Modifier P = Device-Intensive Procedure Code Pair Z = Zip code
Code	code	CTR-CODE	X(11)	2 - 12	Code value will be 5-digit zip code, 5 character procedure code, 7 character diagnosis code, or 2 character modifier.
Code Sequence	seq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.

Table 9-2: APC Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Ambulance Carrier/ Locality	carrier	CTR-01-CARRIER	X(12)	31 - 42	Identifies the Medicare Part B carrier number and pricing locality.
Ambulance Rural Indicator	amb_rural	CTR-01-AMB-RURAL	X(1)	43	This flag indicates that the zip code is rural. B = Qualified rural area zip code for air and ground ambulance services R = Rural zip code for air and ground ambulance services U = Rural zip code for ground ambulance services and qualified rural area zip code for air ambulance services V = Qualified rural area zip code for ground ambulance services and rural zip code for air ambulance services W = Rural zip code for ground ambulance services only X = Rural zip code for air ambulance services only Y = Qualified rural area zip code for ground ambulance services only (currently, not in use) Z = Qualified rural area zip code for air ambulance services only Blank = Not rural
Device Offset	dev_offset	CTR-01-DEV-OFFSET	9(8)v9(2)	44 - 53	**Procedure Code:** Payment offset for device-intensive procedures.
Filler			X(2)	54 - 55	

Table 9-2: APC Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Therapy Service Flag	therapyflag	CTR-01-THERAPY-FLAG	9(1)	56	0 = All other 1 = Evaluative therapy code, functional therapy code required 2 = Therapy code, no functional therapy code required 3 = Functional therapy code 4 = Therapy code without MPFS Rate, no functional therapy code required
Michigan Short Stay Flag	mssflag	CTR-01-MSS-FLAG	9(1)	57	**Contract APC**: 0 = All other diagnosis codes 1 = Diagnosis codes subject to the Michigan short stay policy
Emergent Diagnosis Flag	erflag	CTR-01-ER-FLAG	9(1)	58	**Contract APC:** 0 = All other diagnosis codes 1 = Diagnosis codes not subject to the Iowa Medicaid “non-emergent” ER reduction
Provider Based Department (PBD) Flag	pbd_flag	CTR-01-PBD-FLAG	9(1)	59	**APC-HOPD**: 0 = Not applicable 1 = Not eligible for the PN reduction 2 = Eligible for the PO reduction
Deductible Waived Flag	deduct_waived	CTR-01-DED-WV-FLAG	9(1)	60	**APC-HOPD**: 0 = Do not waive deductible 1 = Waive deductible 2 = Deductible waived with Modifier CS
Coinsurance Waived Flag	coins_waived	CTR-01-COINS-WV-FLAG	9(1)	61	**APC-HOPD**: 0 = Do not waive coinsurance 1 = Waive coinsurance 2 = Coinsurance waived with Modifier CS
Ambulance Flag	amb_flag	CTR-01-AMB-FLAG	9(1)	62	**Contract APC & APC-HOPD:** 0 = Code is not in the Ambulance Fee Schedule 1 = Code is in the Ambulance Fee Schedule
Offset Eligibility Flag	offset_elg	CTR-01-OFFSET-ELG	9(1)	63	**APC-HOPD**: C = Procedure code is eligible for contrast agent/skin product offsets R = Procedure code is eligible for Radiopharmaceutical offsets

Table 9-2: APC Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Edit Modifier	edit_mod	CTR-01-EDIT-MODS	X(2) occurs 5 times	64 - 73	**Contract APC & APC-HOPD:** Blank = Codes not applicable GO = Occupational speech therapy service GN = Speech language pathology service GP = Physical therapy service
Mammography Procedure Flag	mamm_flag	CTR-01-MAMM-FLAG	9(1)	74	**APC-HOPD**: 0 = All other procedure codes 1 = Mammography codes
Payment Adjustment Modifiers	pay_adj_mod	CTR-01-PAY-ADJ-MODS	X(2) occurs 5 times	75 - 84	**Contract APC & APC-HOPD:** This field holds modifiers that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Modifier Flag	mod_flag	CTR-01-MOD-FLAG	9(1)	85	**APC-HOPD:** 0 = All others 1 = Modifier indicates COVID-19 testing-related service 2 = Modifier indicates Occupational Therapy Assistant (OTA) service 3 = Modifier indicates Physical Therapist Assistant (PTA) service **Contract APC:** 2 = Modifier indicates Occupational Therapy Assistant (OTA) service 3 = Modifier indicates Physical Therapist Assistant (PTA) service
Opioid Use Disorder Treatment Flag	oud_flag	CTR-01-OUD-FLAG	9(1)	86	**APC-HOPD:** 0 = All others 1 = Opioid use disorder treatment service

Table 9-2: APC Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Device-Intensive Procedure Code	codepair_hcpcs	CTR-01-CODEPAIR-HCPCS	X(7)	87 - 93	**APC-HOPD:** Device-intensive procedure code associated with the device code located in the Code field (*code*; CTR-CODE).
Allowed Flag	allowed_flag	CTR-01-ALLOWED-FLAG	9(1)	94	**APC-HOPD:** 0 = All others 1 = Allowed procedure on UB-04 Bill Type 012X (without condition code W2) claims
Filler			X(156)	95 - 250	

9.2.2 ESRD Code Table Data File Layout

Table 9-3: ESRD Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = Procedure code D = ICD-9-CM diagnosis code K = ICD-10-CM diagnosis code N = National Drug Code (NDC)
Code	code	CTR-CODE	X(11)	2 - 12	Code value will be a 5-digit procedure code, a 4 to 7 digit diagnosis code, or an 11-digit NDC value.
Code Sequence	codeseq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Vaccine Type	vactype	CTR-05-VAC-TYPE	9(1)	31	0 = Not a vaccine 1 = Hepatitis B vaccine 2 = Hepatitis B administration 3 = Flu/PPV/COVID-19 vaccine or monoclonal antibody 4 = Flu/PPV/COVID-19 vaccine or monoclonal antibody administration
NDC Mean Unit Cost	mean_unit_cost	CTR-05-MEAN-UNIT-COST	9(8)v9(3)	32 - 42	National Drug Code (NDC) mean unit cost

Table 9-3: ESRD Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Comorbidity Category	comrbd_cat	CTR-05-COMRBD-CAT	9(2)	43 - 44	00 = Not a comorbidity code 01 = GI bleed 02 = Pneumonia 03 = Pericarditis 04 = Myelodyspastic syndrome 05 = Sickle cell anemia 06 = Monclina gammopathy
Filler			X(206)	45 - 250	

9.2.3 HHA Code Table Data File Layout

Table 9-4: HHA Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = Procedure code E = CBSA F = FIPS code
Code	code	CTR-CODE-TYPE	X(11)	2 - 12	Left justified. Code value will be a 5-digit procedure code, 5 digit CBSA code, or a 5 digit FIPS code.
Code Sequence	codeseq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect. YYYYMMDD = End date for record.
Wage Index	wi	CTR-06-WI	9(1)v9(4)	31 - 35	Wage index value associated to the CBSA.

Table 9-4: HHA Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Rural Indicator	ruralind	CTR-06-RURAL-IND	9(1)	36	**Code Type E (prior to January 01, 2019):** 0 = Non-rural CBSA 1 = Rural CBSA **Code Type F (on or after January 01, 2019):** 0 = Non-rural 1 = High utilization 2 = Low population density 3 = All others **All Other Code Types:** 0 = All other records
Vaccine Type	vactype	CTR-06-VAC-TYPE	9(1)	37	0 = Not a vaccine 1 = Hepatitis B vaccine 3 = Flu/PPV/COVID-19 vaccine or monoclonal antibody
Filler			X(213)	38	

9.2.4 Hospice Code Table Data File Layout

Table 9-5: Hospice Code Table Date File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	E = CBSA R = Revenue Code M = Modifiers
Code	code	CTR-CODE	X(11)	2 - 12	Code value will be 5 digit CBSA code, 4 digit revenue code, or a 2 character modifier.
Code Sequence	codeseq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect. YYYYMMDD = End date for record.
Care Type	care_type	CTR-12-CARE-TYPE	9(1)	31	**Revenue Codes (Type R):** 1 = Routine Home Care (RHC) 2 = Continuous Home Care (CHC) 3 = Inpatient Respite (IRC) 4 = General Inpatient (GIP)

Table 9-5: Hospice Code Table Date File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Wage Index	wi	CTR-12-WI	9(1)v9(4)	32 - 36	**CBSA Codes (Type E):** Wage Index for CBSA
Rural Indicator	rural_ind	CTR-12-RURAL-IND	X(1)	37	**CBSA Codes (Type E):** R = CBSA is classified as rural
Modifier Flag	mod_flag	CTR-12-MOD-FLAG	9(1)	38	**Modifiers (Type M):** 1 = Modifier indicates line is non-covered
Filler			X(212)	39 - 250	

9.2.5 Inpatient Code Table Data File Layout

Table 9-6: Inpatient Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = HCPCS/CPT® procedure code F = New technology family K = ICD-10 diagnosis code L = ICD-10 procedure code N = National Drug Code (NDC)
Code	code	CTR-CODE	X(11)	2 - 12	Code value will be a 5-digit HCPCS/CPT® procedure code, 7-digit ICD-10 diagnosis code, 7-digit ICD-10 procedure code, 4-digit New Technology Family ID, or an 11-digit NDC value.
Code Sequence	codeseq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Rate	rate	CTR-50-RATE	9(8)v9(3)	31 - 41	Payment rate
Blood Clotting Factor Flag	hemo_flag	CTR-50-HEMO-FLAG	9(1)	42	0 = All others 1 = Blood clotting factor
COVID-19 Code Flag	covid19_flag	CTR-50-COVID19-FLAG	9(1)	43	**Medicare Inpatient and TRICARE/CHAMPUS:** 0 = All others 1 = COVID-19 code

Table 9-6: Inpatient Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
New Technology Family ID	newtech_family_id	CTR-50-NEWTECH-FAMILY-ID	9(4)	44 – 47	**Medicare Inpatient and TRICARE/CHAMPUS:** Unique 4-digit number assigned to each new technology.
Number of New Technology Lists for Family	newtech_num_lists	CTR-50-NEWTECH-NUM-LISTS	9(1)	48	**Medicare Inpatient and TRICARE/CHAMPUS:** Number of lists for new technology.
New Technology List Number for Code	newtech_list	CTR-50-NEWTECH-LIST	9(1)	49	**Medicare Inpatient and TRICARE/CHAMPUS:** New technology list number for code.
New Technology Code Requirements	newtech_req	CTR-50-NEWTECH-REQ	9(1)	50	**Medicare Inpatient and TRICARE/CHAMPUS:** 1 = At least one code from list is required to meet new technology criteria 2 = Codes on this list cause an exclusion from new technology
New Technology Type	newtech_type	CTR-50-NEWTECH-TYPE	9(1)	51	**Medicare Inpatient and TRICARE/CHAMPUS**: 1 = New technology add-on payment with 65% cost factor 2 = New technology add-on payment with 75% cost factor 3 = New COVID-19 Treatments Add-On Payment (NCTAP) 4 = NCTAP and new technology add-on payment with 65% cost factor
New Technology Group ID	newtech_grp_id	CTR-50-NEWTECH-GRP-ID	9(2)	52 - 53	**Medicare Inpatient and TRICARE/CHAMPUS**: Unique 2-digit number assigned to each new technology. 00 = All others 01 = Fetroja® (cefiderocol) 02 = RECARBRIO™ (imipenem, cilastatin, and relebactam)
Filler			X(197)	54 - 250	

9.2.6 Medicaid APG Pro Code Table Layout

Table 9-7: Medicaid APG Pro Code Table Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	**Alabama BCBS APG:** T = APG type M = Modifier **Colorado Medicaid APG:** A = APG C = Procedure code M = Modifier **Florida Medicaid APG:** C = Procedure code M = Modifier **Illinois Medicaid APG:** A = APG C = Procedure code K = ICD-10 diagnosis code M = Modifier R = Revenue code **Nebraska Medicaid APG:** G = APG category T = APG type **Ohio Medicaid APG:** A = APG C = Procedure code M = Modifier R = Revenue code **Virginia Medicaid APG:** C = Procedure code M = Modifier **Virginia Medicaid ASC:** M = Modifier **Washington DC Medicaid APG:** C = Procedure code T = APG type

Table 9-7: Medicaid APG Pro Code Table Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code	code	X(11)	2 - 12	**Alabama BCBS APG:** Code value will be a 2 digit APG Type or 2 digit modifier. **Colorado Medicaid APG:** Code value will be a 2 digit modifier, a 5 digit APG, or a 5 digit procedure code. **Florida Medicaid APG:** Code value will be a 2 digit modifier. **Illinois Medicaid APG:** Code value will be a 5 digit APG, a 5-7 digit diagnosis code, a 2 digit modifier, a 5 digit procedure code, or a 4 digit revenue code. **Nebraska Medicaid APG:** Code value will be 2 digit APG Type or APG Category. **Ohio Medicaid APG:** Code value will be a 5 digit procedure code, a 5 digit APG (for ASC claims), a 2 digit modifier, or a 4 digit revenue code. **Virginia Medicaid APG:** Code value will be a 2 digit modifier or a 5 digit procedure code. **Virginia Medicaid ASC:** Code value will be a 2 digit modifier. **Washington DC Medicaid APG:** Code value will be a 2 digit APG type or a 5 digit procedure code.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	Date record is effective.
End Date	thrudate	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record

Table 9-7: Medicaid APG Pro Code Table Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Adjustment Flag	adj_flag	9(1)	31	**Alabama BCBS APG:** For APG Type 22: 1 = This code is subject to policy adjustment 1 For APG Type 21: 2 = This code is subject to policy adjustment 2 **Colorado Medicaid APG:** 1 = This modifier is subject to 340B drug discounting 2 = This code is subject to policy adjustment 2 **Ohio Medicaid APG:** 1 = This code is subject to policy adjustment 1 2 = This code is subject to policy adjustment 2 3 = This code is subject to policy adjustment 3 **Nebraska Medicaid APG:** 3 = This code is subject to policy adjustment 3 4 = This code is subject to policy adjustment 4 5 = This code is subject to policy adjustment 5 **Virginia Medicaid APG, & Virginia Medicaid ASC:** 1 = This modifier is subject to 340B drug discounting
Cap at Charge Flag	charge_flag	9(1)	32	**Colorado Medicaid APG:** 0 = Procedure code is included in the charge cap redistribution methodology 2 = Procedure code is excluded from charge cap redistribution methodology **Ohio Medicaid APG:** 0 = Procedure code should not be capped at charges 1 = Procedure code should be capped at charges
Observation Flag	obs_flag	9(1)	33	**Ohio Medicaid APG:** Used to identify observation services that are subject to special processing rules. 0 = Not an observation service 1 = Hourly observation 2 = Observation visit

Table 9-7: Medicaid APG Pro Code Table Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Revenue Code Flag	revenue_flag	9(1)	34	**Illinois Medicaid APG:** 0 = Covered revenue code 1 = Non-covered revenue code **Ohio Medicaid APG:** Used to identify revenue codes that are paid via an alternate fee schedule rate. 2 = Revenue code paid the fee schedule rate in the Rate 2 field
Non-Covered HCPCS	deniedhcpc	9(1)	35	**Ohio Medicaid APG:** Used to identify vaccine codes subject to certain policies. 0 = Otherwise 1 = Vaccine code not paid if billed with Modifier 52 or 73 2 = Vaccine code not paid if billed with Modifier 52 or 73 and not paid if age is greater than maximum
Minimum Units	min_units	9(7)	36 - 42	**Colorado Medicaid APG, Virginia Medicaid APG, & Washington DC Medicaid APG:** The minimum number of units allowed for this procedure code.
Maximum Units	max_units	9(7)	43 - 49	**Colorado Medicaid APG, Virginia Medicaid APG, & Washington DC Medicaid APG:** The maximum number of units allowed for this procedure code.
Modifier Flag	mod_flag	9(1)	50	**Alabama BCBS APG, Colorado Medicaid APG, Florida Medicaid APG, & Ohio Medicaid APG:** Used to identify modifiers subject to payment denial. 0 = Modifier not subject to payment denial 1 = Modifier subject to payment denial 3 = Modifier indicates partial replacement
Outlier Flag	outlier_flag	9(1)	51	**Illinois Medicaid APG:** Used to identify high cost device and drug APGs. 0 = Not eligible for outlier 1 = Eligible for outlier without revenue code requirements 2 = Eligible for outlier with revenue code requirements

Table 9-7: Medicaid APG Pro Code Table Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
APL Flag	aplflag	X(2)	52 - 53	**Illinois Medicaid APG (prior to July 01, 2020):** Used to identify APL procedure codes and APL revenue codes. 00 = Not an APL code 01 = APL code 02 = ER APL code 1 03 = ER APL code 2 04 = ER APL code 3 05 = Observation APL code 1 06 = Observation APL code 2 07 = Psychiatric clinic Type A code 08 = Psychiatric clinic Type B code 09 = Series-billable code
Payment Type	special_pmt	9(1)	54	**Ohio Medicaid APG:** 0 = No special payment 1 = Paid case rate 2 = Subject to special payment rules **Illinois Medicaid APG:** 0 = No special payment 2 = Subject to special payment rules
Vagus Nerve Stimulator (VNS) Flag	vns_flag	9(1)	55	**Florida Medicaid APG:** 0 = N/A 1 = VNS device code 2 = VNS insertion or full replacement procedure code 3 = VNS partial replacement procedure code
Discount Flag	discount_flag	9(1)	56	**Washington DC Medicaid APG:** 0 = N/A 1 = APG type discounted with APG type 02 (Significant Procedure)
Diagnosis Flag	dx_flag	9(1)	57	**Illinois Medicaid APG:** 0 = N/A 1 = Diagnosis code required for special payment rules
Filler		X(193)	58 - 250	

9.2.7 New Mexico Medicaid APC Code Table Data File Layout

Table 9-8: New Mexico Medicaid APC Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	R = Revenue Code
Code	code	X(11)	2 - 12	Code value will be a 4 digit revenue code value.

Table 9-8: New Mexico Medicaid APC Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Sequence	seq	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	9(8)	15 - 22	Date record is effective.
End Date	enddate	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Covered Revenue Code Flag	cov_rev	X(1)	31	0 = Not covered 1 = Covered
Revenue Code Type	rev_type	X(1)	32	0 = All other revenue codes 1 = Packaged revenue codes 2 = Drug revenue codes
Filler		X(218)	33 - 250	

9.2.8 New York Medicaid APG Code Table Data File Layout

Table 9-9: New York Medicaid APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	A = APG codes C = Procedure codes G = APG categories K = Diagnosis codes T = APG types X = Rate codes
Code	code	X(11)	2 - 12	Code value will either be a 3-4 character APG, 5 character procedure code, 2 digit APG category, a 10 character diagnosis code, 2 character APG type, or a 6 character rate code.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	Date record is effective.
End Date	thrudate	9(8)	23 - 30	99999999 = Code is still in effect YYYYMMDD = End date for record
Special Payment Flag	special_pmt	9(2)	31 - 32	01 = Arthroscopy code 02 = Osteoarthritis policy conflict code 03 = LBHP non-covered code 04 = No discounting code 05 = Code subject to pediatric psychiatric discounting 06 = Code subject to Telehealth billing policies 07 = Observation code 08 = OASAS peer services code 09 = Code subject to therapy modifier restrictions 10 = Severe Emotional Disturbance (SED) rate code 11 = Alternate discounting rate code

Table 9-9: New York Medicaid APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Offsite Service Flag	offsite	9(1)	33	Flag that identifies procedure codes that are eligible for reimbursement when provided in an off-site setting. 0 = Not eligible 1 = Eligible pediatric offsite services 2 = Eligible offsite services
Alternate Payment Available Flag	altpay	9(1)	34	0 = Not on never pay list or alternate payment list 1 = Never pay procedure 2 = Alternate payment may be available
Opioid Treatment Flag	opiodtreat	9(1)	35	0 = Not applicable 1 = Apply treatment administration adjustments for all OASAS locations 2 = Apply treatment administration adjustments for opioid treatment OASAS locations only
Payment Modifiers	modifiers	X(2) occurs 10 times	36 - 55	The modifiers that impact payment for an APG, procedure code, or APG type.
Rate Code Type	rtype	9(1)	56	1 = Hospital Outpatient Department (OPD) 2 = Hospital Ambulatory Surgical Center (ASC) 3 = Emergency Department (ED)/room 4 = Diagnostic and Treatment Center (DTC) 5 = Free-standing Ambulatory Surgical Center (ASC) 6 = Clinic – Mental Retardation, Development Disability or Traumatic Brain Injury (MR/DD/TBI) 7 = Dental school 8 = Renal clinic 9 = Mental Health (MH)
Ancillary Policy Flag	anc_indicator	9(1)	57	Identifies the ancillary policy status for a rate code. 0 = Ancillary policy is not applicable 1 = Ancillary policy is applicable
Licensed Behavioral Health Practitioner (LBHP) Flag	lbhpflag	9(1)	58	1 = Offsite licensed behavioral health practitioner rules apply
OASAS Flag	oasasflag	9(1)	59	0 = Not an OASAS location 1 = Chemical dependence 2 = Opioid treatment center 3 = Rehabilitation center 4 = Peer services
Dental Code Flag	dentalflag	9(1)	60	0 = Not a dental code 1 = Dental Telehealth code 2 = Qualified dental code for Telehealth

Table 9-9: New York Medicaid APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Group Setting Flag	hq_pol	9(1)	61	0 = Not a group setting 1 = Group setting reduction applies without rate code restrictions 2 = Group setting reduction applies to claims with Department of Health (DOH) rate codes 3 = Group setting reduction applies to claims with Office of Mental Health (OMH) rate codes
Standalone Flag	stndaln	9(1)	62	0 = Not a standalone code 1 = Standalone procedure code
Filler		X(188)	63 - 250	

9.2.9 New York Psychiatric Exempt Unit Code Table Data File Layout

Table 9-10: New York Psychiatric Exempt Unit Code Table Data File Layout (C Platform Only)

Field Description	Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	K = ICD-10-CM diagnosis code Y = Length of stay day number
Code	code	X(11)	2 - 12	Code value will be 10 character diagnosis code or a 2-digit length of stay day number.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	YYYYMMDD = Date record is effective.
End Date	thrudate	9(8)	23 - 30	YYYYMMDD = End date for record.
Diagnosis Code Flag	dx_flag	9(1)	31	0 = All other diagnosis codes 1 = Intellectual disability diagnosis code 2 = Comorbidity diagnosis code

Table 9-10: New York Psychiatric Exempt Unit Code Table Data File Layout (C Platform Only)

Field Description	Variable Name	Format	Position	Notes
Comorbidity Category	comrb_cat	9(2)	32 - 33	00 = Not a comorbidity code 01 = Cancers 02 = Protein-calorie malnutrition 03 = Disorders of fluid/electrolyte/acid-base balance 04 = Other endocrine/metabolic/nutritional disorders 05 = Other Hepatitis and liver disease 06 = Peptic ulcer, hemorrhage, other specified gastrointestinal disorders 07= Other musculoskeletal and connective tissue disorders 08 = Blood disorders 09 = Other developmental disability 10 = Brain/head injury 11 = Cardio respiratory failure and shock 12 = Acute coronary syndrome 13 = Stroke/occlusion/cerebral ischemia 14 = Respiratory illness 15 = Other eye disorders 16 = Renal disease 17 = Complications of medical care and trauma 18 = Major organ transplant status
Diagnosis Code Adjustment Factor	dxfact	9(1)v9(5)	34 - 39	Adjustment factor for comorbidity or intellectual disability diagnosis code.
Length of Stay (LOS) Factor	losfact	9(1)v9(5)	40 - 45	LOS Scale factor that applies to the day number.
Filler		X(205)	46 - 250	

9.2.10 North Carolina Inpatient Code Table Data File Layout

Table 9-11: North Carolina Medicaid Code Table Data File Layout (C Platform Only)

Field Description	Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	C = LARC device code G = DRG L = LARC procedure code Q = Discharge status
Code	code	X(11)	2 - 12	Code value will either be a two character discharge status code, 5 character HCPCS code, or a 10 character ICD-10 procedure code.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	Date record is effective.
End Date	thrudate	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record

Table 9-11: North Carolina Medicaid Code Table Data File Layout (C Platform Only)

Field Description	Variable Name	Format	Position	Notes
Long Acting Reversible Contraceptive (LARC) Flag	larc	9(1)	31	Identifies the LARC ICD-10 procedure code and LARC HCPCS code. 0 = Not a LARC code 1 = LARC ICD-10 procedure code 2 = LARC HCPCS code
Transfer Flag	transfer	9(1)	32	1 = Transfer discharge status
LARC DRG	larc_drg	9(4)	33 - 36	LARC DRG that should be assigned if a LARC insertion procedure and a LARC device are present and the claim is grouped to an obstetrics DRG.
Filler		X(214)	37 - 250	

9.2.11 Physician Code Table Data File Layout

Table 9-12: Physician Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = Procedure code M = Modifier N = NDC P = Place of service S = Specialty code T = Taxonomy Z = Zip code
Code	code	CTR-CODE	X(11)	2 - 12	Code value will either be 2-digit place of service indicator, 2-digit modifier, 10-digit taxonomy, 5 or 9 digit zip code, 11-digit NDC value, or 5 digit procedure code.
Code Sequence	codeseq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Label	label	CTR-09-LABEL	X(40)	31 - 70	Label that describes Taxonomy value, place of service setting, carrier/locality, or NDC.
Specialty Code	spec_code	CTR-09-SPEC-CODE	X(2)	71 - 72	**Taxonomy:** The Medicare physician specialty code associated with this Taxonomy.

Table 9-12: Physician Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
MPFS Payment Percentage	pfs_disc	CTR-09-PFS-DISC	9(1)v9(4)	73 - 77	**Modifier, Specialty Code, and Taxonomy:** The Medicare payment percentage associated with this modifier/specialty code/ taxonomy.
Facility Status	facility_flag	CTR-09-FAC-FLAG	9(1)	78	**Place of Service:** The facility/non-facility status associated with this place of service. 1 = Facility (use facility rate from PFS) 2 = Non-facility (use non-facility rate) 3 = Not applicable for Medicare claims processing (reject)
Rural Indicator	rural	CTR-09-RURAL	X(1)	79	**Zip Code:** This field corresponds to the rural flag in the CMS Zip Code File. Blank = Not rural B = Qualified rural area zip code for air and ground ambulance services R = Rural zip code for air and ground ambulance services
Health Professional Shortage Area (HPSA) Indicator	hpsa	CTR-09-HPSA	9(1)	80	**Zip Code:** 0 = Otherwise 1 = Primary care physician HPSA only 2 = Mental health HPSA only 3 = Both primary care and mental health HPSA
Ambulance Carrier	ambcarrier	CTR-09-AMBCARRIER	X(12)	81 - 92	**Zip Code:** The ambulance fee schedule carrier for this zip code.
DME Carrier	dmecarrier	CTR-09-DMECARRIER	X(12)	93 - 104	**Zip Code:** The DME fee schedule carrier for this zip code.
Lab Carrier	labcarrier	CTR-09-LABCARRIER	X(12)	105 - 116	**Zip Code:** The clinical lab fee schedule carrier for this zip code.
National Carrier	natcarrier	CTR-09-NTLCARRIER	X(12)	117 - 128	**Zip Code:** The national fee schedule carrier for this zip code.

Table 9-12: Physician Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Physician Carrier	pfscarrier	CTR-09-PFSCARRIER	X(12)	129 - 140	**Zip Code:** The physician fee schedule carrier for this zip code.
Other Carrier	othcarrier	CTR-09-OTHCARRIER	X(12)	141 - 152	**Zip Code:** The other (user-defined) carrier for this zip code.
NDC Rate	ndcrate	CTR-09-NDC-RATE	9(8)v9(3)	153 - 163	**NDC:** The rate for this NDC.
Fee Schedule Types	sfeetypes	CTR-09-SFEETYPES	X(1) occurs 6 times	164 - 169	**Procedure Code:** The list of possible fee schedule types for procedure codes that have multiple fee schedule types. If a procedure code does not have multiple fee schedule types, there will not be a record for that code in the Physician Code Table. Possible Fee Schedule Types: A = Ambulance fee schedule D = DMEPOS fee schedule L = Clinical laboratory fee schedule M = National fee schedule R = Physician fee schedule X = Other fee schedule (user-defined)
DME Rural Rate Indicator	dmerural	CTR-09-DMERURAL	9(1)	170	**Zip Code:** 0 = Not eligible for the DME rural rate 1 = Eligible for the DME rural rate
Filler			X(2)	171 - 172	Reserved
Therapy Flag	therapy_flag	CTR-09-THERAPY-FLAG	9(1)	173	**Procedure Code:** 0 = All others 1 = Evaluative therapy code (functional G-code is required) 2 = All other therapy codes (functional G-code is not required)
Edit Modifiers	edit_mod	CTR-09-EDIT-MODS	X(2) occurs 5 times	174 - 183	**Procedure Code:** GO = Occupational speech therapy GN = Speech language pathology service GP = Physical therapy service

Table 9-12: Physician Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Payment Adjustment Modifier 1	pay_adj_mod1	CTR-09-PAY-ADJ-MOD	X(2)	184 - 185	This field holds the modifier that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Payment Adjustment Modifier 2	pay_adj_mod2	CTR-09-PAY-ADJ-MOD	X(2)	186 - 187	This field holds the modifier that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Payment Adjustment Modifier 3	pay_adj_mod3	CTR-09-PAY-ADJ-MOD	X(2)	188 - 189	This field holds the modifier that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY

Table 9-12: Physician Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Payment Adjustment Modifier 4	pay_adj_mod4	CTR-09-PAY-ADJ-MOD	X(2)	190 - 191	This field holds the modifier that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Payment Adjustment Modifier 5	pay_adj_mod5	CTR-09-PAY-ADJ-MOD	X(2)	192 - 193	This field holds the modifier that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Physician Specialty Flag	phys_spec	CTR-09-PHYS-SPEC	9(1)	194	**Specialty Code and Taxonomy:** 1 = Physician specialty 2 = Non-physician specialty
Filler			X(56)	195 - 250	

9.2.12 RHC Code Table Data File Layout

Table 9-13: RHC Code Table Data File Layout

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	C = Procedure code M = Modifier
Code	code	X(11)	2 - 12	Code value will be a 5 character procedure code or a 2 character modifier.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.

Table 9-13: RHC Code Table Data File Layout

Field Description	C Variable Name	Format	Position	Notes
Start Date	startdate	9(8)	15 - 22	Date record is effective.
End Date	enddate	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Coinsurance Waived Flag	coins_waived	9(1)	31	**Procedure Code and Modifier:** 0 = Coinsurance is not waived 1 = Coinsurance is waived
Filler		X(219)	32 - 250	

9.2.13 Standard APG Code Table Data File Layout

Table 9-14: Standard APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	**Illinois Medicaid APG:** C = Procedure code R = Revenue code **New York Medicaid APG:** C = Procedure code K = Diagnosis code (ICD-10) X = Rate code
Code	code	X(11)	2 - 12	**Illinois Medicaid APG:** Code value will either be a 5 digit procedure code or a 4 digit Revenue Code. **New York Medicaid APG:** Code value will either be a 5 digit procedure code, a 4 to 6 digit diagnosis code, or a 4 digit rate code.
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	Date record is effective.
End Date	thrudate	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Arthroscopy Code	arthrodx	9(1)	31	**New York Medicaid APG:** Diagnosis Codes: 0 = Not applicable 1 = 711.0 - 719.39 2 = 715.00 - 715.99
Osteoarthritis Code	osteodx	9(1)	32	**New York Medicaid APG:** Diagnosis Codes: 0 = Not an osteoarthritis diagnosis code 1 = Osteoarthritis diagnosis code

Table 9-14: Standard APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Ambulatory Procedures Listing (APL) Code	apl	X(1)	33	**Illinois Medicaid APG:** Procedure Codes: 0 = Not an APL code 1 = APL code 2 = ER APL Code 1 3 = ER APL Code 2 4 = ER APL Code 3 5 = Observation APL Code 1 6 = Observation APL Code 2 7 = Psychiatric Clinic Type A Code 8 = Psychiatric Clinic Type B Code A = Series-billable procedure code
Non-Covered Revenue Code	noncovrev	9(1)	34	**Illinois Medicaid APG:** Revenue Codes: 0 = Covered revenue code 1 = Non-covered revenue code
ASC Code	asccode	9(1)	35	**New York Medicaid APG:** Procedure Codes: 0 = Not an ASC allowable procedure code 1 = ASC allowable procedure code
Rate Code Type	ratecodetype	9(1)	36	**New York Medicaid APG:** Rate Codes: 0 = Office of Alcohol and Substance Abuse (OASAS) 1 = Hospital Outpatient Department (OPD) 2 = Hospital Ambulatory Surgical Center (ASC) 3 = Emergency Department/Room (ED) 4 = Diagnostic and Treatment Center (DTC) 5 = Free-Standing Ambulatory Surgical Center (ASC) 6 = Clinic – Mental Retardation, Development Disability or Traumatic Brain Injury (MR/DD/TBI) 7 = Dental School 8 = Renal Clinic 9 = Mental Health (MH)
Episode Type	episodetype	9(1)	37	**New York Medicaid APG:** Rate Codes: 0 = Visit 1 = Episode
Ancillary Policy	ancillarypolicy	9(1)	38	**New York Medicaid APG**: Rate Codes: 0 = Ancillary policy is not applicable 1 = Ancillary policy is applicable
Carve Out Code	carveoutcode	9(1)	39	**New York Medicaid APG:** Procedure Codes: 0 = Non carve out code 1 = Carve out code

Table 9-14: Standard APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Discount Policy Flag	disc_pol	9(1)	40	**New York Medicaid APG:** Rate Codes: 0 = Standard multiple significant procedure discount policy applies 1 = Rate code not subject to multiple significant procedure discount policy for certain APGs
Revenue Code Flag	rev_flag	9(1)	41	**Illinois Medicaid APG:** Revenue Codes: 0 = Otherwise 2 = ER revenue code 1 3 = ER revenue code 2 4 = ER revenue code 3 5 = Observation revenue code 1 7 = Psychiatric clinic Type A revenue code 8 = Psychiatric clinic Type B revenue code 9 = Device revenue code
Osteoarthritis Procedure	osteocpt	9(1)	42	**New York Medicaid APG**: Procedure Codes: 0 = Not an osteoarthritis procedure code 1 = Osteoarthritis procedure code
Multiple E&M Policy Flag	em_pol	9(1)	43	**New York Medicaid APG:** Rate Codes: 0 = Multiple E&M policy not applicable 1 = Multiple E&M policy applicable
Mental Health or Substance Abuse Diagnosis Codes	mental_hlt	9(1)	44	**New York Medicaid APG**: Diagnosis Codes: 0 = Not a mental health or substance abuse diagnosis code 1 = Mental health or substance abuse diagnosis code
Blend Indicator	blendind	9(1)	45	**New York Medicaid APG**: 0 = Not a blend eligible rate code 1 = Blend eligible rate code
Extended Rate Code Type	ratecodeind	9(2)	46 - 47	**New York Medicaid APG**: 00 = OASAS chemical dependence 01 = Hospital outpatient department 02 = Hospital ambulatory surgical center 03 = Emergency department/room 04 = Diagnostic and Treatment Center 05 =Free-standing ambulatory surgical center 06 = Clinic, mental retardation, developmental disabilities, traumatic brain injury 07 = Dental school 08 = Renal clinic 09 = Mental health 10 = OASAS opioid treatment program 11 = OASAS chemical rehab

Table 9-14: Standard APG Code Table Data File Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Hospital Type Indicator	hospind	9(1)	48	**New York Medicaid APG:** 0 = Hospital based 1 = Free-standing
Non-Covered Licensed Behavioral Health Practitioner (LBHP) Service	LBHP_noncov	9(1)	49	**New York Medicaid APG:** 0 = Covered service 1 = Non-covered service
Serious Emotional Disturbance (SED) Eligible Rate Code	sed_code	9(1)	50	**New York Medicaid APG:** 0 = Not a SED rate code 1 = SED rate code
Capital Bypass Flag	no_cap	9(1)	51	**New York Medicaid APG:** 0 = Do not bypass capital add-on rate code 1 = Bypass capital add-on rate code
Filler		X(199)	52 - 250	

9.2.14 Standard APR Code Table Data File Layout

Table 9-15: Standard APR Code Table Data Files Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type	codetype	X(1)	1	**Colorado Medicaid:** B = UB-04 Bill Type Q = Discharge status U = UB-04 admit source **Florida Medicaid APR:** B = UB-04 Bill Type C = Procedure code M = Modifier Q = Discharge status **Illinois Medicaid APR:** B = UB-04 Bill Type C = Procedure code Q = Discharge status **Indiana Medicaid APR:** B = UB-04 Bill Type K = ICD-10-CM diagnosis code Q = Discharge status U = UB-04 admit source **Hawaii Medicaid:** B = UB-04 Bill Type Q = Discharge status V = Value code **Massachusetts Medicaid, Minnesota Medicaid, Mississippi Medicaid, Virginia Medicaid APR, and Washington DC Medicaid:** B = UB-04 Bill Type Q = Discharge status **Louisiana Medicaid:** B = UB-04 bill type Q = Discharge status R = Revenue code Y = Psychiatric day identifier **New Jersey Medicaid APR:** B = UB-04 Bill Type Q = Discharge status S = Occurrence span code R = Revenue code continued below...

Table 9-15: Standard APR Code Table Data Files Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Code Type <continued>	codetype	X(1)	1	**Ohio Medicaid APR:** B = UB-04 Bill Type Q = Discharge status R = Revenue code U = UB-04 admit source **Rhode Island Medicaid:** B = UB-04 Bill Type O = Occurrence span codes Q = Discharge status **Wisconsin Medicaid APR:** B = UB-04 Bill Type K = ICD-10-CM diagnosis code L = ICD-10-PCS procedure code Q = Discharge status
Code	code	X(11)	2 - 12	Code value will be one of the following: - Two digit discharge status code - Two digit UB-04 admit source - Two digit modifier - Two digit occurrence span code - Two digit value code - Four digit UB-04 Bill Type - Four digit psychiatric day identifier - Four digit revenue code - Five digit CPT®/HCPCS code - Ten digit ICD-10 procedure code or diagnosis code
Code Sequence	codeseq	9(2)	13 - 14	Sequence number for this code record.
Start Date	fromdate	9(8)	15 - 22	YYYYMMDD = Date record is effective.
End Date	thrudate	9(8)	23 - 30	YYYYMMDD = End date for record
Transfer Flag	transfer	9(1)	31	**Colorado Medicaid, Florida Medicaid, Hawaii Medicaid, Illinois Medicaid APR, Indiana Medicaid APR, Louisiana Medicaid, Massachusetts Medicaid, Minnesota Medicaid, Mississippi Medicaid, New Jersey Medicaid APR, Ohio Medicaid APR, Rhode Island Medicaid, Virginia Medicaid APR, and Wisconsin Medicaid APR:** 1 = Transfer discharge status or admit source **Washington DC Medicaid:** 1 = Transfer discharge status 2 = Transfer day payment

Table 9-15: Standard APR Code Table Data Files Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Non-Covered Bill Type	noncovbill	9(1)	32	**Colorado Medicaid, Florida Medicaid, Hawaii Medicaid, Illinois Medicaid APR, Indiana Medicaid APR, Louisiana Medicaid, Massachusetts Medicaid, Minnesota Medicaid, Mississippi Medicaid, New Jersey Medicaid APR, Ohio Medicaid APR, Rhode Island Medicaid, Virginia Medicaid APR, Washington DC Medicaid, and Wisconsin Medicaid APR:** 1 = Non-covered bill type
Interim Discharge Status	interim	9(1)	33	**Mississippi Medicaid, Ohio Medicaid APR, Rhode Island Medicaid, and Washington DC Medicaid:** 1 = Interim discharge status
Long Acting Reversible Contraceptive (LARC) Code Combination	larccode	X(2)	34 - 35	**Wisconsin Medicaid APR:** Identifies the LARC procedure code and diagnosis code combinations. K1 = Diagnosis code list 1 K2 = Diagnosis code list 2 L1 = Procedure code list 1 L2 = Procedure code list 2
Diagnosis Flag	dxflag	9(1)	36	**Indiana Medicaid APR:** 0 = No special diagnosis pricing 1 = Not eligible for per diem pricing when billed with DRG category 12
Psychiatric Length of Stay Factor	factor	9(1)v9(4)	37 - 41	**Louisiana Medicaid:** The day factor used to determine the cumulative adjustment for psychiatric per diem payments.
Span Code Flag	spanflag	9(1)	42	**New Jersey Medicaid APR:** 1 = Alternate Level of Care (ALC) occurrence span code **Rhode Island Medicaid:** 2 = Partial eligibility claim occurrence span code
Revenue Code Flag	revflag	9(1)	43	**Louisiana Medicaid:** 2 = Revenue code paid per diem **New Jersey Medicaid APR:** 1 = ALC revenue code **Ohio Medicaid APR:** 3 = Organ acquisition revenue code
Vagus Nerve Stimulator (VNS) Flag	vnsflag	9(1)	44	**Florida Medicaid APR:** 0 = N/A 1 = VNS device code 2 = Modifier indicates partial replacement

Table 9-15: Standard APR Code Table Data Files Layout (C Platform Only)

Field Description	C Variable Name	Format	Position	Notes
Exemption Flag	exempt	9(1)	45	**Hawaii Medicaid and Washington DC Medicaid:** 1 = Exempt from same day discharge denial
Fee Schedule Rate	fee	9(8)v9(3)	46 - 56	**Illinois Medicaid APR:** The rate of the LARC procedure code used to determine the LARC add-on payment.
Low Birth Weight	lbwgt	9(4)	57 - 60	The minimum allowable birth weight in grams.
High Birth Weight	hbwgt	9(4)	61 - 64	The maximum allowable birth weight in grams.
Filler		X(186)	65 - 250	

9.2.15 SNF Code Table Data File Layout

Table 9-16: SNF Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Type	codetype	CTR-CODE-TYPE	X(1)	1	C = Procedure Code Z = Zip Code
Code	code	CTR-CODE	X(11)	2 - 12	Code value. Will be a 5-digit zip code or procedure code.
Code Sequence	seq	CTR-SEQ	9(2)	13 - 14	Sequence number for this code record.
Start Date	startdate	CTR-START-DATE	9(8)	15 - 22	Date record is effective.
End Date	enddate	CTR-END-DATE	9(8)	23 - 30	00000000 = Code is still in effect YYYYMMDD = End date for record
Ambulance Carrier/ Locality	carrier	CTR-03-CARRIER	X(12)	31 - 42	Zip Code: Identifies the Medicare Part B carrier number and pricing locality.
Ambulance Rural Indicator	amb_rural	CTR-03-AMB-RURAL	X(1)	43	**Zip Code:** This flag indicates that the zip code is rural: Blank = Not rural B = Qualified rural area zip code for air and ground ambulance services R = Rural zip code for air and ground ambulance services
Filler			X(11)	44 - 54	

Table 9-16: SNF Code Table Data File Layout

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Vaccine Type	vac_flag	CTR-03-VAC-FLAG	9(1)	55	0 = All other codes 2 = Flu/PPV/Hepatitis B/ COVID-19 vaccine or monoclonal antibody
Therapy Flag	therapy_flag	CTR-03-THERAPY-FLAG	9(1)	56	0 = All other codes 1 = Evaluate therapy code, functional therapy code required 2 = Therapy code, no functional therapy code required 3 = Functional therapy code 4 = Therapy code without MPFS rate, no functional therapy code required
Ambulance Flag	amb_flag	CTR-03- AMB-FLAG	9(1)	57	0 = Code is not in the Ambulance Fee Schedule 1 = Code is in the Ambulance Fee Schedule
Edit Modifiers	edit_mod	CTR-03-EDIT-MODS	X(2) occurs 5 times	58 - 67	Blank = Codes not applicable GO = Occupational speech therapy service GN = Speech language pathology service GP = Physical therapy service
Payment Adjustment Modifiers	pay_adj_mod	CTR-03-PAY-ADJ-MOD	X(2) occurs 5 times	68 - 77	This field holds modifiers that can be used for a payment adjustment with the corresponding procedure code on the line: CT = Services eligible for a reduction when billed with Modifier CT FX= Services eligible for a reduction when billed with Modifier FX FY = Services eligible for a reduction when billed with Modifier FY
Filler			X(173)	78 - 250	

10 Enhanced New York Medicaid APG Rate Code File Layout

This chapter provides the layout for the Enhanced New York Medicaid APG Rate Code File. It includes the following section:

- Enhanced New York Medicaid APG Rate Code File (C Platform Only)

10.1 Enhanced New York Medicaid APG Rate Code File (C Platform Only)

Table 10-1: Enhanced New York Medicaid APG Rate File - rateny.dat (effective October 01, 2019)

Field Description	Variable Name	Format	Position
Hospital Number	fac	X(16)	1 - 16
Paysource Code	psrc	X(13)	17 - 29
Locator Code	loccode	9(2)	30 - 31
Rate Code	ratecode	9(6)	32 - 37
Page Number	pgnum	9(2)	38 - 39
Effective Date	effdate	9(8)	40 - 47
Key Type	keytype	X(1)	48
Base Rate	base	9(8)v9(3)	49 - 59
Capital Rate	capital	9(8)v9(3)	60 - 70
Filler		X(30)	71 - 100

11 Payers File Layout

This chapter provides the layout for the Payers File (C Only). This chapter includes the following sections:

Note

The following data is not required by the EASYGroup™ Pricer, but is utilized by the Test Driver supplied with the distribution.

- File Naming Conventions
- Payers File Layout

11.1 File Naming Conventions

The Payers File (C Only) names are listed below:

Table 11-1: Payers File Names

Description	Filename
Inpatient Payers File	payors.dat
Outpatient Payers File	payout.dat
SNF Payers File	paysnf.dat
CAH Method II Payers File	paycah.dat
Physician Payers File	payphys.dat
IRF Payers File	payirf.dat

11.2 Payers File Layout

Table 11-2: Payers File Variables - payors.dat, payout.dat, paysnf.dat, paycah.dat, payphys.dat, payirf.dat

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	pfac	X(16)	1 - 16	Unique provider identifier. Contains the provider's Medicare Provider Number.
Paysource Code	psrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital/Provider Number with NPI/ Taxonomy	pfac	X(20)	1 - 20	Unique provider identifier. Contains the provider's Medicare Provider Number or the National Provider ID and Taxonomy Code.
Paysource Code with NPI/Taxonomy	psrc	X(9)	21 - 29	Unique paysource or payer identifier.
Care Setting	payset	X(2)	30 - 31	CA = CAH Method II IN = Inpatient OP = Outpatient
Facility Name	dsc	X(25)	32 - 56	Up to 25 characters of the provider name.
State	abr	X(5)	57 - 61	Abbreviation of the state where the provider is located.
Payer Type	ptype	X(2)	62 - 63	Refer to the ECB [ezg_cntl_block] in the Input and Output Parameter Blocks User's Guide for the appropriate values for the *prcr_type* variable.
Filler		X(31)	64 - 94	
Reimbursement Date	reimbdate	X(1)	95	D = Pricing utilizes discharge date A = Pricing utilizes admission date

Table 11-2: Payers File Variables - payors.dat, payout.dat, paysnf.dat, paycah.dat, payphys.dat, payirf.dat

Field Description	Variable Name	Format	Position	Notes
Payer Class	pclass	X(2)	96 - 97	This field is required by Optum and indicates the payer classification. BC = Blue Cross/Blue Shield CH = TRICARE/CHAMPUS HM = HMO IC = Insurance Company MD = Medicaid MR = Medicare NS = Not Specified OT = Other SP = Self pay TC = TRICARE APC WC = Worker's Compensation
Key Type	key_type	X(1)	98	1 = National Provider ID plus Taxonomy Code used for rate lookup 0 or blank = Legacy Provider ID used for rate lookup
Patient Type	pattype	X(2)	99-100	Refer to the ECB [ezg_cntl_block] in the Input and Output Parameter Blocks User's Guide for the appropriate values for the pattype variable.
Filler		X(91)	101 - 191	

12 Configuration File Layouts

This chapter provides the layouts for the Configuration File (C and COBOL). This file contains edit requests and other data that can be passed in the ECB structures or can be configured in Rate Manager. This chapter includes the following sections:

- File Naming Conventions
- C Platform Layout
- COBOL Platform Layout

12.1 File Naming Conventions

The configuration file names are listed below:

Table 12-1: Configuration File Names

Description	Filename C Platform	Filename COBOL Platform
Inpatient	config.dat	ezgconfg.dat
Outpatient	cfgout.dat	cnfg02.dat
IRF	cfgirf.dat	cnfg03.dat
Physician	cfgphys.dat	cnfg04.dat
CAH Method II	cfgcah.dat	cnfg05.dat
SNF	cfgsnf.dat	cnfg06.dat

12.2 C Platform Layout

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	pfac	X(16)	1 - 16	Unique provider identifier. Contains the provider's Medicare Provider Number.
Paysource Code	psrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital/Provider Number with NPI/ Taxonomy	pfac	X(20)	1 - 20	Unique provider identifier. Contains the provider's Medicare Provider Number or the National Provider ID and Taxonomy Code.
Paysource Code with NPI/Taxonomy	psrc	X(9)	21 - 29	Unique paysource or payer identifier.
Patient Type	pattype	X(2)	30 - 31	01 = Inpatient 02 = Outpatient 03 = IRF/Rehabilitation 04 = Physician 05 = CAH Method II 06 = SNF/Skilled Nursing
Effective Date Sequence Code	eseq	9(4)	32 - 35	Reserved for use by the EASYGroup™ Pricer.
Effective Date of Rate Variables	effdate	9(8)	36 - 43	The date on or after which the rate variables contained on this record should be used for calculating reimbursement. This field will be equal to either the beginning of the federal fiscal year or the beginning of the provider's fiscal year (e.g. "20001001").
Filler for Effective Stop Date (Future)		X(8)	44 - 51	
Payer/Pricer Type	pricer_type	X(2)	52 - 53	Refer to the ECB [ezg_cntl_block] of the Input and Output Parameter Blocks User's Guide for a list of acceptable values. Refer to the field labeled Pricer Type.

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Payer Type Reserved	pricer_type_rsvd	X(2)	54 - 55	
Grouper Type	grpr_type	X(2)	56 - 57	Refer to the ECB [ezg_cntl_block] of the Input and Output Parameter Blocks User's Guide for a list of acceptable values. Refer to the field labeled Grouper Type.
Grouper Type Reserved	grpr_type_rsvd	X(2)	58 - 59	
Grouper Version	grpr_vers	9(2)	60 - 61	Set to the Grouper version number that is applicable for the effective date.
Grouper Version Number Extension	grpr_vers_ext	9(1)	62	Set to the third digit of the Grouper version number that is applicable for the effective date.
Grouper Version Reserved	grpr_vers_rsvd	9(3)	63 - 65	Reserved
Editor Type	edtr_type	X(2)	66 - 67	Reserved
Editor Type Reserved	edtr_type_rsvd	X(2)	68 - 69	Reserved
Editor Version	edtr_vers	9(2)	70 - 71	Reserved
Editor Release	edtr_rel	X(1)	72	Reserved
Editor Version Reserved	edtr_vers_rsvd	X(3)	73 - 75	Reserved
Editor Requests	edit_req	9(10)	76 77 78 79 80 81 82 83 84 85	Refer to the *edit_req* field in the ECB [ezg_cntl_block] structure in the Input & Output Parameter Blocks User's Guide for Editor Requests information.
Editor Requests 2	edit_req2	9(10)	86 87 88 89 90 91 92 93 94 95	Refer to the *edit_req2* field in the ECB [ezg_cntl_block] structure in the Input & Output Parameter Blocks User's Guide for Editor Requests information.
Editor Requests Reserved 3	rsvd_req3	X(10)	96 - 105	Reserved
Editor Requests Reserved 4	rsvd_req4	X(10)	106 - 115	Reserved
Mapping Flag	icd9_map	9(1)	116	0 = No mapping 1 = Code mapping 2 = State-specific mapping

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Grouper Option	grpr_option	9(1)	117	Reserved
Weight Option	wgt_option	X(1)	118	Reserved
ACE Override ID	ace_override_id	X(20)	119 - 138	**ACE:** The ACE Override ID invokes override functionality. This override functionality allows the user to turn particular ACE edits on or off.
HAC Override ID	hac_override_id	X(10)	139 - 148	**DSC Editor, AP-DRG Grouper, APR-DRG Grouper, Medicare DRG Grouper, CHAMPUS/ TRICARE Grouper, and Wisconsin DRG Grouper:** Unique key used by the DSC Editor or DRG Grouper to determine what HACs should be applied to this facility.
ACE Flag	ace_flag	9(1)	149	Reserved
DSC Flag	dsc_flag	9(1)	150	Reserved
Flag Reserved	flag_rsvd	9(8)	151 - 158	Reserved
Key Type	key_type	X(1)	159	1 = National Provider ID plus Taxonomy Code used for rate lookup 0 or blank = Legacy Provider ID used for rate lookup
Reimbursement Date	reimbdate	X(1)	160	Used to identify which claim date should be used for reimbursement calculations. The following options are available: - A = From or Admission Date - D = Thru or Discharge Date
CCI Edit Bypass	bypass_cci_edits	9(1)	161	**APG Payment Systems:** 0 = Do not apply CCI/MUE edits to reimbursement **Note** Indicates that the claim lines with CCI/MUE edits should not be included in the reimbursement. 1= Apply CCI/MUE edits to reimbursement **Note** Indicates that the claim lines with CCI/MUE edits should be included in the reimbursement.
State Key	state_key	X(2)	162 - 163	
Payer Key	payer_key	X(14)	164 - 177	
ASC Override ID	asc_override_id	X(20)	178 - 197	Used to identify the appropriate override pattern in the ASC Override File.
Mapping Override ID	map_override_id	X(20)	198 - 217	**ICD-10 Mapper:** Used to identify the appropriate override pattern in the Mapper Override File.

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Mapping Category	map_category	X(2)	218 - 219	**ICD-10 Mapper:** 01 = CMS reimbursement 02 = Optum premier pick 03 = Wisconsin Medicaid-specific
Mapper Type	map_type	X(2)	220 - 221	**ICD-10 Mapper and Alternate ICD-10 Mapper:** 02 = ICD-10 Mapper 03 = Alternate ICD-10 Mapper
Closed Rate Record Switch	closed_fac_sw	X(1)	222	Flag used to identify that a rate record is closed. Refer to the EASYGroup™ User's Guide for an explanation of why a rate record may be closed. Claims that utilize a closed rate record will receive Function Return Code 62 (Closed or Inactive Rate Record). 0 = Open 1 = Closed
Birth Weight Option Selected	bwgt_option	X(1)	223	**APR-DRG Grouper**: 1 = Entered in the birth weight field only. 2 = Coded with diagnosis only. 3 = Entered or coded with diagnosis. 4 = Entered or coded with cross-check between entered and coded birth weights to determine if a match or a conflict exists. 5 = Coded with diagnosis only, default of 2500 grams used if birth weight not coded. 6 = Entered or coded with diagnosis, default of 2500 grams used if birth weight not entered or coded. 7 = Entered or coded with cross-check between entered and coded birth weights to determine if a match or conflict exists, default of 2500 grams used if birth weight not entered or coded.
Discharge APR- DRG Option	disch_drg_option	X(1)	224	**APR-DRG Grouper**: Provides the ability to compute the APR-DRG, Severity of Illness (SOI), and Risk of Mortality (ROM) considering POA indicators with APR-DRG complication of care codes. 0 = Compute excluding only non-POA Complication of Care codes 1 = Compute excluding all Complication of Care codes
HAC Version	hac_version	9(3)	225 - 227	**APR-DRG Grouper**: The version of the Hospital Acquired Conditions to use with HAC-adjusted APR-DRG grouping. The HAC version should be entered as follows: Version 31 would be entered as "310."
Sequester Flag	sqr_flag	X(1)	228	Reserved

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
State CCI	statecci	X(2)	229 - 230	**ACE:** Two character abbreviation to determine which CCI/MUE editing rules to apply. Blank (default) = Medicare CCI/MUE DM = Medicare Durable Medical Equipment (DME) MI = Michigan Medicaid CCI/MUE SD = South Dakota Medicaid CCI/MUE US = Medicare CCI/MUE U2 = National Medicaid CCI/MUE **CAH Method II Editor:** Blank (default) = Medicare CCI/MUE US = Medicare CCI/MUE **MOE**: U2 = National Medicaid CCI/MUE
User Key	user_key	X(3)	231 - 233	**APC Payment Systems:** The state-specific APC grouping rules to utilize. - New Mexico Medicaid APC = NM1 **APG Payment Systems:** The state-specific APG grouping rules to utilize. - Alabama BCBS APG = AL3 - Colorado Medicaid APG = CO1 - Florida Medicaid APG = FL1 - Illinois Medicaid APG = IL1 - Nebraska Medicaid APG = NE1 - New York Medicaid APG = Blank or NY1 - Massachusetts Medicaid APG = MA1 - Ohio Medicaid APG = OH1 - Virginia Medicaid APG = VA1 - Virginia Medicaid ASC = VA4 - Washington DC Medicaid APG = DC1 - Washington Medicaid APG = WA1 - Wisconsin Medicaid APG = WI1 **APR-DRG Payment Systems:** The state-specific APR pricing rules to utilize. - Colorado Medicaid = CO2 - Florida Medicaid = FL2 - Illinois Medicaid APR = IL2 - Hawaii Medicaid = HI2 - Indiana Medicaid APR = IN2 continued below...

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
User Key <continued>	user_key	X(3)	231 - 233	- Louisiana Medicaid = LA2 - Massachusetts Medicaid = MA2 - Minnesota Medicaid = MN2 - Mississippi Medicaid = MS2 - New Jersey Medicaid = NJ2 - Rhode Island Medicaid = RI2 - Virginia Medicaid APR = VA2 - Washington DC Medicaid = DC2 - Wisconsin Medicaid APR = WI2
Apply CCI/MUE Edits	line_bypass	X(1)	234	**APG Payment Systems:** 0 = Don't exclude lines from APG grouping that are returned from ACE with CCI and/or MUE edits 1 = Exclude lines from APG grouping that are returned from ACE with CCI and MUE edits 2 = Exclude lines from APG grouping that are returned from ACE as CCI edits only 3 = Exclude lines from APG grouping that are returned from ACE as MUE edits only
ICD-9 Grouper Routing Flag	icd9_routing	9(1)	235	**ICD-10 Medicare DRG, ICD-10 TRICARE DRG, and ICD-10 Wisconsin Medicaid Groupers:** Used to automatically send ICD-9 claims that are configured to utilize an ICD-10 Grouper Version after V32 to the equivalent final ICD-9 Grouper Version. For example, if this option is enabled, ICD-9 claims sent to the ICD-10 Medicare DRG V33 Grouper will be automatically routed to the ICD-9 Medicare DRG V32 Grouper. 0 = Do not enable routing 1 = Enable routing
APC Override ID	apc_override_id	X(20)	236 - 255	**ACE:** The APC Override ID invokes override functionality. This override functionality allows the user to override APC, Payment Status Indicators, and maximum allowable units assignment for a particular procedure code. If this field is left blank, the ACE Override ID (*ace_override_id*) field will be utilized.
Version Qualifier	vers_qual	X(1)	256	**APR-DRG:** Used to request the ICD-9 version of the APR-DRG V31 and V32 Groupers. 0 = ICD-10 Grouper (default) 9 = ICD-9 Grouper

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Analyzer Type	analyzer_type	X(2)	257 - 258	00 = No Analyzer 01 = V01 EDC Analyzer™
Analyzer Type Reserved	analyzer_type_rsvd	X(2)	259 - 260	Reserved
Analyzer Version	analyzer_vers	9(2)	261 - 262	Two digit version number of the Analyzer.
Analyzer Version Reserved	analyzer_vers_rsvd	9(4)	263 - 266	Reserved
EDC Analyzer™	start_lvl_option[]	9(1) occurs 5 times	267 - 271	**V01 EDC Analyzer™:** Array of indicators to identify the claim starting visit levels that should be processed by the V01 EDC Analyzer™. For example, to process only those claims with a starting visit level of 4 or 5, set this field to 00011. To process all claims, set this field to 11111.
EDC Analyzer™	lvl_change_option	9(1)	272	**V01 EDC Analyzer™:** The number of visit level changes that should be processed by the V01 EDC Analyzer™/E&M Analyzer Pro. For example, to only process claims that have a visit level change of 2 or more levels, set this field to 2. To process all visit level changes, set this field to 1.
EDC Analyzer™	edc_action	9(1)	273	**V01 EDC Analyzer™:** 0 = Return visit level recommendation only; visit code required 1 = Return visit level recommendation and apply results to reimbursement (if applicable); visit code required 2 = Return visit level recommendation if visit level is decreased and apply results to reimbursement (if applicable); visit code required 3 = Return visit level recommendation only; visit code not required
Facility Type	facility_type	X(2)	274 - 275	**Florida Medicaid APG and Ohio Medicaid APG:** 00 = All others 01 = ASC
Rate File Version	rf_vers	X(7)	276 - 282	Version of the rate file that was used to process a specific claim.
Medicaid APC Override ID	mcd_override_id	X(20)	283 - 302	The Medicaid APC Override ID invokes override functionality. This override functionality allows the user to override the Payment Status Indicator for a particular procedure code.

Table 12-2: Configuration File Variables (config.dat, cfgout.dat, cfgirf.dat, cfgphys.dat, cfgcah.dat, cfgsnf.dat)

Field Description	Variable Name	Format	Position	Notes
Medicaid Outpatient Editor Flag	moe_flag	9(1)	303	Reserved
Grouper Date Flag	grpr_date	X(1)	304	Used to identify which claim date should be used for grouping. Blank = not applicable A = From or admission date D = Thru or discharge date **Note** This is not a required field. If this field is set to Blank, the value in the Reimbursement Date (*reimbdate*) field will be used to determine which claim date should be used for grouping.
Filler		X(496)	305 - 800	

12.3 COBOL Platform Layout

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	ECR-HOSP	X(16)	1 - 16	Unique provider identifier. Contains the provider's Medicare Provider Number.
Paysource Code	ECR-PCODE	X(13)	17 - 29	Unique paysource or payer identifier. This field is set to 09 for all providers to represent Medicare for this version of the NMPRF.
Hospital/Provider Number with NPI/ Taxonomy	ECR-HOSP	X(20)	1 - 20	Unique provider identifier. Contains the provider's Medicare Provider Number or the National Provider ID and Taxonomy Code.
Paysource Code with NPI/Taxonomy	ECR-PCODE	X(9)	21 - 29	Unique paysource or payer identifier. This field is set to "09" for all providers to represent Medicare for this version of the NMPRF.
Patient Type	ECR-PATTYPE	X(1)	30	1 = Inpatient 2 = Outpatient 3 = IRF/Rehabilitation 4 = Physician 5 = CAH Method II 6 = SNF/Skilled Nursing
Patient Type Reserved	ECR-PATTYPW-RSVD	X(1)	31	Reserved
Effective Date Sequence Code	ECR-ESEQ	9(4)	32 - 35	Reserved for use by the EASYGroup™ Pricer.

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Effective Date of Rate Variables Effective Century Effective Year Effective Month Effective Day	 ECR-EDATE ECR-CCYY ECR-MM ECR-DD	 9(4) 9(2) 9(2)	 36 - 39 40 - 41 42 - 43	The date on or after which the rate variables contained on this record should be used for calculating reimbursement. This field will be equal to either the beginning of the federal fiscal year or the beginning of the provider's fiscal year (e.g. 20001001).
Filler for Effective Stop Date (Future)		X(8)	44 - 51	
Payer/Pricer Type	ECR-PRCR-TYPE	X(2)	52 - 53	Refer to the ECB-EZG-CNTL-BLOCK of the Input and Output Parameter Blocks User's Guide for a list of acceptable values. Refer to the field labeled Pricer Type.
Payer Type Reserved	ECR-PRCR-TYPE-RSVD	X(2)	54 - 55	Reserved
Grouper Type	ECR-GRPR-TYPE	X(2)	56 - 57	Refer to the ECB-EZG-CNTL-BLOCK of the Input and Output Parameter Blocks User's Guide for a list of acceptable values. Refer to the field labeled Grouper Type.
Grouper Type Reserved	ECR-GRPR-TYPE-RSVD	X(2)	58 - 59	Reserved
Grouper Version	ECR-GRPR-VERS	9(2)	60 - 61	Set to the Grouper version number that is applicable for the effective date.
Grouper Version Number Extension	ECR-GRPR-VERS-EXT	9(1)	62	Set to the third digit of the Grouper version number that is applicable for the effective date.
Grouper Version Reserved	ECR-GRPR-VERS-RSVD	9(3)	63 - 65	Reserved
Editor Type	ECR-EDTR-TYPE	X(2)	66 - 67	Reserved
Editor Type Reserved	ECR-EDTR-TYPE-RSVD	X(2)	68 - 69	Reserved
Editor Version	ECR-EDTR-VERS	9(2)	70 - 71	Reserved
Editor Release	ECR-EDTR-REL	X(1)	72	Reserved
Editor Version Reserved	ECR-EDTR-VERS-RSVD	X(3)	73 - 75	Reserved
Request for Date-Sensitive/MCE Editing	ECR-EDIT-MCE-SW	9(1)	76	0 = No edits requested 1 = Request Date-Sensitive/MCE edits **Note** DSC/MCE settings in this file will override DSC/MCE requests made through the EDIT-MCE-SW field in the ECB-EZG-CNTL-BLOCK structure.

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Request for EASYEdit™ Editing	ECR-EDIT-EZ-SW	9(1)	77	0 = No edits requested 1 = Request EASYEdit™ edits **Note** EASYEdit™ settings in this file will override EASYEdit™ requests made through the EDIT-EZ-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for CCI Editing	ECR-EDIT-CCI-SW	9(1)	78	0 = No edits requested 1 = Request CCI edits (for ASC) **Note** CCI settings in this file will override CCI requests made through the EDIT-CCI-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for OCE Editing	ECR-EDIT-OCE-SW	9(1)	79	0 = No edits requested 1 = Request OCE edits (for FQHC) **Note** OCE settings in this file will override OCE requests made through the EDIT-OCE-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for OCE/CCI Editing	ECR-EDIT-OCE-CCI-SW	9(1)	80	0 = No edits requested 1 = Request OCE/CCI edits (for APC, ESRD, HHA, and SNF) **Note** OCE/CCI settings in this file will override OCE/CCI requests made through the EDIT-OCE-CCI-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for LCD Editing	ECR-EDIT-LCD-SW	9(1)	81	0 = No edits requested 1 = Request LCD edits **Note** LCD settings in this file will override LCD requests made through the EDIT-LCD-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for Non-OCE Editing With CCI Code Pairs	ECR-EDIT-NOCE-SW	9(1)	82	0 = No edits requested 1 = Request non-OPPS OCE edits (for Maryland and Critical Access Hospitals (CAHs)) with CCI edit pairs returned

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Request for POA Editing	ECR-EDIT-POA-SW	9(1)	83	0 = No edits requested 1 = Request POA edits **Note** POA settings in this file will override POA requests made through the EDIT-POA-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for HAC	ECR-EDIT-HAC-SW	9(1)	84	0 = No edits requested 1 = Request HAC edits **Note** HAC settings in this file will override HAC requests made through the EDIT-HAC-SW field in the ECB-EZG-CNTL-BLOCK structure.
Filler		X(1)	85	
Request for Physician Editing	ECR-EDIT-PHYS-SW	9(1)	86	0 = No edits requested 1 = Request physician edits, MUEs applied based on taxonomy **Note** Physician edit settings in this file will override Physician edit requests made through the EDIT-PHYS-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for Medicaid Inpatient Editing	ECR-EDIT-MDCD-SW	9(1)	87	0 = No edits requested 1 = Request Medicaid inpatient edits **Note** Medicaid inpatient settings in this file will override Medicaid inpatient requests made through the EDIT-MDCD-SW field in the ECB-EZG-CNTL-BLOCK structure.
Request for Physician Editing 2	ECR-EDIT-MAXMUE	9(1)	88	0 = No edits requested 1 = Request physician edits, max of DME and practitioner MUE applied **Note** Physician edit settings in this file will override Physician edit requests made through the EDIT-MAXMUE field in the ECB-EZG-CNTL-BLOCK structure.
Reserved	ECR-EDIT-MOE	9(1)	89	Reserved

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Request for CAH Method II Editing	ECR-EDIT-CAH	9(1)	90	0 = No edits requested 1 = Request CAH Method II edits **Note** CAH Method II settings in this file will override OCE/CCI requests made through the EDIT-OCE-SW field in the ECB-EZG-CNTLBLOCK structure.
Filler		X(25)	91 - 115	
Mapping Flag	ECR-MAPPING	9(1)	116	0 = No mapping 1 = Standard mapping 2 = State-specific mapping
Grouper Option	ECR-GRPR-OPTION	9(1)	117	Reserved
Weight Option	ECR-WGT-OPTION	X(1)	118	Reserved
ACE Override ID	ECR-ACE-OVERRIDE-ID	X(20)	119 - 138	**ACE:** The ACE Override ID invokes override functionality. This override functionality allows the user to turn particular ACE edits on or off.
HAC Override ID	ECR-HAC-OVERRIDE-ID	X(10)	139 - 148	**DSC Editor, AP-DRG Grouper, Medicare DRG Grouper, CHAMPUS/TRICARE Grouper,** and **Wisconsin DRG Grouper:** Unique key used by the DSC Editor or DRG Grouper to determine what HACs should be applied to this facility.
ACE Flag	ECR-ACE-FLAG	9(1)	149	Reserved
DSC Flag	ECR-DSC-FLAG	9(1)	150	Reserved
Flag Reserved	ECR-FLAG-RSVD	9(8)	151 - 158	Reserved
Key Type	ECR-KEY-TYPE	X(1)	159	1 = National Provider ID plus Taxonomy Code used for rate lookup 0 or blank = Legacy Provider ID used for rate lookup
Reimbursement Date	ECR-REIMBDATE	X(1)	160	Used to identify which claim date should be used for reimbursement calculations. The following options are available: - A = From or Admission Date - D = Thru or Discharge Date
CCI Edit Bypass	ECR-BYPASS-CCI-EDITS	9(1)	161	Reserved
State Key	ECR-STATE-KEY	X(2)	162 - 163	

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Payer Key	ECR-PAYER-KEY	X(14)	164 - 177	
ASC Override ID	ECR-ASC-OVERRIDE-ID	X(20)	178 - 197	Used to identify the appropriate override pattern in the ASC Override file.
Mapping Override ID	ECR-MAP-OVERRIDE-ID	X(20)	198 - 217	**ICD-10 Mapper:** Used to identify the appropriate override pattern in the Mapper Override file
Mapping Category	ECR-MAP-CATEGORY	X(2)	218 - 219	**ICD-10 Mapper:** 01 = CMS reimbursement 02 = Optum premier pick 03 = Washington Medicaid-specific
Mapper Type	ECR-MAP-TYPE	X(2)	220 - 221	**ICD-10 Mapper:** 02 = ICD-10 Mapper
Closed Rate Record Switch	ECR-CLOSED-FAC-SW	X(1)	222	Flag used to identify that a rate record is closed. Refer to the EASYGroup™ User's Guide for an explanation of why a rate record may be closed. Claims that utilize a closed rate record will receive Function Return Code 62 (Closed or Inactive Rate Record). 0 = Open 1 = Closed
Birth Weight Option Selected	ECR-BWGT-OPTION	X(1)	223	Reserved
Discharge APR-DRG Option	ECR-DISCH-DRG-OPTION	X(1)	224	Reserved
HAC Version	ECR-HAC-VERSION	9(3)	225 - 227	Reserved
Sequester Flag	ECR-SQR-FLAG	X(1)	228	Reserved
State CCI	ECR-STATECCI	X(2)	229 - 230	**ACE:** Two character abbreviation to determine which CCI/MUE editing rules to apply. Blank (default) = Medicare CCI/MUE DM = Medicare Durable Medical Equipment (DME) MI = Michigan Medicaid CCI/MUE SD = South Dakota Medicaid CCI/MUE US = Medicare CCI/MUE U2 = National Medicaid CCI/MUE **CAH Method II Editor:** Blank (default) = Medicare CCI/MUE US = Medicare CCI/MUE
User Key	ECR-USER-KEY	X(3)	231 - 233	Reserved

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Apply CCI/MUE Edits	ECR-LINE-BYPASS	X(1)	234	Reserved
ICD-9 Grouper Routing Flag	ECR-ICD9-ROUTING	9(1)	235	**ICD-10 Medicare DRG, ICD-10 TRICARE DRG,** and **ICD-10 Wisconsin Medicaid Groupers:** Used to automatically send ICD-9 claims that are configured to utilize an ICD-10 Grouper Version after V32 to the equivalent final ICD-9 Grouper Version. For example, if this option is enabled, ICD-9 claims sent to the ICD-10 Medicare DRG V33 Grouper will be automatically routed to the ICD-9 Medicare DRG V32 Grouper. 0 = Do not enable routing 1 = Enable routing
APC Override ID	ECR-APC-OVERRIDE-ID	X(20)	236 - 255	**ACE:** The APC Override ID invokes override functionality. This override functionality allows the user to override APC, Payment Status Indicators, and maximum allowable units assignment for a particular procedure code. If this field is left blank, the ACE Override ID (ECR-ACE-OVERRIDE-ID) field will be utilized.
Version Qualifier	ECR-VERS-QUAL	X(1)	256	Reserved
Analyzer Type	ECR-ANLZ-TYPE	X(2)	257 - 258	Reserved
Analyzer Type Reserved	ECR-ANLZ-TYPE-RSVD	X(2)	259 - 260	Reserved
Analyzer Version	ECR-ANLZ-VERS	9(2)	261 - 262	Reserved
Analyzer Version Reserved	ECR-ANLZ-VERS-RSVD	9(4)	263 - 266	Reserved
EDC Analyzer™	ECR-EDC-START-LVL	9(1) occurs 5 times	267 - 271	Reserved
EDC Analyzer™	ECR-EDC-CHANGE-LVL	9(1)	272	Reserved
EDC Analyzer™	ECR-EDC-ACTION	9(1)	273	Reserved
Facility Type	ECR-FACILITY-TYPE	X(2)	274 - 275	Reserved
Rate File Version	ECR-RATEFILE-VERS	X(7)	276 - 282	Version of the rate file that was used to process a specific claim.

Table 12-3: COBOL Configuration File Variables (ezgconfg.dat, cnfg02.dat, cnfg03.dat, cnfg04.dat, cnfg05.dat, cnfg06.dat)

Field Description	Variable Name	Format	Position	Notes
Medicaid APC Override ID	ECR-MCD-OVERRIDE-ID	X(20)	283 - 302	Reserved
Medicaid Outpatient Editor Flag	ECR-MOE-FLAG	X(1)	303	Reserved
Grouper Date Flag	ECR-GRPR-DATE	X(1)	304	Reserved
Filler		(496)	305 - 800	

13 Rate File Layouts

This chapter provides the layouts for Rate Files (C and COBOL). This chapter includes the following sections:

13.1 File Naming Conventions

The file names of the specific Rate Files are listed below:

Table 13-1: Rate File Names

Description	Filename C Platform	Filename COBOL Platform
APC Rate File - prior to January 01, 2018 - on or after January 01, 2018	 rateout.dat rateapc.dat	 wghtrate.dat wghtapc.dat
APG Rate File	rateout.dat	N/A
DRG Rate File	rate.dat	wghtrate.dat
HHA Rate File	rateout.dat	wghtrate.dat
IRF CMG Rate File	rateirf.dat	wghtrate.dat
SNF Rate File - prior to October 01, 2019 - on or after October 01, 2019	 ratesnf.dat ratesnf2.dat	 wghtrate.dat wghtsnf.dat

13.2 C Platform

13.2.1 APC Rate File Layout (prior to January 01, 2018)

Note

Not applicable to Medicare ASC or Contract ASC pricing.

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-2: APC Rate File Variables - rateout.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Hospital Number	pfac	X(16)	1 - 16	Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).
Paysource (Payer) Code	psrc	X(13)	17 - 29	Payer identifier or contract code.
Hospital/Provider Number with NPI/ Taxonomy	pfac	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	psrc	X(9)	21 - 29	Payer identifier or contract code.

Table 13-2: APC Rate File Variables - rateout.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Effective Date	edate	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
APC	apc	9(4)	38 - 41	
APC/APG Weight	weight	9(3)v9(5)	42 - 49	Weight associated with this APC or APG if used with a base rate to calculate reimbursement.
APG Type (not used in APC pricing)	apgtype	9(2)	50 - 51	
Non-Covered APG Flag	noncover	9(1)	52	Not used in APC pricing.
Packaging Flag	package	9(2)	53 - 54	
Units of Service Pricing	unitpric	9(1)	55	Not used in APC pricing.
APC Rate	apc_rate	9(5)v9(2)	56 - 62	Base rate for this APC, before adjustments.
APC Payment Status	hpaystat	X(2)	63 - 64	APC Payment Status Indicators. **Note** For a list of APC Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
Reserved for APC Payment Status for ASC	ascpaystat	X(1)	65	
Reserved for IOL Flag	iol_flag	X(1)	66	
National Unadjusted Co-Payment	ntl_copay	9(4)v9(2)	67 - 72	**APC-HOPD:** National unadjusted coinsurance
Minimum Unadjusted Co-Payment	min_copay	9(4)v9(2)	73 - 78	**APC-HOPD**: Minimum unadjusted coinsurance
Hospital-Specific Unadjusted Co-Payment	hos_copay	9(4)v9(2)	79 - 84	**APC-HOPD**: Hospital-specific unadjusted coinsurance (must be greater than or equal to the minimum co-payment, and less than or equal to the national co-payment).

Table 13-2: APC Rate File Variables - rateout.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Coinsurance Flag	coinsflag	9(1)	85	0 = Standard co-insurance rules 1 = Co-insurance is 25% of payment rate, hospital cannot reduce coinsurance 2 = Not subject to national coinsurance, hospital cannot reduce coinsurance 3 = Pass thru item, hospital cannot reduce coinsurance 4 = Item is eligible for outlier payment 5 = Device or procedure eligible for offset deduction (prior to January 01, 2017) 5 = Procedure eligible for offset deduction (on or after January 01, 2017) 6 = Procedure eligible for no-cost and reduced cost device offset deduction (Prior to January 01, 2017) 7 = New technology APC exempt from quality reporting reduction 8 = Pass thru item, contrast agent eligible for offset. 9 = Nuclear medicine procedure eligible for no-cost offset deduction
Program Payment Percentage	ppp	9(1)v9(6)	86 - 92	Program payment percentage, percent of line item payment paid by third party payer. Medicare program payment percentage: ((APC-RATE – NTL-COPAY) / APC-RATE)
Rank	rank	9(5)	93 - 97	**APC-HOPD**: Ranking for allocation of deductible to individual claim lines.
Reserved for Recurring APG Flag	apg_recur	9(1)	98	Not used in APC pricing
APC Offset	apc_offset	9(5)v9(2)	99 - 105	Unadjusted offset that is deducted from the payment for transitional pass-through items or from the payment for procedures with no-cost devices (prior to January 01, 2017).
Filler		X(1)	106	
Rate Manager TAB Filename		X(9)	107 - 115	
APC User Base Rate	user_rate	9(5)v9(3)	116 - 123	**Contract APC/APC Pro:** User specified base rate/conversion factor. If the hospital *base * weight pricing* option is set to Yes and this field is set, the APC Rate = APC User Base Rate * APC Weight.
Filler		9(11)	124 - 134	
APC Policy Packaged Offset	apc_poloffset	9(8)v9(2)	135 - 144	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.

Table 13-2: APC Rate File Variables - rateout.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
APC Contrast Agent Offset	apc_caoffset	9(8)v9(2)	145 – 154	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
Filler		9(17)	155 - 171	
Key Type	key_type	X(1)	172	
Extended Weight	weight_ext	9(4)v9(5)	173 - 181	Extended weight associated with this APC if used with a base rate to calculate reimbursement.
Filler		X(10)	182 - 191	

13.2.2 APC Rate File Layout (on or after January 01, 2018)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-3: APC Rate File Variables - rateapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Hospital Number	pfac	X(16)	1 - 16	Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).
Paysource (Payer) Code	psrc	X(13)	17 - 29	Payer identifier or contract code.
Hospital/Provider Number with NPI/ Taxonomy	pfac	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	psrc	X(9)	21 - 29	Payer identifier or contract code.
Effective Date	edate	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
Reserved		X(2)	38 - 39	
Reserved		9(1)	40	
APC	apc	9(5)	41 - 45	
Page Number	pge_nbr	9(2)	46 - 47	
NPI/Legacy Flag	key_type	X(1)	48	0 = Legacy 1 = NPI
Reserved		9(1)	49	

Table 13-3: APC Rate File Variables - rateapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
APC Weight	weight	9(4)v9(5)	50 - 58	**APC-HOPD**: Weight associated with this APC. **Contract APC/APC Pro**: Weight associated with this APC if used with a base rate to calculate reimbursement.
APC Rate	apc_rate	9(8)v9(2)	59 - 68	Base rate for this APC, before adjustments.
Reserved		9(1)	69	
APC Payment Status	hpaystat	X(2)	70 - 71	APC Payment Status Indicators. **Note** For a list of APC Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
National Unadjusted Co-Payment	ntl_copay	9(8)v9(2)	72 - 81	**APC-HOPD:** National unadjusted coinsurance
Minimum Unadjusted Co-Payment	min_copay	9(8)v9(2)	82 - 91	**APC-HOPD**: Minimum unadjusted coinsurance
Hospital-Specific Unadjusted Co-Payment	hos_copay	9(8)v9(2)	92 - 101	**APC-HOPD**: Hospital-specific unadjusted coinsurance (must be greater than or equal to the minimum co-payment, and less than or equal to the national co-payment).
Coinsurance Flag	coinsflag	9(2)	102 - 103	00 = Standard co-insurance rules 01 = Co-insurance is 25% of payment rate, hospital cannot reduce coinsurance 02 = Not subject to national coinsurance, hospital cannot reduce coinsurance 03 = Pass thru item, hospital cannot reduce coinsurance 04 = Item is eligible for outlier payment 05 = Procedure eligible for offset deduction (on or after January 01, 2017) 07 = New technology APC exempt from quality reporting reduction 08 = Pass thru item, contrast agent eligible for offset. 09 = Nuclear medicine procedure eligible for no-cost offset deduction
Program Payment Percentage	ppp	9(1)v9(6)	104 - 110	Program payment percentage, percent of line item payment paid by third party payer. Medicare program payment percentage: ((APC-RATE – NTL-COPAY) / APC-RATE)
Reserved		9(1)	111	
Rank	rank	9(5)	112 - 116	**APC-HOPD**: Ranking for allocation of deductible to individual claim lines.

Table 13-3: APC Rate File Variables - rateapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
APC User Base Rate	user_rate	9(8)v9(3)	117 - 127	**Contract APC/APC Pro**: User specified base rate/conversion factor. If the hospital *base * weight pricing* option is set to Yes and this field is set, the APC Rate = APC User Base Rate * APC Weight.
APC Policy Packaged Offset	apc_poloffset	9(8)v9(2)	128 - 137	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.
APC Contrast Agent Offset	apc_caoffset	9(8)v9(2)	138 - 147	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
Extended APC Weight	weight_ext	9(6)v9(5)	148 - 158	**Contract APC/APC Pro**: Extended weight associated with this APC if used with a base rate to calculate reimbursement. **APC-HOPD and Contract APC (for Iowa APC):** Reserved for future use.
Filler		X(83)	159 - 241	
Rate Manager TAB Filename	ratemgr_rsvd	X(9)	242 - 250	

13.2.3 APG Rate File Layout

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-4: APG Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Hospital/Provider Number	pfac	X(16)	1 - 16	Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).
Paysource (Payer) Code	psrc	X(13)	17 - 29	Payer identifier or contract code.
Hospital/Provider Number with NPI/ Taxonomy	pfac	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	psrc	X(9)	21 - 29	Payer identifier or contract code.
Effective Date	effdate	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
APG	apg	9(4)	38 - 41	

Table 13-4: APG Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Filler		X(1)	42	
APG Weight	weight	9(2)v9(5)	43 - 49	
APG Type	apgtype	9(2)	50 - 51	
Non-Covered APG Flag	noncover	9(1)	52	0 = Covered 1 = Non-covered
Packaging Flag	package	9(2)	53 - 54	Reserved
Discount Exempt Flag	disc_exempt	9(1)	55	**New York Medicaid APG:** 0 = Standard discounting applies 1 = Exempt from discounting for certain rate codes 2 = Alternate discounting applies for certain rate codes
APC Rate	apc_rate	9(5)v9(2)	56 - 62	Reserved
APC Pricing Type	hpaystat	X(2)	63 - 64	Reserved
Filler		X(1)	65	
IOL Flag (reserved)	iol_flag	X(1)	66	Reserved
National Co-Payment	ntl_copay	9(4)v9(2)	67 - 72	Reserved
Minimum Co-Payment	min-copay	9(4)v9(2)	73 - 78	Reserved
Hospital Co-Payment	hos-copay	9(4)v9(2)	79 - 84	Reserved
Coinsurance Flag	coinsflag	9(1)	85	Reserved
Program Payment Percentage	ppp	9(1)v9(6)	86 - 92	Reserved
Deductible Ranking	rank	9(5)	93 - 97	Reserved
Recurring APG Flag	apg_recur	9(1)	98	Reserved
Pass-Through Offset	owr_apc_offset	9(5)v9(2)	99 - 105	Reserved
Filler		X(1)	106	
File Name for *.tab* File (Rate Manager)	filename	X(9)	107 - 115	
Low Charge Threshold	apg_lchg	9(5)v9(2)	116 - 122	Reserved
High Charge Threshold	apg_hchg	9(5)v9(2)	123 - 129	Reserved
APG Percent of Charge	apg_poc	9(1)v9(2)	130 - 132	Reserved
Never Pay Flag	nvrpay	9(1)	133	**New York Medicaid APG:** 0 = Not a Never Pay APG 1 = Never Pay APG
Stand Alone Flag	stndaln	9(1)	134	**New York Medicaid APG:** 0 = Not Stand Alone APG 1 = Stand Alone APG

Table 13-4: APG Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Special Payment Flag	special_pmt	9(1)	135	**Illinois Medicaid APG:** 0 = Standard APG processing 1 = High cost drug APG 2 = High cost device APG **New York Medicaid APG:** 0 = Standard APG processing 1 = Carve out 2 = Payable incidental procedure 4 = No capital add-on procedure 5 = No capital add-on procedure and payable incidental procedure 8 = No payment **Ohio Medicaid APG:** 0 = Standard APG processing 1 = APG paid flat rate 2 = Observation APG 3 = APG paid off fee schedule **Washington Medicaid APG:** 0 = Standard APG processing 2 = Pay percent of charges
Transition Flag	transition	9(1)	136	**New York Medicaid APG:** 0 = Not subject to transitional blend 1 = Subject to transitional blend
APG Discount 1	apg_disc1	9(1)v9(5)	137 - 142	**New York Medicaid APG:** Discount to be applied if service is highest weighted procedure.
APG Discount 2	apg_disc2	9(1)v9(5)	143 - 148	**New York Medicaid APG:** Discount to be applied if service is second highest weighted procedure.
APG Discount 3	apg_disc3	9(1)v9(5)	149 -154	**New York Medicaid APG:** Discount to be applied if service is third or higher weighted procedure.
APG Extended Weight	weight_ext	9(3)v9(6)	155 - 163	Extended field for relative weight for the corresponding APG.
Reserved	mod_90	9(1)	164	Reserved for future use.
Statewide Base Rate Flag	stwide_base	9(1)	165	**New York Medicaid APG:** 0 = Does not receive statewide base rate 1 = Receives statewide base rate
Mental Health Adjustment Flag	mh_adj	9(1)	166	**New York Medicaid APG:** 0 = Not eligible for Mental Health Adjustment 1 = Eligible for Mental Health Adjustment 1 2 = Eligible for Mental Health Adjustment 2
Modifier U6 Flag	mod_u6	9(1)	167	**New York Medicaid APG:** 0 = Not eligible for NY Ancillary Billing Policy 1 = Eligible for NY Ancillary Billing Policy

Table 13-4: APG Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Modifier HQ Flag	mod_hq	9(1)	168	**New York Medicaid APG:** 0 = Not eligible for NY Smoking Cessation Adjustment 1 = Eligible for NY Smoking Cessation Adjustment
Filler		X(3)	169 - 171	
Key Type	key_type	X(1)	172	0 or Blank = Legacy Provider ID used for rate lookup. 1 = NPI plus taxonomy code used for rate lookup.
Filler		X(19)	173 - 191	

13.2.4 DRG Rate File Layout

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	pfac	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	psrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital Number with NPI Taxonomy	pfac	X(20)	1 - 20	Unique hospital identifier. Contains the hospital's National Provider Identifier (NPI) and Taxonomy Code.
Paysource (Payer) Code with NPI/ Taxonomy	psrc	X(9)	21 - 29	Unique paysource or payer identifier.
Effective Date	effdate	9(2) 9(2) 9(2) 9(2)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
DRG	drg	9(4)	38 - 41	APR-DRG/DRG number.
Filler	filler1	9(1)	42	

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
Pricer-Specific Rate or Factor	rate	9(7)v9(2)	43 - 51	Used for Pricer-specific DRG/APR-DRG rates or factors. **Arizona Medicaid:** Used to store the APR-DRG specific outlier marginal cost factor. **Georgia Medicaid, Kansas Medicaid, Nebraska Medicaid APR, New Jersey Medicaid APR, New York Medicaid APR, North Carolina Medicaid, Ohio Medicaid APR, Pennsylvania Medicaid APR, South Carolina Medicaid,** and **Virginia Medicaid APR:** Used to store DRG-specific cost outlier thresholds. **Kentucky Medicaid:** Used to the store transplant acquisition payment rate. **Multi-Pricer/DRG Pro and Pennsylvania Medicaid APR:** Used to store the DRG base rate or case rate.
Weight	weight	9(2)v9(5)	52 - 58	Weighting factor associated with the APR-DRG/ DRG. **Medicare IPF:** DRG-specific adjustment used to calculate the per diem.

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
Mean Length of Stay	mlos	9(3)v9(4)	59 - 65	**Multi-Pricer/DRG Pro, Hawaii Medicaid, Iowa Medicaid, Kansas Medicaid, Kentucky Medicaid, Medicare Inpatient, Medicare LTC, Michigan Medicaid, Michigan Medicaid APR, New Jersey Medicaid, New Jersey Medicaid APR, New York Medicaid APR, North Carolina Medicaid, Pennsylvania Medicaid, Pennsylvania Medicaid APR, TRICARE/ CHAMPUS, Virginia Medicaid, and Washington Medicaid:** Geometric mean **Arizona Medicaid, California Medicaid, Florida Medicaid, Illinois Medicaid APR, Indiana Medicaid APR, Massachusetts Medicaid, Minnesota Medicaid, Mississippi Medicaid, Nebraska Medicaid APR, Ohio Medicaid APR, Rhode Island Medicaid, South Carolina Medicaid, Virginia Medicaid APR, Washington DC Medicaid, and Wisconsin Medicaid APR:** Arithmetic mean **Washington Medicaid APR:** Rounded arithmetic mean
High Length of Stay Trim	cutoff	9(3)	66 - 68	Where applicable, used to identify long-stay outlier claims. **New Jersey Medicaid:** AIDS DRGS only (DRGs 700-702, 704-705, 707-708, 710-714), the high length of stay trim should be zero-filled. **New Jersey Medicaid APR:** Alternate Level of Care
Low Length of Stay Trim	lowcutoff	9(3)	69 - 71	Where applicable, used to identify short-stay outlier claims. **New Jersey Medicaid:** AIDS DRGS only (DRGs 700-702, 704-705, 707-708, 710-714), the low length of stay trim should be zero-filled.
Low Per Diem	loperdiem	9(5)v9(2)	72 - 78	**New Jersey Medicaid:** The DRG-specific low per diem. **Pennsylvania Medicaid APR:** Low cost outlier percentage. **California Medicaid:** Used for the NICU adjustment factor.

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
High Per Diem	hiperdiem	9(5)v9(2)	79 - 85	**Kansas Medicaid:** DRG Daily Rate
New Mean Length of Stay or Policy Adjustor	new_mlos	9(3)v9(4)	86 - 92	**Multi-Pricer/DRG Pro, Kentucky Medicaid, Medicare Inpatient, Texas Medicaid, TRICARE/ CHAMPUS, and Virginia Medicaid APR:** Arithmetic mean **Medicare LTC:** 5/6th of the geometric mean **Illinois Medicaid and Pennsylvania Medicaid Day (LOS) Outliers and Transfer-Out Cases:** Geometric mean **Arizona Medicaid and Florida Medicaid:** Service adjustor **California Medicaid:** Service adjustor or high acuity policy adjustor **Hawaii Medicaid:** Adult APR-DRG policy adjustor **Illinois Medicaid APR and Minnesota Medicaid:** Policy adjustor **Michigan Medicaid APR:** Alternate weight for Level 4 NICU **Washington Medicaid APR:** Marginal cost factor

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Flag New York Medicaid "Top 20 DRG" Indicator (prior to December 01, 2009) Post-Acute Transfer DRG Flag	drgflag (nytopdrg) (xfr_flag)	9(1)	93	**Multi-Pricer/DRG Pro, Kentucky Medicaid, Medicare Inpatient, and TRICARE/CHAMPUS:** 0 = DRG is not subject to post-acute transfer pricing 1 = DRG is subject to standard post-acute transfer pricing 2 = DRG is subject to special post-acute transfer pricing **Florida Medicaid and Pennsylvania Medicaid APR:** 0 = Normal DRG (80%) 1 = High cost DRG (100%) 2 = Non-covered DRG (0%) **Florida Medicaid:** 0 = DRG not subject to special neonate/pediatric outlier provisions (Marginal Cost Factor) 1 = DRG subject to special pediatric outlier provisions (Marginal Cost Factor 2) 2 = DRG subject to special neonate outlier provisions (Marginal Cost Factor 2) **Louisiana Medicaid:** 0 = DRG not subject to special burn outlier provisions 2 = DRG subject to special burn outlier provisions **Washington Medicaid:** 0 = DRGs not subject to special neonate/pediatric outlier provisions 1 = DRGs subject to special neonate/pediatric outlier provisions
Medical/Surgical Flag	msflag	9(1)	94	1 = Medical DRG 2 = Surgical DRG

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category	drgcat	9(2)	95 - 96	**Arizona Medicaid:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Non-covered DRG **California Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Obstetrics DRG **Florida Medicaid:** 00 = Normal DRG processing 06 = DRG considered for transfer 13 = DRG not subject to DRG policy adjustments **Georgia Medicaid:** 00 = Normal DRG processing 01 = CCR excluded DRG 02 = Rural newborn add- on eligible DRG 03 = Rural newborn add-on eligible DRG (CCR excluded) **Illinois Medicaid APR** 00 = Normal DRG processing 01 = Burn and trauma DRG 02 = Perinatal DRG 03 = Perinatal transfer exempt DRG 04 = Transplant DRG 05 = Normal newborn 14 = DRG subject to policy add-on 1 with hospital requirement 15 = DRG not subject to policy add-on 2 and/or 3 **Indiana Medicaid APR:** 00 = Normal DRG processing 06 = DRG exempt from transfer 08 = DRG paid per diem 1 09 = DRG paid per diem 2 11 = DRG paid per diem 3 12 = DRG paid per diem 1 with diagnosis requirements **Iowa Medicaid:** 00 = Normal DRG processing 01 = Neonatal DRG processing continued below...

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category <continued>	drgcat	9(2)	95 - 96	**Louisiana Medicaid:** 00 = Normal DRG processing 06 = Neonatal DRG exempt from transfer 08 = Psychiatric DRG 09 = Rehabilitation DRG 10 = Transplant DRG **Medicare Inpatient:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Burn DRG 03 = New technology DRG 04 = Error DRG 99 = Normal DRG processing **Medicare IPF:** 00 = Normal DRG processing 01 = Psychiatric DRG **Medicare LTC:** 00 = Normal DRG processing 01 = Psychiatric or rehabilitation DRGs **Michigan Medicaid APR:** 00 = Normal DRG processing 01 = Bone marrow transplant DRG 02 = Neonatal DRG 03 = Transfer exempt DRG 04 = Three digit DRG age split 05 = Two digit DRG age split 06 = All other transplant DRG 99 = Normal DRG processing **Minnesota Medicaid:** 00 = Normal DRG processing 01 = Obstetric DRGs (subject to policy adjustor 1) 02 = Pediatric DRGs (subject to policy adjustor 2) 03 = Mental health DRGs (subject to policy adjustor 3) **Mississippi Medicaid:** 01 = Obstetrics and normal newborn DRGs (subject to policy adjustor 1) 02 = Neonate DRGs (subject to policy adjustor 2) 03 = Mental health DRGs (subject to policy adjustors 3 and 4) 04 = Rehabilitation DRGs (subject to policy adjustor 5) 05 = Transplant DRGs (subject to policy adjustor 6) continued below...

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category <continued>	drgcat	9(2)	95 - 96	**Nebraska Medicaid:** 00 = Normal DRG processing 01 = Neonate DRG 02 = Burn DRG 03 = Psychiatric DRG 04 = Rehabilitation DRG 05 = Unstable/low volume DRG 06 = Transplant DRG **Nebraska Medicaid APR:** 00 = Normal DRG processing 02 = Burn DRG 03 = Psychiatric DRG 04 = Rehabilitation DRG 06 = Transplant DRG **New York Medicaid APR:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Eligible for spinal implant payment DRG **New York Medicaid Psychiatric Exempt Unit:** 00 = Normal DRG processing 01 = Non-covered DRG **North Carolina Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Rehabilitation DRG 03 = Transfer exempt DRG 04 = Obstetric DRG eligible for LARC DRG reimbursement **Ohio Medicaid APR:** 00 = Normal DRG processing 16 = Organ acquisition cost DRG 17 = Organ acquisition charge DRG **Pennsylvania Medicaid:** 00 = Normal DRG processing 01 = Cost outlier eligible/transfer exempt 02 = Tracheostomy DRG 03 = Special payment applies 04 = Rehabilitation DRG continued below...

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category <continued>	drgcat	9(2)	95 - 96	**Pennsylvania Medicaid APR:** 00 = Normal DRG processing 01 = Neonates 02 = Psychiatric/drug/rehabilitation DRG 03 = Transplant DRG 04 = Burn DRG **Rhode Island Medicaid:** 00 = Normal DRG processing 03 = Mental health DRG (subject to policy adjustor 3 or 4) **South Carolina Medicaid:** 00 = Normal DRG processing 01 = Normal delivery DRGs (541 and 560) 02 = False labor DRG (565) 03 = Normal newborn DRG (640) **Texas Medicaid:** 01 = Obstetrics delivery services DRG 99 = Normal DRG processing **TRICARE/CHAMPUS:** 00 = Normal DRG processing 01 = Neonatal DRGs excluding transfer DRG 02 = Burn DRG 03 = Neonatal transfer DRG 04 = Psychiatric DRG **Virginia Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Exempt transplant DRG 04 = Error DRG **Virginia Medicaid APR:** 00 = Normal DRG processing 06 = DRG exempt from transfer 08 = DRG paid per diem 1 09 = DRG paid per diem 2 10 = Exempt/transplant DRG continued below...

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category <continued>	drgcat	9(2)	95 - 96	**Washington Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Substance abuse DRG 04 = Exempt neonate DRG (prior to August 01,2007 05 = AIDS DRG (prior to August 01, 2007) 06 = Normal newborn DRG (prior to August 01, 2007) 07 = Delivery DRG (prior to August 01, 2007) 08 = Other, paid RCC 09 = Burn DRG 10 = Medical DRG 11 = Surgical DRG 12 = Neonate per diem **Washington Medicaid APR:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Detox DRG 04 = Transplant DRG 05 = Neonatal DRG **Wisconsin Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Burn DRG **Wisconsin Medicaid APR:** 00 = Normal DRG processing 01 = Neonate DRGs (subject to policy adjustor 1) 02 = Normal newborn DRGs (subject to policy adjustor 2) 04 = Transplant DRGs (subject to policy adjustor 5) 06 = Neonatal DRG exempt from transfer 07 = Long Acting Reversible Contraceptive (LARC) add-on DRGs (subject to policy add-on 1)

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
Base Rate Flag	brf	X(1)	97	**Massachusetts Medicaid:** Identifies DRGs that are subject to the pediatric acute care payment adjustment. 0 = No adjustment 1 = Apply pediatric acute care base rate adjustment **Medicare Inpatient** and **TRICARE/CHAMPUS:** Identifies MS-DRGs that are assigned based on an implantation of a device. **Washington Medicaid:** Identifies DRGs that use a contractual base rate, instead of a standard base rate.
DRG-Specific Cost Reduction Factor	drg_crf	9(1)v9(5)	98 - 103	**Multi-Pricer/DRG Pro:** DRG-specific cost reduction factor or percent of charges.
DRG-Specific Tiered Per Diem Rates Rate 1 Rate 2 Rate 3 Rate 4 Rate 5 OR DRG-Specific Base Rates Operating Base Rate DRG-Specific Base Rates Capital Base Rate	 drg_tier1 drg_tier2 drg_tier3 drg_tier4 drg_tier5 drg_tier1 drg_tier2	 9(5)v9(2) 9(5)v9(2) 9(5)v9(2) 9(5)v9(2) 9(5)v9(2) 9(5)v9(2) 9(5)v9(2)	 104 - 110 111 - 117 118 - 124 125 - 131 132 - 138 104 - 110 111 - 117	**Multi-Pricer/DRG Pro:** Used for DRG-specific tiered per diem pricing. For this type of pricing, five daily rates are allowed for each DRG. Each per diem rate is applied to a specific period of the patient's hospital stay, beginning on a specified start-day. OR Used for DRG-specific capital base rates (operating base rate and capital base rates). Used for DRG-specific base rates (operating base rate and capital base rates).
DRG-Specific Starting Days Day 1 Day 2 Day 3 Day 4 Day 5	 drg_day1 drg_day2 drg_day3 drg_day4 drg_day5	 9(3) 9(3) 9(3) 9(3) 9(3)	 139 - 141 142 - 144 145 - 147 148 - 150 151 - 153	**Multi-Pricer/DRG Pro:** Used for DRG-specific tiered per diem pricing. It indicates the day of the patient's hospital stay on which the corresponding tiered per diem should begin to be applied. This rate will be applied until another tiered per diem rate becomes applicable. For example, beginning on drg_day1, drg_tier1 will be applied. This rate will be applied until drg_day2. At this point in the hospital stay, drg_tier2 will be utilized.

Table 13-5: DRG Rate File Variables - rate.dat

Field Description	Variable Name	Format	Position	Notes
DRG-Specific Payment Type/Rules	drgpaytype	9(2)	154 - 155	**Multi-Pricer/DRG Pro:** 1 = Base * DRG weight 2 = Case rate 3 = Cost Reduction Factor (CRF) or percent of charges 4 = Per diem 5 = Tiered per diem 6 = Case rate plus per diem 7 = (Operating base + capital base) * DRG weight
DRG-Specific Per Diem Rate	drg_pdiem	9(5)v9(2)	156 - 162	Reserved
Rate Manager *.TAB filename	filename	X(9)	163 - 171	Reserved for Rate Manager *.TAB file name.
Key Type	key_type	X(1)	172	1 = NPI plus taxonomy code used for rate lookup 0 or blank = Legacy Provider ID used for rate lookup
Additional Mean Length of Stay or Policy Adjustor	add_mlos	9(3)v9(4)	173 - 179	**Medicare LTC:** Contains the IPPS comparable threshold (IPPS ALOS + 1sd) **Arizona Medicaid, California Medicaid, and Florida Medicaid:** Age adjustor **Hawaii Medicaid:** Pediatric APR-DRG policy adjustor **Michigan Medicaid APR:** Alternate mean length of stay for Level 4 NICU **Washington Medicaid APR:** Arithmetic mean
Day Threshold	daythreshold	9(4)	180 - 183	**Multi-Pricer/DRG Pro:** Day of stay after which the per diem rate is paid. **Michigan Medicaid APR:** Alternate low trim for Level 4 NICU.
Filler		X(8)	184 - 191	

13.2.5 HHA Rate File Layout (prior to January 01, 2020)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-6: HHA Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	facility	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	paysrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital Number with NPI/Taxonomy	facility	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	paysrc	X(9)	21 - 29	Payer identifier or contract code.
Effective Date	eff_date	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
HHRG	hhrg	X(4)	38 - 41	HHRG number.
Weight	weight	9(3)v9(5)	42 - 49	
Reserved		9(8)v9(2)	50 - 59	
Reserved		9(8)v9(2)	60 - 69	
Reserved		9(8)v9(2)	70 - 79	
Reserved		9(8)v9(2)	80 - 89	
Reserved		9(8)v9(2)	90 - 99	
Reserved		9(8)v9(2)	100 - 109	
Non-Routine Medical Supplies Weight Severity Level 1	nrs_weight1	9(3)v9(5)	110 - 117	
Non-Routine Medical Supplies Weight Severity Level 2	nrs_weight2	9(3)v9(5)	118 - 125	
Non-Routine Medical Supplies Weight Severity Level 3	nrs_weight3	9(3)v9(5)	126 - 133	
Non-Routine Medical Supplies Weight Severity Level 4	nrs_weight4	9(3)v9(5)	134 - 141	
Non-Routine Medical Supplies Weight Severity Level 5	nrs_weight5	9(3)v9(5)	142 - 149	

Table 13-6: HHA Rate File Variables - rateout.dat

Field Description	Variable Name	Format	Position	Notes
Non-Routine Medical Supplies Weight Severity Level 6	nrs_weight6	9(3)v9(5)	150 - 157	
Filler		X(14)	158 - 171	
Key Type	key_type	X(1)	172	
Filler		X(19)	173 - 191	

13.2.6 HHA Rate File Layout (on or after January 01, 2020)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-7: HHA Rate File Variables - ratehha.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	facility	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	paysrc	X(13)	17 - 29	Unique paysource or payer identifier.
Effective Date	eff_date	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
Payer Type Reserved		X(2)	30 - 39	Reserved
PDGM Classification	pdgm	X(6)	40 - 45	PDGM classification (i.e., HIPPS code).
Page Number	pge_nbr	9(2)	46 - 47	
NPI/Legacy Flag	key_type	X(1)	48	0 = Legacy 1 = NPI
Weight	weight	9(3)v9(5)	49 - 56	Weight associated with this PDGM (i.e., HIPPS code).
LUPA Threshold	lupathresh	9(3)	57 - 59	
Filler		X(191)	60 - 250	

13.2.7 IRF CMG Rate File Layout

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-8: CMG Rate File Variables - rateirf.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	c_hosp	X(16)	1 - 16	
Paysource Code	c_pcode	X(13)	17 - 29	
Hospital Number with NPI/Taxonomy	c_hosp	X(20)	1 - 20	Unique hospital identifier. Contains the hospital's National Provider Identifier and Taxonomy Code.
Paysource (Payer) Code with NPI/ Taxonomy	c_pcode	X(9)	21 - 29	Unique paysource or payer identifier.
Effective Date	c_effdate	9(2) 9(2) 9(2) 9(2)	30 - 31 32 - 33 34 - 35 36 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
CMG	c_cmg	9(4)	38 - 41	Contains one of 100 payment related CMGs. Valid values range from 0101 to 5104. Generally (CMG < 5001), format is XXYY, where: XX = RIC YY = Subgroup within RIC
Filler		X(1)	42	
Relative Weight With Tier 1 Comorbidity	c_weight1	9(3)v9(5)	43 - 50	Relative weight for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B).
Relative Weight With Tier 2 Comorbidity	c_weight2	9(3)v9(5)	51 - 58	Relative weight for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C).
Relative Weight With Tier 3 Comorbidity	c_weight3	9(3)v9(5)	59 - 66	Relative weight for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D).
Relative Weight With No Comorbidities	c_weight4	9(3)v9(5)	67 - 74	Relative weight for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidity (HIPPS comorbidity tier A).
Mean LOS With Tier 1 Comorbidity	c_alos1	9(3)v9(4)	75 - 81	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B).
Mean LOS With Tier 2 Comorbidity	c_alos2	9(3)v9(4)	82 - 88	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C).

Table 13-8: CMG Rate File Variables - rateirf.dat

Field Description	Variable Name	Format	Position	Notes
Mean LOS With Tier 3 Comorbidity	c_alos3	9(3)v9(4)	89 - 95	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D).
Mean LOS With No Comorbidities	c_alos4	9(3)v9(4)	96 - 102	Average length of stay for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidities (HIPPS comorbidity tier A).
Payment Rate With Tier 1 Comorbidity	c_rate1	9(8)v99	103 - 112	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 2 Comorbidity	c_rate2	9(8)v99	113 - 122	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 3 Comorbidity	c_rate3	9(8)v99	123 - 132	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D). **Note** No longer populated, effective October 01, 2021.
Payment Rate With No Comorbidities	c_rate4	9(8)v99	133 - 142	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidities (HIPPS comorbidity tier A). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 1 Comorbidity Without Quality Reporting	c_noqual_rate1	9(6)v9(2)	143 - 150	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 2 Comorbidity Without Quality Reporting	c_noqual_rate2	9(6)v9(2)	151 - 158	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C). **Note** No longer populated, effective October 01, 2021.

Table 13-8: CMG Rate File Variables - rateirf.dat

Field Description	Variable Name	Format	Position	Notes
Filler		X(4)	159 - 162	
Rate Manager *.TAB Filename	filename	X(9)	163 - 171	Reserved for Rate Manager *.TAB file name.
Key Type	key_type	X(1)	172	1 = National Provider ID plus Taxonomy Code used for rate lookup 0 or blank = Legacy Provider ID used for rate lookup
Payment Rate With Tier 3 Comorbidity Without Quality Reporting	c_noqual_rate3	9(6)v9(2)	173 - 180	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D). **Note** No longer populated, effective October 01, 2021.
Payment Rate With No Comorbidities Without Quality Reporting	c_noqual_rate4	9(6)v9(2)	181 - 188	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of no comorbidities (HIPPS comorbidity tier A). **Note** No longer populated, effective October 01, 2021.
Filler		X(3)	189 - 191	

13.2.8 SNF RUG Rate File Layout (on or prior to October 01, 2019)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-9: RUG Rate File Variables - ratesnf.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	facility	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	paysrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital Number with NPI/Taxonomy	facility	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	paysrc	X(9)	21 - 29	Payer identifier or contract code.
Effective Date	eff_date	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day

Table 13-9: RUG Rate File Variables - ratesnf.dat

Field Description	Variable Name	Format	Position	Notes
RUG	rug	X(5)	38 - 42	RUG number.
RUG Adjustment	rug_adj	9(3)v9(5)	43 - 50	
Filler		X(52)	51 - 102	
Urban Rate	urban_rate	9(8)v9(2)	103 - 112	
Rural Rate	rural_rate	9(8)v9(2)	113 - 122	
Filler		X(69)	123 - 191	

13.2.9 SNF Rate File Layout (after October 01, 2019)

Note

If using NPI and Taxonomy, use the format from the shaded gray fields in place of hospital/provider number and paysource code formats.

Table 13-10: SNF Rate File Variables - ratesnf2.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	pfac	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	psrc	X(13)	17 - 29	Unique paysource or payer identifier.
Hospital Number with NPI/Taxonomy	facility	X(20)	1 - 20	National Provider Identifier (NPI) with taxonomy code.
Paysource (Payer) Code with NPI/ Taxonomy	paysrc	X(9)	21 - 29	Payer identifier or contract code.
Effective Date	edate	9(8)	30 - 37	CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
Reserved		X(2)	38 - 39	
HIPPS Character	code	X(6)	40 - 45	
Page Number	pge_nbr	9(2)	46 - 47	
NPI/Legacy Flag	key_type	X(1)	48	0 = Legacy 1 = NPI
Physical Therapy Urban	pt_urban	9(8)v9(2)	49 - 58	Physical therapy urban rate Case-Mix Range: A-P, Z
Physical Therapy Rural	pt_rural	9(8)v9(2)	59 - 68	Physical therapy rural rate Case-Mix Range: A-P, Z

Table 13-10: SNF Rate File Variables - ratesnf2.dat

Field Description	Variable Name	Format	Position	Notes
Occupational Therapy Urban	ot_urban	9(8)v9(2)	69 - 78	Occupational therapy urban rate Case-Mix Range: A-P, Z
Occupational Therapy Rural	ot_rural	9(8)v9(2)	79 - 88	Occupational therapy rural rate Case-Mix Range: A-P, Z
Speech-Language Pathology Urban	slp_urban	9(8)v9(2)	89 - 98	Speech-language pathology urban rate Case-Mix Range: A-L, Z
Speech-Language Pathology Rural	slp_rural	9(8)v9(2)	99 - 108	Speech-language pathology rural rate Case-Mix Range: A-L, Z
Nursing Urban	nrs_urban	9(8)v9(2)	109 - 118	Nursing urban rate Case-Mix Range: A-Z
Nursing Rural	nrs_rural	9(8)v9(2)	119 - 128	Nursing rural rate Case-Mix Range: A-Z
Non-Therapy Ancillary Urban	nta_urban	9(8)v9(2)	129 - 138	Non-therapy ancillary urban rate Case-Mix Range: A-F, Z
Non-Therapy Ancillary Rural	nta_rural	9(8)v9(2)	139 - 148	Non-therapy ancillary rural rate Case-Mix Range: A-F, Z
Filler		X(102)	149 - 250	

13.3 COBOL Platform

13.3.1 APC Rate File Layout (prior to January 01, 2018)

Note

Not applicable to Medicare ASC or Contract ASC pricing.

* = Key Field

Table 13-11: COBOL APC Rate File Variables - wghtrate.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Payer Type	WRR-PAYER-TYPE	X(2)	1 - 2	55 = APCs for ASC 56 = APCs for HOPD 57 = Contract APC/APC Pro 64 = Contract ASC
Payer Type Reserved *	WRR-PAYER-TYPE-RSVD	X(2)	3 - 4	
Norms Type *	WWR-NORMS-TYPE	X(29)	5 - 33	
Effective Date*	WWR-EDATE			CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
Century/Year	WWR-EDATE-CCYY	9(4)	34 - 37	Century/Year = CCYY
Month	WWR-EDATE-MM	9(2)	38 - 39	Month = MM
Day	WWR-EDATE-DD	9(2)	40 - 41	Day = DD
APC *	WWR-CODE	9(5)	42 - 46	
Reserved for Stop Date	WWR-STOP-DATE	X(8)	47 - 54	
APC Weight	WWR-OWD-WGT	9(3)v9(5)	55 - 62	Weight associated with this APC if used with a base rate to calculate reimbursement.
APG Type	WWR-OWD-APG-TYPE	9(2)	63 - 64	Not used by APC-HOPD Pricer
Non-Covered APG Flag	WRR-OWD-APG-NONCOVER	9(1)	65	Not used by APC-HOPD Pricer
Packaging Flag	WWR-OWD-APG-PACKAGE	9(2)	66 - 67	
Units of Service Pricing	WWR-OWD-APG-UNITPRIC	9(1)	68	Not used by APC-HOPD Pricer
APC Rate	WWR-OWD-APC-RATE	9(8)v9(2)	69 - 78	Published base rate for this APC, before adjustments

Table 13-11: COBOL APC Rate File Variables - wghtrate.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
APC Payment Status	WWR-OWD-APC-HPAYSTAT	X(2)	79 - 80	APC Payment Status Indicators. **Note** For a list of APC Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
ASC Payment Indicator	WRR-OWD-ASC-PAYSTAT	X(1)	81	Reserved for ASC status
"IOL Flag, reserved"	WRR-OWD-IOL-FLAG	9(1)	82	Reserved for IOL flag
National Unadjusted Co-Payment	WRR-OWD-NTL-COPAY	9(8)v9(2)	83 - 92	**APC-HOPD**: National unadjusted coinsurance.
Minimum Unadjusted Co-Payment	WRR-OWD-MIN-COPAY	9(8)v9(2)	93 - 102	**APC-HOPD**: Minimum unadjusted coinsurance.
Hospital-Specific Unadjusted Co-Payment	WRR-OWD-HOS-COPAY	9(8)v9(2)	103 - 112	**APC-HOPD**: Hospital-specific unadjusted coinsurance (must be greater than or equal to the minimum co-payment, and less than or equal to the national co-payment).
Coinsurance Flag	WRR-OWD-HOS-COINSFLAG	9(1)	113	0 = Standard co-insurance rules 1 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 2 = Not subject to national coinsurance, hospital cannot reduce coinsurance 3 = Pass thru item, hospital cannot reduce coinsurance 4 = Item is eligible for outlier payment 5 = Device or procedure eligible for offset deduction (prior to January 01, 2017) 5 = Procedure eligible for offset deduction (on or after January 01, 2017) 6 = Procedure eligible for no-cost and reduced cost device offset deduction (prior to January 01, 2017) 7 = New technology APC exempt from quality reporting reduction 8 = Pass thru item, contrast agent eligible for offset. 9 = Nuclear medicine procedure eligible for no-cost offset deduction
Program Payment Percentage	WRR-OWD-PPP	9(1)v9(6)	114 - 120	Program payment percentage, percent of line item payment paid by third party payer. Medicare program payment percentage: ((APC-RATE – NTL-COPAY) / APC-RATE)
Rank	WRR-OWD-RANK	9(5)	121 - 125	**APC-HOPD**: Ranking for allocation of deductible to individual claim lines.

Table 13-11: COBOL APC Rate File Variables - wghtrate.dat (prior to January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Recurring APG Flag	WRR-OWD-APG-RECUR	9(1)	126	Not used by APC-HOPD Pricer
APC Offset	WRR-OWD-APC-OFFSET	9(8)v9(2)	127 - 136	Unadjusted offset that is deducted from the payment for transitional pass-through items or from the payment for procedures with no-cost devices (prior to January 01, 2017).
APC User Base Rate	WRR-OWD-APC-USER-RATE	9(5)v9(3)	137 - 144	**Contract APC/APC Pro**: User specified base rate/conversion factor. If the hospital “Base * Weight Pricing” option is set to “Yes” and this field is set, the APC Rate = APC User Base Rate * APC Weight.
Filler		X(2)	145 - 146	
APC Policy Packaged Offset	WRR-OWD-APC-POLOFFSET	9(8)v9(2)	147 - 156	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.
APC Contrast Agent Offset	WRR-OWD-APC-CAOFFSET	9(8)v9(2)	157 - 166	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
Extended Weight	WRR-OWD-APC-WEIGHT-EXT	9(4)v9(5)	167 - 175	Extended weight associated with this APC if used with a base rate to calculate reimbursement.
Filler		X(75)	176 - 250	

13.3.2 APC Rate File Layout (on or after January 01, 2018)

Table 13-12: COBOL APC Rate File Variables - wghtapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Hospital Number	WRR2-NORMS-TYPE	X(29)	1 - 29	
Effective Date	WRR2-EDATE			CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day
Century/Year	WRR2-EDATE-CCYY	9(4)	30 - 33	Century/Year = CCYY
Month	WRR2-EDATE-MM	9(2)	34 - 35	Month = MM
Day	WRR2-EDATE-DD	9(2)	36 - 37	Day = DD
Reserved		X(2)	38 - 39	
APC	WRR2-CODE	9(6)	40 - 45	
Page Number	WRR2-PGE-NBR	9(2)	46 - 47	

Table 13-12: COBOL APC Rate File Variables - wghtapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
NPI/Legacy Flag	WRR2-ARD-KEY-TYPE	X(1)	48	0 = Legacy 1 = NPI
Reserved		9(1)	49	
APC Weight	WRR2-ARD-WEIGHT	9(5)v9(5)	50 - 58	**APC-HOPD**: Weight associated with this APC. **Contract APC/APC Pro**: Weight associated with this APC if used with a base rate to calculate reimbursement.
APC Rate	WRR2-ARD-APC-RATE	9(8)v9(3)	59 - 68	Base rate for this APC, before adjustments.
Reserved		9(1)	69	
APC Payment Status	WRR2-ARD-APC-HPAYSTAT	X(2)	70 - 71	APC Payment Status Indicators. **Note** For a list of APC Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
National Unadjusted Co-Payment	WRR2-ARD-NTL-COPAY	9(8)v9(2)	72 - 81	**APC-HOPD**: National unadjusted coinsurance.
Minimum Unadjusted Co-Payment	WRR2-ARD-MIN-COPAY	9(8)v9(2)	82 - 91	**APC-HOPD**: Minimum unadjusted coinsurance.
Hospital-Specific Unadjusted Co-Payment	WRR2-ARD-HOS-COPAY	9(8)v9(2)	92 - 101	**APC-HOPD**: Hospital-specific unadjusted coinsurance (must be greater than or equal to the minimum co-payment, and less than or equal to the national co-payment).
Coinsurance Flag	WRR2-ARD-COINSFLAG	9(2)	102 - 103	00 = Standard co-insurance rules 01 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 02 = Not subject to national coinsurance, hospital cannot reduce coinsurance 03 = Pass thru item, hospital cannot reduce coinsurance 04 = Item is eligible for outlier payment 05 = Procedure eligible for offset deduction (on or after January 01, 2017) 07 = New technology APC exempt from quality reporting reduction 08 = Pass thru item, contrast agent eligible for offset. 09 = Nuclear medicine procedure eligible for no-cost offset deduction
Program Payment Percentage	WRR2-ARD-PPP	9(1)v9(6)	104 - 110	Program payment percentage, percent of line item payment paid by third party payer. Medicare program payment percentage: ((APC-RATE – NTL-COPAY) / APC-RATE)

Table 13-12: COBOL APC Rate File Variables - wghtapc.dat (on or after January 01, 2018)

Field Description	Variable Name	Format	Position	Notes
Reserved		9(1)	111	
Rank	WRR2-ARD-RANK	9(5)	112 - 116	**APC-HOPD**: Ranking for allocation of deductible to individual claim lines.
APC User Base Rate	WRR2-ARD-USER-RATE	9(8)v9(3)	117 - 127	**Contract APC/APC Pro**: User specified base rate/conversion factor. If the hospital “Base * Weight Pricing” option is set to “Yes” and this field is set, the APC Rate = APC User Base Rate * APC Weight.
APC Policy Packaged Offset	WRR2-ARD-APC-POLOFFSET	9(8)v9(2)	128 - 137	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.
APC Contrast Agent Offset	WRR2-ARD-APC-CAOFFSET	9(8)v9(2)	138 - 147	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
Extended APC Weight	WRR2-ARD-WEIGHT-EXT	9(6)v9(5)	148 - 158	**Contract APC/APC Pro**: Extended weight associated with this APC if used with a base rate to calculate reimbursement. **APC-HOPD:** Reserved for future use.
Filler		X(83)	159 - 241	
Rate Manager TAB Filename	WRR2-ARD-TAB-FILE	X(9)	242 - 250	

13.3.3 DRG Rate File Layout

Note

* = Key Field

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Payer Type*	WRR-PAYER-TYPE	X(2)	1 - 2	
Payer Type Reserved*	WRR-PAYER-TYPE-RSVD	X(2)	3 - 4	
Norms Type*	WRR-NORMS-TYPE	X(29)	5 - 33	
Effective Date*	WRR-EDATE			CCYYMMDD format, where: CC = Century YY = Year MM = Month DD = Day

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Effective Century/ Year	WRR-EDATE-CCYY	9(4)	34 - 37	Century/Year = CCYY
Effective Month	WRR-EDATE-MM	9(2)	38 - 39	Month = MM
Effective Day	WRR-EDATE-DD	9(2)	40 - 41	Day = DD
DRG*	WRR-CODE	9(5)	42 - 46	
Filler for Future Expansion	WRR-STOP-DATE	9(8)	47 - 54	
Weight	WRR-IWD-WGT	9(3)v9(5)	55 - 62	**Medicare Inpatient, Michigan Medicaid, New York Medicaid, New Jersey Medicaid, Multi-Pricer/DRG Pro, Pennsylvania Medicaid, and TRICARE**: DRG-specific weight **Medicare IPF**: DRG-specific adjustments used to calculate the per diem.
Mean LOS	WRR-IWD-MLOS	9(3)v9(4)	63 - 69	**Medicare Inpatient, Medicare LTC, Multi-Pricer/DRG Pro, TRICARE/CHAMPUS, North Carolina Medicaid, New Jersey Medicaid, and Pennsylvania Medicaid**: Geometric mean **New York Medicaid**: Arithmetic mean
High Length of Stay Trim	WRR-IWD-HTRIM	9(3)	70 - 72	Where applicable, used to identify long-stay outlier claims. **New Jersey Medicaid**: AIDS DRGS only (DRGs 700-702, 704-705, 707-708, 710-714), the high length of stay trim should be zero-filled.
Low Length of Stay Trim	WRR-IWD-LTRIM	9(3)	73 - 75	Where applicable, used to identify short-stay outlier claims. **New Jersey Medicaid**: AIDS DRGS only (DRGs 700-702, 704-705, 707-708, 710-714), the low length of stay trim should be zero-filled.
Inlier Rate	WRR-IWD-INRATE	9(8)v9(2)	76 - 85	Used for user-defined DRG-specific rates. **Multi-Pricer/DRG Pro**: DRG base rate or case rate.

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Low Per Diem or Low Cost Outlier Trim	WRR-IWD-LDIEM	9(8)v9(2)	86 - 95	**New Jersey Medicaid**: The DRG-specific low per diem. **Pennsylvania Medicaid**: The low cost outlier percentage.
High Per Diem	WRR-IWD-HDIEM	9(8)v9(2)	96 - 105	Reserved
DRG Category	WRR-IWD-EXCLDRG	9(2)	106 - 107	**Medicare Inpatient**: 00 = Normal DRG processing (before FY 2008) 01 = Transfer exempt MS-DRG 02 = Burn MS-DRG 03 = New technology MS-DRG 04 = Error MS-DRG 99 = Standard MS-DRG processing **Medicare IPF:** 00 = Normal DRG processing 01 = Psychiatric DRG **Medicare LTC**: 00 = Normal DRG processing 01 = Psychiatric or rehabilitation DRGs **Michigan Medicaid:** 00 = Normal DRG processing (before FY 2008) 01 = Bone marrow transplant DRG 02 = Neonatal DRG 03 = Transfer exempt DRG 04 = Three-digit DRG age split 05 = Two-digit DRG age split 06 = All other transplant DRG 99 = Standard MS-DRG processing **New York Medicaid APR:** 00 = Normal DRG processing 01 = Transfer exempt 02 = Eligible for spinal implant payment **North Carolina Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Rehabilitation DRG continued below...

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
DRG Category <continued>	WRR-IWD-EXCLDRG	9(2)	106 - 107	**Pennsylvania Medicaid APR:** 00 = Normal DRG processing 01 = Neonates 02 = Psych/drug/rehab 03 = Transplants 04 = Burns **TRICARE/CHAMPUS:** 00 = Normal DRG processing 01 = Neonatal DRG except transfer DRG 02 = Burns DRG 03 = Neonatal transfer DRG 04 = Psychiatric DRG
Medical/Surgical DRG Identification Flag	WRR-IWD-MSFLAG	9(1)	108	1 = Medical DRG 2 = Surgical DRG
Additional Mean Length of Stay	WRR-IWD-HMLOS	9(3)v9(4)	109 - 115	**Medicare Inpatient** and **TRICARE/CHAMPUS**: The arithmetic mean length of stay used for day outlier and short-stay calculations. **Pennsylvania Medicaid**: The geometric mean used for day outliers and transfer-out calculations. **Multi-Pricer/DRG Pro**: Average mean length of stay. **Medicare LTC**: 5/6th of the geometric mean.
DRG-specific Percent of Charges	WRR-IWD-DRG-EPOC	9(1)v9(4)	116 - 120	Reserved
DRG Flag	WRR-IWD-NYTOPDRG or WRR-IWD-XFR-FLAG	9(1)	121	**New York Medicaid:** 0 = DRG is not a Medicaid “Top 20 DRG” 1 = DRG is a Medicaid “Top 20 DRG” **Medicare, Multi-Pricer/DRG Pro, and TRICARE/CHAMPUS:** 0 = DRG is not subject to post-acute transfer pricing 1 = DRG is subject to standard post-acute transfer pricing 2 = DRG is subject to special post-acute transfer pricing **Pennsylvania Medicaid APR**: 0 = Normal DRG 1 = High cost DRG 2 = Non-covered DRG

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Base Rate Flag	WRR-IWD-DRG-BRF	X(1)	122	**Medicare Inpatient** and **TRICARE/CHAMPUS**: Identifies MS-DRGs classified by the implantation of a device. D = Classified by a device
DRG-specific CRF	WRR-IWD-DRG-CRF	9(1)v9(5)	123 - 128	**Multi-Pricer/DRG Pro:** DRG-specific cost reduction factor or percentage of charges.
DRG-Specific Tiered Per Diem Rates: Rate 1 Rate 2 Rate 3 Rate 4 Rate 5 OR DRG-Specific Operating and Capital Base Rates Operating Base Rate Capital Base Rate	 WRR-IWD-DRG-TIER1 WRR-IWD-DRG-TIER2 WRR-IWD-DRG-TIER3 WRR-IWD-DRG-TIER4 WRR-IWD-DRG-TIER5 WRR-IWD-DRG-TIER1 WRR-IWD-DRG-TIER2	 9(8)v9(2) 9(8)v9(2) 9(8)v9(2) 9(8)v9(2) 9(8)v9(2) 9(8)v9(2) 9(8)v9(2)	 129 - 138 139 - 148 149- 158 159 - 168 169 - 178 129 - 138 139 - 148	**Multi-Pricer/DRG Pro:** For DRG-specific tiered per diem pricing. For this type of pricing, five daily rates are allowed for each DRG. Each per diem rate is applied to a specific period of the patient's hospital stay, beginning on a specified start-day. OR Used for DRG-specific capital base rates (operating base rate and capital base rates).
DRG-specific Starting Days: - Day #1 - Day #2 - Day #3 - Day #4 - Day #5	 WRR-IWD-DRG-DAY1 WRR-IWD-DRG-DAY2 WRR-IWD-DRG-DAY3 WRR-IWD-DRG-DAY4 WRR-IWD-DRG-DAY5	 9(3) 9(3) 9(3) 9(3) 9(3)	 179 - 181 182 - 184 185 - 187 188 - 190 191 - 193	**Multi-Pricer/DRG Pro:** For DRG-specific tiered per diem pricing. It indicates the day of the patient's hospital stay on which the corresponding tiered per diem should begin to be applied. This rate will be applied until another tiered per diem rate becomes applicable. For example, beginning on DRG_DAY1, DRG_TIER1 will be applied. This rate will be applied until DRG_DAY2. At this point in the hospital stay, DRG_TIER2 will be utilized.

Table 13-13: COBOL DRG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
DRG-Specific Payment Type/Rules	WRR-IWD-DRGPAYTYPE	9(2)	194 - 195	**Multi-Pricer/DRG Pro**: 1 = Base * DRG weight 2 = Case rate 3 = Cost Reduction Factor (CRF) or percent of charges 4 = Per diem 5 = Tiered per diem 6 = Case rate plus per diem 7 = (Operating base + capital base) * DRG weight
Additional Mean Length of Stay	WRR-IWD-ADD-MLOS	9(3)v9(4)	196 - 202	**Medicare LTC**: Contains the IPPS comparable threshold (IPPS ALOS + 1sd).
Day Threshold	WRR-IWD-DAYTHRESHOLD	9(4)	203 - 206	**Multi-Pricer/DRG Pro**: Day of stay after which the per diem rate is paid
Filler		X(44)	207 - 250	

13.3.4 HHA Rate File Layout (prior to January 01, 2020)

Table 13-14: COBOL HHA Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Payer Type	PAYER-TYPE	X(2)	1 - 2	
Payer Type Reserved	PAYER-TYPE-RSVD	X(2)	3 - 4	
Norms Type	NORMS-TYPE	X(29)	5 - 33	
Effective Date	EDATE EDATE-CCYY EDATE-MM EDATE-DD	 9(4) 9(2) 9(2)	 34 - 37 38 - 39 40 - 41	CCYYMMDD format, where: CCYY= Century/Year MM = Month DD = Day
HHRG (NOTE: the fifth character will be blank-filled)	HHRG	X(5)	42 - 46	HHRG number.
Reserved for Stop Date	STOP-DATE	X(8)	47 - 54	
Weight		9(8)v9(2)	55 - 62	
Reserved		9(8)v9(2)	63 - 72	
Reserved		9(8)v9(2)	73 - 82	
Reserved		9(8)v9(2)	83 - 92	
Reserved		9(8)v9(2)	93 - 102	
Reserved		9(8)v9(2)	103 - 112	
Reserved		9(8)v9(2)	113 - 122	

Table 13-14: COBOL HHA Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Non-Routine Medical Supplies Weight Severity Level 1	WRR-HAA-NRS-WEIGHT1	9(3)v9(5)	123 - 130	
Non-Routine Medical Supplies Weight Severity Level 2	WRR-HAA-NRS-WEIGHT2	9(3)v9(5)	131 - 138	
Non-Routine Medical Supplies Weight Severity Level 3	WRR-HAA-NRS-WEIGHT3	9(3)v9(5)	139 - 146	
Non-Routine Medical Supplies Weight Severity Level 4	WRR-HAA-NRS-WEIGHT4	9(3)v9(5)	147 - 154	
Non-Routine Medical Supplies Weight Severity Level 5	WRR-HAA-NRS-WEIGHT5	9(3)v9(5)	155 - 162	
Non-Routine Medical Supplies Weight Severity Level 6	WRR-HAA-NRS-WEIGHT6	9(3)v9(5)	163 - 170	
Filler		X(80)	171 - 250	

13.3.5 HHA Rate File Layout (on or after January 01, 2020)

Table 13-15: COBOL HHA Rate File Variables - wghthha.dat

Field Description	Variable Name	Format	Position	Notes
Hospital Number	NORMS-TYPE	X(16)	1 - 16	Hospital number for which the remaining information in the record applies.
Paysource Code	NORMS-TYPE	X(13)	17 - 29	Unique paysource or payer identifier.
Effective Date	EDATE EDATE-CCYY EDATE-MM EDATE-DD	9(8) 9(4) 9(2) 9(2)	30 - 37 30 - 33 34 - 35 36 - 37	CCYYMMDD format, where: CCYY= Century/Year MM = Month DD = Day
Payer Type Reserved		X(2)	38 -39	Reserved
PDGM Classification	PDGM	X(6)	40 - 45	PDGM classification (i.e., HIPPS code).
Page Number	PGE-NBR	X(2)	46 - 47	
NPI/Legacy Flag	KEY-TYPE	X(1)	48	0 = Legacy 1 = NPI
Weight	WEIGHT	9(3)v9(5)	49 - 56	Weight associated with this PDGM (i.e., HIPPS code).
LUPA Threshold	LUPATHRESH	9(3)	57 - 59	
Filler		X(191)	60 - 250	

13.3.6 IRF CMG Rate File Layout

Note

* = Key Field

Table 13-16: COBOL CMG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Payor Type*	WRR-PAYER-TYPE	X(2)	1 - 2	
	WRR-PAYER-TYPE-RSVD	X(2)	3 - 4	
Norms Type*	WRR-NORMS-TYPE	X(29)	5 - 33	
Effective Date*	WRR-EDATE			CCYYMMDD format, where: CCYY= Century/Year MM = Month DD = Day
- Century	WRR-EDATE-CCYY	9(4)	34 - 37	Century and Year = CCYY
- Month	WRR-EDATE-MM	9(2)	38 - 39	Month = MM
- Day	WRR-EDATE-DD	9(2)	40 - 41	Day = DD
CMG	WRR-RWD-CMG	9(5)	42 - 46	Contains one of 100 payment related CMGs. Valid values range from 0101 to 5104. Generally (CMG < 5001), format is XXYY, where: XX = RIC YY = Subgroup within RIC
Filler for Future Expansion	WRR-STOP-DATE	9(8)	47 - 54	
Relative Weight With Tier 1 Comorbidity	WRR-RWD-WGT1	9(3)v9(5)	55 - 62	Relative weight for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B).
Relative Weight With Tier 2 Comorbidity	WRR-RWD-WGT2	9(3)v9(5)	63 - 70	Relative weight for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C).
Relative Weight With Tier 3 Comorbidity	WRR-RWD-WGT3	9(3)v9(5)	71 - 78	Relative weight for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D).
Relative Weight With No Comorbidities	WRR-RWD-WGT4	9(3)v9(5)	79 - 86	Relative weight for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidity (HIPPS comorbidity tier A).
Mean LOS With Tier 1 Comorbidity	WRR-RWD-MLOS1	9(3)v9(4)	87 - 93	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B).

Table 13-16: COBOL CMG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Mean LOS With Tier 2 Comorbidity	WRR-RWD-MLOS2	9(3)v9(4)	94 - 100	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C).
Mean LOS With Tier 3 Comorbidity	WRR-RWD-MLOS3	9(3)v9(4)	101 - 107	Average length of stay for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D).
Mean LOS With No Comorbidities	WRR-RWD-MLOS4	9(3)v9(4)	108 - 114	Average length of stay for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidities (HIPPS comorbidity tier A).
Payment Rate With Tier 1 Comorbidity	WRR-RWD-RATE1	9(8)v9(2)	115 - 124	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B). **Note** No longer populated, effective October 01, 2021
Payment Rate With Tier 2 Comorbidity	WRR-RWD-RATE2	9(8)v9(2)	125 - 134	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 3 Comorbidity	WRR-RWD-RATE3	9(8)v9(2)	135 - 144	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D). **Note** No longer populated, effective October 01, 2021.
Payment Rate With No Comorbidities	WRR-RWD-RATE4	9(8)v9(2)	145 - 154	Federal unadjusted payment rate for payment HIPPS code. Based on payment CMG and no comorbidities or excluded comorbidities (HIPPS comorbidity tier A). **Note** No longer populated, effective October 01, 2021.

Table 13-16: COBOL CMG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Payment Rate With Tier 1 Comorbidity With No Quality Reporting	WRR-RWD-NOQUAL-RATE1	9(6)v9(2)	155 - 162	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a high cost comorbidity (HIPPS comorbidity tier B). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 2 Comorbidity With No Quality Reporting	WRR-RWD-NOQUAL-RATE2	9(6)v9(2)	163 - 170	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a medium cost comorbidity (HIPPS comorbidity tier C). **Note** No longer populated, effective October 01, 2021.
Payment Rate With Tier 3 Comorbidity With No Quality Reporting	WRR-RWD-NOQUAL-RATE3	9(6)v9(2)	171 - 178	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of a low cost comorbidity (HIPPS comorbidity tier D). **Note** No longer populated, effective October 01, 2021.
Payment Rate With No Comorbidities Without Quality Reporting	WRR-RWD-NOQUAL-RATE4	9(6)v9(2)	179 - 186	Federal adjusted payment rate for payment HIPPS code. Based on payment CMG and presence of no comorbidities (HIPPS comorbidity tier A). **Note** No longer populated, effective October 01, 2021.
Filler		X(64)	187 - 250	

13.3.7 SNF RUG Rate File Layout (on or prior to October 01, 2019)

Note

* = Key Field

Table 13-17: COBOL RUG Rate File Variables - wghtrate.dat

Field Description	Variable Name	Format	Position	Notes
Payor Type*	WRR-PAYER-TYPE	X(2)	1 - 2	
	WRR-PAYER-TYPE-RSVD	X(2)	3 - 4	
Norms Type*	WRR-NORMS-TYPE	X(29)	5 - 33	
Effective Date*	WRR-EDATE			CCYYMMDD format, where: CCYY= Century/Year MM = Month DD = Day
- Century	WRR-EDATE-CCYY	9(4)	34 - 37	Century and year = CCYY
- Month	WRR-EDATE-MM	9(2)	38 - 39	Month = MM
- Day	WRR-EDATE-DD	9(2)	40 - 41	Day = DD
Weight Rate Code	WRR-CODE	X(5)	42 - 46	
Filler	WRR-STOP-DATE	9(8)	47 - 54	For future expansion
RUG Adjustment	WRR-RUG-ADJ	9(3)v9(5)	55 - 62	
Filler		X(52)	63 - 114	
Urban Rate	WRR-URBAN-RATE	9(8)v9(2)	115 - 124	
Rural Rate	WRR-RURAL-RATE	9(8)v9(2)	125 - 134	
Filler		X(116)	135 - 250	

13.3.8 SNF Rate File Layout (after October 01, 2019)

Note

* = Key Field

Table 13-18: SNF Rate File Variables - wghtsnf.dat

Field Description	Variable Name	Format	Position	Notes
Norms Type*	WRR2-NORMS-TYPE	X(29)	1 - 29	
Effective Date*	WRR2-EDATE			CCYYMMDD format, where: CCYY= Century/Year MM = Month DD = Day
	WRR2-EDATE-CCYY	9(4)	30 - 33	Century and year = CCYY
	WRR2-EDATE-MM	9(2)	34 - 35	Month = MM
	WRR2-EDATE-DD	9(2)	36 - 37	Day = DD
Reserved		X(2)	38 - 39	
HIPPS Character	WRR2-CODE	X(6)	40 - 45	
Page Number	WRR2-PGE-NBR	9(2)	46 - 47	
NPI/Legacy Flag	WRR2-SRD-KEY-TYPE	X(1)	48	0 = Legacy 1 = NPI
Physical Therapy Urban	WRR2-SRD-PT-URBAN	9(8)v9(2)	49 - 58	Physical therapy urban rate Case-Mix Range: A-P, Z
Physical Therapy Rural	WRR2-SRD-PT-RURAL	9(8)v9(2)	59 - 68	Physical therapy rural rate Case-Mix Range: A-P, Z
Occupational Therapy Urban	WRR2-SRD-OT-URBAN	9(8)v9(2)	69 - 78	Occupational therapy urban rate Case-Mix Range: A-P, Z
Occupational Therapy Rural	WRR2-SRD-OT-RURAL	9(8)v9(2)	79 - 88	Occupational therapy rural rate Case-Mix Range: A-P, Z
Speech-Language Pathology Urban	WRR2-SRD-SLP-URBAN	9(8)v9(2)	89 - 98	Speech-language pathology urban rate Case-Mix Range: A-L, Z

Table 13-18: SNF Rate File Variables - wghtsnf.dat

Field Description	Variable Name	Format	Position	Notes
Speech-Language Pathology Rural	WRR2-SRD-SLP-RURAL	9(8)v9(2)	99 - 108	Speech-language pathology rural rate Case-Mix Range: A-L, Z
Nursing Urban	WRR2-SRD-NRS-URBAN	9(8)v9(2)	109 - 118	Nursing urban rate Case-Mix Range: A-Z
Nursing Rural	WRR2-SRD-NRS-RURAL	9(8)v9(2)	119 - 128	Nursing rural rate Case-Mix Range: A-Z
Non-Therapy Ancillary Urban	WRR2-SRD-NTA-URBAN	9(8)v9(2)	129 - 138	Non-therapy ancillary urban rate Case-Mix Range: A-F, Z
Non-Therapy Ancillary Rural	WRR2-SRD-NTA-RURAL	9(8)v9(2)	139 - 148	Non-therapy ancillary rural rate Case-Mix Range: A-F, Z
Filler		X(102)	149 - 250	

14 Rule File Layouts

This chapter provides the layouts for the Rule Files (C and COBOL) and includes the following sections:

- File Naming Conventions
- APC Rule File
  - Overview
  - APC Rule File Layout
  - Procedure-Level Edits
- ASC Rule File
  - Overview
  - ASC Rule File Layout
- ACE Rule File
  - Overview
  - Override ID
  - ACE Rule File Layout
  - Example File
  - Exceptions to Individual Edit Flags
- Mapping Rule File
  - Overview
  - Mapping Override ID
  - Mapping Override File Layout
- New Mexico Medicaid APC Rule File Layout

14.1 File Naming Conventions

The Rule File names are listed below:

Table 14-1: Rule File Names

Description	Filename
APC Rule File	apcrule.dat
ASC Rule File	ascrule.dat
ACE Rule File	acerule.dat
Mapping Rule File	maprule.dat
New Mexico Medicaid Rule File	nmrule.dat

14.2 APC Rule File

Note

Applicable to Contract APC pricing only.

14.2.1 Overview

The Contract APC option (available for contracted clients only) allows the user to deviate from Medicare OPPS APC assignments for a specified facility, paysource, and time period. The user can reassign APC, payment status, and the maximum allowed units for a particular procedure code during specified effective dates. Medicare rules will be applied to all procedure codes that the user does not reassign.

The user-defined rules are maintained in Rate Manager. Rules can be created using this interactive tool and/or imported from text files. Rate Manager stores and maintains the rules. The rules are then exported to the APC Rule File (*apcrule.dat*) for use with ACE.

The Contract APC rules are defined in the APC Rule File (*apcrule.dat*). Each row in the file contains an Override ID, HCPCS Code, APC, APC Payment Status, Maximum Units of Service and additional procedure-level information. The file layout and an example are detailed below.

14.2.2 APC Rule File Layout

Table 14-2: APC Rule File Layout - apcrule.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Override ID	override_id	OVERRID-ID	X(20)	1 - 20	Maximum of 20 alphanumeric characters.
Code Type	codetype	CODETYPE	X(1)	21	Always set to C.
HCPCS Code	code	CODE	X(9)	22 - 30	HCPCS code, 5 bytes alphanumeric.

Table 14-2: APC Rule File Layout - apcrule.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Code Sequence Number	codeseq	CODESEQ	9(2)	31 - 32	Sequence number used to identify the number of entries for the same HCPCS code. Identify the entry with the most recent start date for the HCPCS code as 01, the second most recent start date as 02 etc.
Starting Date	startdate	STARTDATE	9(8)	33 - 40	Start Date. The format is YYYYMMDD (where YYYY equals the year, MM the month, and DD the day).
Ending Date	enddate	ENDDATE	9(8)	41 - 48	End Date. The format is YYYYMMDD. If no end date set to 00000000.
Original Effective Date	origindate	ORIGINDATE	9(8)	49 - 56	Set equal to effective date of code (if unknown set to 20000801). The format is YYYYMMDD.
Further Qualifier Flag	furqual	FURQUAL	9(1)	57	Set to 0.
OCE Effective Version	ocevfrom	OCEVFROM	9(2)	58 - 59	Set to 00.
OCE End Version	ocevthru	OCEVTHRU	9(2)	60 - 61	Set to 00.
Code Description	desc	DESC	X(24)	62 - 85	Set equal to HCPCS code label. If this field is not set, a blank label will be displayed in Modify HCPCS Rules utility. The label must not contain commas and be a maximum of 24 characters.
Sex Edit Indicator	sex	SEX	X(1)	86	Set to blank.
Age Edit Indicator Diagnoses	age	AGE	X(1)	87	Set to blank.
Minimum Age	minage	MINAGE	9(3)	88 - 90	Set to 000.
Maximum Age	maxage	MAXAGE	9(3)	91 - 93	Set to 124.
CCI Control	ccicntl	CCICNTL	9(1)	94	Set to 0.
OCE CCI Control	oceccicntl	OCECCICNTL	9(1)	95	Set to 0.
Procedure Category	nuq	NUQ	X(1)	96	Set to blank.
Bilateral Procedure Indicator	bilatop	BILATOP	9(1)	97	Set to 9.
APC	apc	APC	9(5)	98 - 102	This a 5-digit numeric field. An APC of 1 should be defined as 00001. If an APC is not applicable set to 00000.

Table 14-2: APC Rule File Layout - apcrule.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
APC Payment Status	hpaystat	HPAYSTAT	X(2)	103 - 104	APC Payment Status Indicator. **Note** For a list of APC Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
Reserved			X(1)	105	Reserved
Maximum Units of Service	units	UNITS	9(7)	106 - 112	Maximum units to be used when applying Edit 015. If not applicable, set to seven (7) zeros, 0000000.
Utility Date	apcdate	APCDATE	9(8)	113 - 120	Zero Fill
Utility Rate	apcrate	APCRATE	9(8)v9(2)	121 - 130	Zero Fill
Utility Date2	apcdate2	APCDATE2	9(8)	131 - 138	Zero Fill
Approval Date Edit Number	dateeditno1	DATEEDITNO1	9(2)	139 - 140	Zero Fill Default = Blank If the Approval Date Edit Number 2 field is set to zero, the Approval Date Edit Number field will be used.
Filler			X(19)	141 - 159	Reserved
Approval Date Edit Number 2	dateeditno2	DATEEDITNO2	9(3)	160 - 162	Zero Fill Default = Blank If the Approval Date Edit Number 2 field is set to zero, the Approval Date Edit Number field will be used.
Filler			X(5)	163 - 167	Reserved
OCE Code Category	ocecat	OCECAT	9(3)	168 - 170	Zero Fill
OCE Switch 1 - 30	ocesw1	OCESW1	9(30)	171 - 200	Zero Fill
Physician/ASC Units of Service	physunits	PHYSUNITS	9(7)	201 - 207	Zero Fill
Reserved			X(13)	208 - 220	Reserved

14.2.3 Procedure-Level Edits

If the user defines maximum allowable units for a specific procedure code, procedure codes with units that exceed this maximum will receive OCE Edit 015 (Service Unit Out of Range for Service/Medically Unlikely Edits (MUEs)).

Line-level ACE edits are applied to the procedure code. Many of these edits are applied as a result of the APC and/or payment status associated with the procedure code. Therefore, when a user reassigns a procedure code APC and/or Payment Status Indicator, the ACE edits may no longer be applicable to this procedure code. When a procedure code is defined in the APC Rule File, only the age, sex, and CCI Edits are maintained, and the maximum units edit can be defined by the user. No other edits will be applied to this procedure code.

14.3 ASC Rule File

Note

Applicable to Contract ASC pricing only.

14.3.1 Overview

The ASC Override rules are defined in the ASC Rule File (*ascrule.dat*). The file layout is detailed below. The ASC Rule File can be created via Rate Manager through the Rate Manager ASC Pro module.

Each individual set of alternative grouping rules is uniquely identified by an Override ID. This Override ID is defined by the user to identify a set of user-defined grouping rules. During the grouping process, the Contract ASC user can request a particular set of alternate grouping rules in two ways:

1. The Override ID can be passed to the Contract ASC Pricer directly or indirectly via the Optimizer, in the ASC Override ID (*asc_override_id;* ECB-ASC-OVERRIDE-ID) field of the ECB [ezg_cntl_block]/ECB-EZG-CNTL-BLOCK structure.
2. The Contract ASC Pricer can retrieve the Override ID from the configuration file for a specified facility, payer, and effective date.

The Override ID is defined by the user and can be between one and twenty characters. The ID name is an alphanumeric field (i.e., can contain letters and/or numbers), however, it cannot contain non-alphanumeric characters (i.e., periods, dashes) or spaces.

14.3.2 ASC Rule File Layout

Table 14-3: ASC Rule File Variables - ascrule.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
ASC Override ID	asc_override_id	ARR-OVERRIDE-ID	X(20)	1 - 20	Maximum of 20 alphanumeric characters.
Code Type	code_type	ARR-CODE-TYPE	X(1)	21	Always set to C. C = Procedure Code
Code	code	ARR-CODE	X(9)	22 - 30	
Sequence Number	codeseq	ARR-CODESEQ	9(2)	31 - 32	
Start Date	start_date	ARR-START-DATE	9(8)	33 - 40	Start Date. The format is YYYYMMDD (where YYYY equals the year, MM the month, and DD the day).
End Date	end_date	ARR-END-DATE	9(8)	41 - 48	End Date. The format is YYYYMMDD. If no end date set to 00000000.
Payment Status Indicator	paystat	ARR-PAYSTAT	X(2)	49 - 50	Payment Status Indicator. **Note** Payment Status Indicators H8 and J8 cannot be utilized with the ASC Override functionality. For a list of Payment Status Indicators, please refer to the Input & Output Parameter Blocks User's Guide.
APC	proc	ARR-PROC	9(5)	51 - 55	
Covered Services Indicator	covservind	ARR-COVSERVIND	9(1)	56	0 = Not Covered 1 = Covered
Maximum Units	maxunits	ARR-MAXUNITS	9(7)	57 - 63	Maximum units allowed for this procedure code. If not applicable, set to seven zeros (e.g., 0000000).
Filler			X(157)	64 - 220	

14.4 ACE Rule File

14.4.1 Overview

The ACE Override option allows the user to turn particular ACE edits ON or OFF for a specified facility and/or payer and time period. The user-defined rules are defined in the ACE Rule File (*acerule.dat*), which can be created and maintained in Rate Manager. For each edit, the user can request one of three override functions:

1. Always Apply the Edit
2. Never Apply the Edit
3. Apply the Edit Based on Medicare's Rules

Medicare applies edits based on UB-04 Bill Type and UB-04 condition code. Medicare's rules for which edits are applied for each UB-04 Bill Type are outlined in the *Outpatient Code Editor Program Transmittal* (formerly Program Memorandum) that Medicare publishes on a quarterly basis.

Each row in the file contains an Override ID, an edit number, and an on/off flag. The on/off flag indicates that the edit is always on and will be applied even when Medicare would not apply the edit (due to UB-04 Bill Type), or always off and the edit will never be applied. All edits not in this file for a particular Override ID will default to Medicare rules. If you want an edit to be applied, it is recommended that you leave the edit out of the file. It is rarely necessary to turn an edit on. Turning an edit on disregards the edit matrix and can produce unintended results.

14.4.2 Override ID

Each individual set of alternative editing rules is uniquely identified by an Override ID. This Override ID is defined by the user to identify a set of user-defined edit rules. During the editing process, the ACE user can request a particular set of alternate editing rules in two ways:

1. The Override ID can be passed to ACE directly or indirectly via the *ace_override_id*/ECB-ACE-OVERRIDE-ID field located in the ECB [ezg_cntl_block] structure for C and the ECB-EZG-CNTL-BLOCK structure for COBOL.
2. ACE can retrieve the Override ID from the Configuration File (*config.dat; ezgconfg.dat*) for a specified facility, payer, and effective date. The Configuration File can be adjusted manually or through Rate Manager to include the Override ID for a defined facility, payer, and effective date.

The Override ID is defined by the user and can be between one and twenty characters. The OVERRIDE ID name is an alphanumeric field (i.e., can contain letters and/or numbers), however it cannot contain non-alphanumeric characters (i.e., periods, dashes, or spaces).

14.4.3 ACE Rule File Layout

Table 14-4: ACE Rule File Layout - acerule.dat

Field	C Variable Name	COBOL Variable Name	Format	Position	Notes
Edit Override ID	override_id	EOR-OVRD-ID	X(20)	1 - 20	Override ID defined by user for a set of override edits.
Edit Number	ocenum	EOR-OCENUM	9(3)	21 - 23	The number of the OCE Edit to be turned on or off for the Override ID. Edits that follow Medicare rules are not included in this file.
Filler			X(1)	24 - 24	
On/Off Flag	onoff	EOR-EDSWITCH	9(1)	25 - 25	The flag that indicates that the Edit should always be on or off. 0 = Off, never apply edit 1 = On, always apply edit when applicable
filler			X(15)	26 - 40	

Note

This file must be sorted by Edit Override ID then Edit Number. Edit Override ID + Edit Number combine to form the unique key for this file.

14.4.4 Example File

Table 14-5: Example File Layout

ACEOverrideFacility1	015 0	(turn Edits 15 and 16 off, do all other Edits per Medicare)
ACEOverrideFacility1	016 0	
January2004Edits	019 1	(turn Edits 19, 20, 39 and 40 always on)
January2004Edits	020 1	
January2004Edits	039 1	
January2004Edits	040 1	

For claims that contain the Override ID ACEOverrideFacility1, OCE Edits 015 and 016 will never be applied; all other edits will be applied according to Medicare rules. Claims that are associated with an Override ID of January2004Edits will always be subject to edits 019, 020, 039, and 040.

Note

Descriptions for each OCE Edit are available in the EASYGroup™ User's Guide.

14.4.5 Exceptions to Individual Edit Flags

With the ACE Override logic, edits can be individually turned off except for certain edits that are grouped together or cannot be turned off. The following exceptions apply to the ACE override logic.

- Edits that cannot be turned off: 010, 023, and 024.
- Inpatient edits: If OCE Edit 018 is turned off, OCE Edit 049 will not be returned, as well. However, if OCE Edit 049 is turned off, OCE Edit 018 will continue to be returned.
- Partial hospitalization edits: OCE Edits 030, 031, 032, 033, and 034 should be treated as a group and handled consistently (i.e., if OCE Edit 030 is turned off, OCE Edits 031 - 034 should be turned off, as well).
- Observation edits: CMS pays for observation services only in specific limited circumstances. Prior to 2006, CMS implemented these requirements via OCE Edits 052, 053, 056, 057, and 058. Effective January 01, 2006, CMS has inactivated the observation OCE Edits 052 and 056. However, the underlying logic determining coverage of observation services remains intact.
  To implement CMS payment policy for observation services, leave OCE Edits 052, 053, 056, 057, and 058 on, per Medicare guidelines. To bypass CMS payment policy, and to calculate reimbursement for observation services coded with procedure codes G0378 and G0379, turn off OCE Edits 052, 053, 056, 057, and 058.

14.5 Mapping Rule File

14.5.1 Overview

The Mapping Override ID is used to identify the appropriate override pattern in the Mapping Override File. This option allows the user to override the CMS ICD-10 to ICD-9 reimbursement mapping results.

14.5.2 Mapping Override ID

Each individual set of alternative mapping rules is uniquely identified by a Mapping Override ID. This Mapping Override ID is defined by the user to identify a set of user-defined mapping rules. During the mapping process, the user can request a particular set of alternate mapping rules in two ways:

1. The Mapping Override ID can be passed to the ICD-10 Mapper directly or indirectly via the Optimizer, in the *map_override_id*/ECB-MAP-OVERRIDE-ID field of the ECB [ezg_cntl_block]/ECB-EZG-CNTL-BLOCK structure.
2. The ICD-10 Mapper can retrieve the Mapping Override ID from the configuration file for a specified facility, payer, and effective date.

The Configuration file can be adjusted through Rate Manager to include the Mapping Override ID for a defined facility, payer, and effective date.

The Mapping Override ID can be between one and twenty characters. The ID name is an alphanumeric field (i.e., can contain letters and/or numbers), however it cannot contain non-alphanumeric characters (i.e., periods, dashes) or spaces.

14.5.3 Mapping Override File

The Mapping Override ID rules are defined in the Mapping Override File. Each row in the file contains an Mapping Override ID, Mapping Category, Mapping Direction, Code Type, Source Code, Source Version, Target Version, Number of Target Codes, and Target (ICD-9 or ICD-10 diagnosis or procedure) Codes.

The Mapping Override File can be manually created using a text editor in the file layout defined below, or in the Mapping Configuration utility within Rate Manager.

14.5.4 Mapping Override File Layout

Table 14-6: Mapping Override File Variables - maprule.dat

Field Description	C Variable Name	COBOL Variable Name	Format	Position	Notes
Mapping Override ID	override_id	MFR-OVERRIDE_ID	X(20)	1 - 20	
Mapping Category	category	MFR-CATEGORY	X(2)	21 - 22	01 = CMS reimbursement 02 = Optum premier pick 03 - 99 = State-specific or custom mappings
Mapping Direction	direction	MFR-DIRECTION	X(2)	23 - 24	F = Forward B = Backward
Code Type	code_type	MFR-CODE-TYPE	X(2)	25 - 26	D = Diagnosis Code P = Procedure Code
Source Code ICD-9 or ICD-10 Diagnosis or Procedure Code	code	MFR-CODE	X(10)	27 - 36	
Filler			X(10)	37 - 46	
Source Version	source_vers	MFR-SOURCE-VERS	9(2)	47 - 48	i.e., V28 = effective October 1, 2010
Target Version	target_vers	MFR-TARGET-VERS	9(2)	49 - 50	i.e., V26 = effective October 1, 2008
Number of Target Codes	target_codes_num	MFR-TARGET-CODES-NUM	9(2)	51 - 52	
Target Codes ICD-9 or ICD-10 Diagnosis or Procedure Codes	target_codes	MFR-TARGET-CODES	X(10) occurs 10 times	53 - 152	

14.5.5 New Mexico Medicaid APC Rule File Layout

Table 14-7: New Mexico Medicaid APC Rule File Layout - nmrule.dat

Field	C Variable Name	Format	Position	Notes
Override ID	override_id	X(20)	1 - 20	Override ID defined by user for a set of override edits.
Code Type	codetype	X(1)	21	C = Procedure code
HCPCS Code	code	X(9)	22 - 30	HCPCS code, 5 bytes alphanumeric.
Sequence Number	codeseq	9(2)	31 - 32	Code sequence number for this code record. Sort descending by date (most recent is 01).
Starting Date	startdate	9(8)	33 - 40	Start Date. The format is YYYYMMDD (where YYYY equals the year, MM the month, and DD the day).
Ending Date	enddate	9(8)	41 - 48	End Date. The format is YYYYMMDD. If no end date set to 00000000.
Payment Status Indicator	paystat	X(2)	49 - 50	Please refer to the Input & Output Parameter Blocks User's Guide for a list of applicable Payment Status Indicators.
Filler		X(170)	51 - 220	

15 Mapping Data File Layouts

This chapter provides the layouts for the Mapping Data File (C and COBOL). This chapter includes the following sections:

- C Platform Layout
- COBOL Platform Layout

Note

This chapter contains information for use with the EASYGroup™ ICD-10 Mapper only.

15.1 Mapping Data File

15.1.1 C Platform Layout

Table 15-1: Mapping Data File Variables - mapfile.dat

Field Description	Variable Name	Format	Position	Notes
Mapping Override ID	override_id	X(20)	1 - 20	
Mapping Category	category	X(2)	21 - 22	01 = CMS reimbursement 02 = Optum premier pick 03 = Wisconsin Medicaid-specific 04 - 99 = State-specific or custom mappings
Mapping Direction	direction	X(2)	23 - 24	F = Forward mapping B = Backward mapping
Code Type	code_type	X(2)	25 - 26	D = Diagnosis code P = Procedure code
Source Code ICD-9 or ICD-10 diagnosis or procedure code	code	X(10)	27 - 36	
Filler		X(10)	37 - 46	
Source Version (e.g., V391 = effective April 01, 2022)	source_vers	9(3)	47 - 49	
Target Version (e.g, V400 = effective October 01, 2022)	target_vers	9(3)	50 - 52	
Number of Target Codes	target_codes_num	9(2)	53 - 54	
Target Codes	target_codes	X(10) occurs 10 times	55 - 154	

15.1.2 COBOL Platform Layout

Table 15-2: Mapping Data File Variables - mapfile.dat

Field Description	Variable Name	Format	Position	Notes
Mapping Override ID	MFR-OVERRIDE-ID	X(20)	1 - 20	
Mapping Category	MFR-CATEGORY	X(2)	21 - 22	01 = CMS reimbursement 02 = Optum premier pick 03 = Wisconsin Medicaid-specific 04- 99 = State-specific or custom mappings

Table 15-2: Mapping Data File Variables - mapfile.dat

Field Description	Variable Name	Format	Position	Notes
Mapping Direction	MFR-DIRECTION	X(2)	23 - 24	F = Forward mapping B = Backward mapping
Code Type	MFR-CODE-TYPE	X(2)	25 - 26	D = Diagnosis code P = Procedure code
Source Code ICD-9 or ICD-10 diagnosis or procedure code	MFR-CODE	X(10)	27 - 36	
Filler		X(10)	37 - 46	
Source Version (e.g., V391 = effective April 01, 2022)	MFR-SOURCE-VERS	9(3)	47 - 49	
Target Version (e.g, V400 = effective October 01, 2022)	MFR-TARGET-VERS	9(3)	50 - 52	
Number of Target Codes	MFR-TARGET-CODES-NUM	9(2)	53 - 54	
Target Codes	MFR-TARGET-CODES	X(10) occurs 10 times	55 - 154	

16 Weight and Rate File Layouts

This chapter includes:

16.1 User-Defined Files

Outlined below is the information needed to create your own DRG, APC, APG, CMG, RUG, SNF PDPM, HHA PDGM, or HHRG-specific weight/rate files and the record layout of each file.

16.1.1 DRG Table

- There is one record in the file for each DRG.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, DRG must be first, followed by Weight, Mean LOS, and so on.
- A comma must follow each field, except for the last one. Refer to the sample DRG record below:

  0012,0094490,0066000,000,030,0094000, , , ,1,2,00,0089000,D
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the DRG number, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field. Refer to the sample below.

Table 16-1: DRG Rate File Layout

Field Name	Length	Format	Description
DRG	4	9(4)	DRG Number for which the rest of the information in the record applies.
Weight	7	9(2)v9(5)	Weighting factor associated with the DRG.
Mean Length of Stay (LOS)	7	9(3)v9(4)	**Arizona Medicaid, Kentucky Medicaid, Medicare Long Term Care, North Carolina Medicaid, Ohio Medicaid, and TRICARE:** Geometric Mean LOS **California Medicaid, New York State Medicaid APR-DRG:** Arithmetic Mean LOS **Michigan Medicaid APR:** Alternate Weight

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
Low Trim	3	9(3)	**Kentucky Medicaid**, **New Jersey New York and North Carolina State Employees/Worker's Compensation program**, and **TRICARE**: Used to identify long-stay outlier claims for the DRG
High Trim	3	9(3)	Used to identify short-stay outlier claims for the DRG
New Mean LOS or Service Adjuster	7	9(3)v9(4)	**Contract Multi-Pricer, Kentucky Medicaid, Medicare DRG, Pennsylvania Medicaid, Texas Medicaid, TRICARE, and Virginia Medicaid APR:** Arithmetic mean length of stay **Illinois Medicaid:** Geometric mean length of stay **Medicare Long term Care:** 5/6th of the geometric mean length of stay/Short Stay Threshold **Arizona Medicaid, California Medicaid, and Florida Medicaid**: Service adjustor **Washington Medicaid APR**: Marginal cost factor **Illinois Medicaid APR:** Policy adjustor

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
Rate	9	9(7)v9(2)	**Georgia Medicaid, Kansas Medicaid, Nebraska Medicaid APR, New York Medicaid APR, North Carolina Medicaid, Ohio Medicaid, Ohio Medicaid APR, Pennsylvania Medicaid APR, South Carolina Medicaid, and Virginia Medicaid APR:** DRG-specific cost outlier thresholds **Arizona Medicaid:** DRG-specific outlier marginal cost factors **Contract Multi-Pricer:** DRG base rate or case rate
Low Per Diem	7	9(5)v9(2)	**Washington Health Care Authority (HCA):** DRG-specific low charge threshold **New Jersey Medicaid:** DRG-specific low per diem **Pennsylvania Medicaid APR:** Low cost outlier percentage **California Medicaid:** NICU adjustment factor
High Per Diem	7	9(5)v9(2)	**Kansas Medicaid:** DRG Daily Rate

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
Medicare: DRG Flag/Transfer Flag **Other**: Top 20 DRG	1	9(1)	**Contract Multi-Pricer, Kentucky Medicaid, Medicare DRG, and TRICARE:** Indicates whether this DRG may be subject to the post-Acute transfer provision. Valid values are: 0 = Not a Post-Acute DRG 1 = Post-Acute DRG 2 = Post-Acute DRG Exception **Washington Medicaid:** 0 = DRGs not subject to special neonate/ pediatric outlier provisions 1 = DRGs subject to special neonate/pediatric outlier provisions **Florida Medicaid and Pennsylvania Medicaid APR:** 0 = Normal DRG (80%) 1 = High Cost DRG (100%) 2 = Non-Covered DRG (0%) **New York State:** Indicates whether this DRG is one of the Top 20 for Medicaid or Worker's Compensation/No-Fault. Valid values are: 0 = Not a Top 20 DRG 1 = Is a Top 20 DRG
Medical/Surgical DRG Flag	1	9(1)	0 = Unclassified DRG 1 = Medical DRG 2 = Surgical DRG

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category	2	9(2)	**Arizona Medicaid:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Non-covered DRG **California Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG **Florida Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Transfer exempt DRG **Georgia Medicaid:** 00 = Normal DRG processing 01 = CCR excluded DRG **Illinois Medicaid:** 00 = Normal DRG processing 01 = Delivery DRG 02 = Neonatal DRG (excluding DRG 385-389) 03 = Level III neonatal DRG (DRGs 385-389 only) 04 = Burn DRG 05 = Psychiatric DRG **Illinois Medicaid APR:** 00 = Normal DRG processing 01 = Trauma DRG 02 = Perinatal DRG (excluding DRGs 580, 581, 626 and 640) 03 = Perinatal transfer exempt DRG 04 = Transplant DRG 05 = Normal Newborn *continue....*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**Indiana Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Rehabilitation DRG 03 = Burn DRG 04 = Non-experimental organ transplant 05 = Transfer DRG **Kentucky Medicaid:** 00 = Normal DRG processing 02 = Psychiatric per diem 03 = Transplant DRG 04 = Neonatal DRG 05 = Rehabilitation per diem **Kentucky Medicaid APR:** 00 = Normal DRG processing 01 = Psychiatric, substance use disorder, and rehabilitation DRG **Medicare:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Burn DRG 03 = New technology DRG 04 = Error DRG 99 = Normal DRG processing **Medicare IPF:** 00 = Normal DRG processing 01 = Psychiatric DRG *Continue...*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**Michigan Medicaid:** 00 = Normal DRG processing 01 = Percent of charge reimbursement 02 = Neonatal DRG 03 = Transfer exempt DRG 04 = Three digit DRG age split 05 = Two digit DRG age split 99 = Normal DRG processing **Nebraska Medicaid:** 00 = Normal DRG processing 01 = Neonate DRG 02 = Burn DRG 03 = Psychiatric DRG 04 = Rehabilitation DRG 05 = Unstable/low volume DRG 06 = Transplant DRG **Nebraska Medicaid APR:** 00 = Normal DRG processing 02 = Burn DRG 03 = Psychiatric DRG 04 = Rehabilitation DRG 06 = Transplant DRG **New York Medicaid APR:** 00 = Normal DRG processing 01 = Transfer exempt DRG 02 = Eligible for spinal implant payment DRG *Continue....*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**North Carolina Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Rehabilitation DRG 03 = Transfer exempt DRG **Ohio Medicaid:** 00 = Normal DRG processing 01 = Neonatal DRG 02 = HIV DRG **Ohio Medicaid APR:** 00 = Normal DRG processing 01 = Tracheostomy DRGs 02 = Neonatal DRG 03 = Organ acquisition charges DRGs 04 = Organ acquisition costs DRG 05 = Non-covered claim DRG **Pennsylvania Medicaid:** 00 = Normal DRG processing 01 = Cost outlier eligible/ transfer exempt 02 = Tracheostomy DRG 03 = Special payment applies 04 = Rehabilitation DRG *Continue....*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**Pennsylvania Medicaid APR:** 00 = Normal DRG processing 01 = Neonates 02 = Psychiatric/drug/ rehabilitation DRG 03 = Transplant DRG 04 = Burn DRG **South Carolina Medicaid:** 00 = Normal DRG processing 01 = Normal delivery DRGs 02 = False labor DRG 03 = Normal newborn DRG **Texas Medicaid:** 01 = Obstetric delivery services DRG 99 = Normal DRG processing **TRICARE:** 00 = Normal DRG processing 01 = Neonatal DRGs excluding transfer DRG 02 = Burn DRG 03 = Neonatal transfer DRG 04 = Psychiatric DRG **Virginia Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Exempt transplant DRG 04 = Error DRG *Continue....*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**Virginia Medicaid APR:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Exempt transplant DRG 04 = Error DRG 05 = Neonate Transfer DRG **Washington HCA:** 00 = Normal DRG processing 01 = Unit-specific rehabilitation DRG 02 = Psychiatric DRG 03 = Substance abuse DRG 04 = Rehabilitation DRG 05 = Transplant DRG 06 = Low volume DRG *Continue....*

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
DRG Category *(continued....)*	2	9(2)	**Washington Medicaid:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Substance abuse DRG 04 = Exempt neonate DRG (prior to August 1, 2007) 05 = AIDS DRG (prior to August 1, 2007) 06 = Normal newborn DRG (prior to August 1, 2007) 07 = Delivery DRG (prior to August 1, 2007) 08 = Other, paid RCC 09 = Burn DRG 10 = Medical DRG 11 = Surgical DRG 12 = Neonate per diem **Washington Medicaid APR:** 00 = Normal DRG processing 01 = Rehabilitation DRG 02 = Psychiatric DRG 03 = Detox DRG 04 = Transplant DRG **Wisconsin Medicaid:** 00 = Normal DRG processing 01 = Psychiatric DRG 02 = Burn DRG
Additional Length of Stay Pediatric Service Adjustment Factor	7	9(3)v9(4)	**Medicare Long Term Care:** Used to identify which short stay claims are subject to the blend. **Arizona Medicaid, California Medicaid, and Florida Medicaid:** Used to apply the Pediatric Service Adjustment Factor for claims with an eligible Age Cutoff. **Washington Medicaid APR:** Arithmetic mean **Michigan Medicaid APR:** Alternate Mean Length of Stay

Table 16-1: DRG Rate File Layout — *continued*

Field Name	Length	Format	Description
Base Rate Flag	1	X(1)	**Medicare and TRICARE Only:** D = Identifies MS-DRGs classified by the implantation of a device. **Washington Medicaid Only:** C = Identifies MS-DRGs that use contractual base rate **Otherwise:** Blank = Standard base rate
Day Threshold	4	9(4)	**Michigan Medicaid APR:** Alternate Low Trim

16.1.2 APC-HOPD, Contract APC, and *Custom* Contract APC Tables

- There is one record in the file for each APC.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, APC must be first, followed by Weight, Rate, etc.
- A comma must follow each field, except for the last one. Refer to the sample APC record below:

  0701,01749110,,,,,0128953,K,,,025791,025791,025791,3,0800000,00038,,0000000,0000000000,0000000000,001749110
- Decimal points are implied and therefore are not included in the length of the field.
- The APC number and Payment Status are required. All other fields are optional.
- Depending on the Pricer used, either the APC Payment Status, APC-HOPD or the ASC Payment Status is required.
- Fields not used can be omitted, but must include a comma, except for the last field. Refer to the samples below.

16.1.2.1 APC-HOPD Weight File Layout (prior to January 01, 2018)

Table 16-2: APC-HOPD Weight File Layout - apch*yyyy*.tab (prior to January 01, 2018)

Field Name	Length	Format	Description
APC	4	9(4)	APC number for which the rest of the information in the record applies.
APC Weight	8	9(3)v9(5)	Weighting factor associated with the APC.
APG Type	2	9(2)	Reserved. Not yet used for APCs
Non-Covered APG Flag	1	9(1)	Reserved. Not yet used for APCs
Ancillary APG Packaging Flag	2	9(2)	Reserved. Not yet used for APCs
Unit of Service Pricing	1	9(1)	Reserved. Not yet used for APCs
APC Rate	7	9(5)v9(2)	Payment rate, before wage adjustment, for this APC.
APC Payment Status – Hospital Outpatient Department (HOPD)	2	X(2)	APC Payment Status Indicators as utilized by the Medicare OPPS. Left justified, blank filled. *Refer to the Input & Output Parameter Blocks User's Guide for a list of APC Payment Status Indicators.*
ASC Payment Status – Ambulatory Surgery Centers (ASC)	1	9(1)	**ASC Payment Status Indicator for Ambulatory Surgery Centers**: 1 = Payable under ASC APC payment rules 0 = Not included in ASC APC payment rules
IOL Indicator	1	9(1)	**ASC Pricer Only**: 1 = Includes Intra-ocular Lens Implant 0 = Otherwise
National Co-Payment	6	9(4)v9(2)	National Co-payment Rate, Hospital Outpatient Departments (represents 20% or more of the median national charge for this APC, before wage adjustment).
Minimum Co-Payment	6	9(4)v9(2)	Minimum Co-payment Rate, Hospital Outpatient Departments (represents 20% of the published rate for this APC, before wage adjustment).
Hospital Co-Payment	6	9(4)v9(2)	Optional Hospital Co-Payment Rate, Hospital Outpatient Departments. Must be <= the National Co-payment Rate, and must be >= the Minimum Co-payment Rate. If the hospital does not elect to reduce the co-payment for this APC, this field should be set equal to the National Co-Payment Rate.

Table 16-2: APC-HOPD Weight File Layout - apch*yyyy*.tab (prior to January 01, 2018)

Field Name	Length	Format	Description
Co-insurance Flag	1	9(1)	0 = Standard coinsurance rules 1 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 2 = Not subject to national coinsurance, hospital cannot reduce coinsurance 3 = Pass-thru item, hospital cannot reduce coinsurance 4 = Item is eligible for outlier payment 5 = Device or procedure eligible for offset deduction 6 = Procedure eligible for no-cost device offset deduction 7 = New technology APC exempt from quality reporting reduction 8 = Pass-thru item, contrast agent eligible for offset 9 = Procedure with no cost offset
Program Payment Percentage	7	9(1)v9(6)	Medicare's program payment percentage ((APC-RATE – NTL-COPAY) / APC-RATE)
Deductible ranking	5	9(5)	Ranking for allocation of deductible to individual claim lines
Recurring APC Flag	1	9(1)	Reserved. Not yet used for APCs
Pass-Through Offset	7	9(5)v9(2)	Unadjusted pass-through offset that is deducted from the payment for transitional pass-though items billed on the same service date. APC Pricer only.
APC Policy Packaged Offset	10	9(8)v9(2)	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.
APC Contract Agent Offset	10	9(8)v9(2)	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
Extended Weight	9	9(4)v9(5)	Extended weight associated with this APC.

16.1.2.2 Contract APC Weight File Layout (prior to January 01, 2018)

Note

Contract APC weight files distributed prior to *cacp1410c.tab* use the layout shown below in Table 16-3. Contract APC weight files distributed between *capc1410c.tab* and *capc1710a.tab* use the layout shown above in Table 16-2. Contract APC weight files distributed on or after *capc1801.tab* use the layout shown below in Table 16-5.

Table 16-3: Contract APC Weight File Layout - capc*yyyy.tab* (prior to January 01, 2018)

Field Name	Length	Format	Description
APC	4	9(4)	APC number for which the rest of the information in the record applies.
APC Weight	8	9(3)v9(5)	Weighting factor associated with the APC.
APG Type	2	9(2)	Reserved. Not yet used for APCs
Non-Covered APG Flag	1	9(1)	Reserved. Not yet used for APCs
Ancillary APG Packaging Flag	2	9(2)	Reserved. Not yet used for APCs
Unit of Service Pricing	1	9(1)	Reserved. Not yet used for APCs
APC Rate	7	9(5)v9(2)	Payment rate, before wage adjustment, for this APC.
APC Payment Status – Hospital Outpatient Department (HOPD)	2	X(2)	APC Payment Status Indicators as utilized by the Medicare OPPS. Left justified, blank filled. *Refer to the Input & Output Parameter Blocks User's Guide for a list of APC Payment Status Indicators.*
ASC Payment Status – Ambulatory Surgery Centers (ASC)	1	9(1)	**ASC Payment Status Indicator for Ambulatory Surgery Centers**: 1 = Payable under ASC APC payment rules 0 = Not included in ASC APC payment rules
IOL Indicator	1	9(1)	**ASC Pricer Only**: 1 = Includes Intra-ocular Lens Implant 0 = Otherwise
National Co-Payment	6	9(4)v9(2)	National Co-payment Rate, Hospital Outpatient Departments (represents 20% or more of the median national charge for this APC, before wage adjustment).
Minimum Co-Payment	6	9(4)v9(2)	Minimum Co-payment Rate, Hospital Outpatient Departments (represents 20% of the published rate for this APC, before wage adjustment).

Table 16-3: Contract APC Weight File Layout - capc*yyyy.tab* (prior to January 01, 2018)

Field Name	Length	Format	Description
Hospital Co-Payment	6	9(4)v9(2)	Optional Hospital Co-Payment Rate, Hospital Outpatient Departments. Must be <= the National Co-payment Rate, and must be >= the Minimum Co-payment Rate. If the hospital does not elect to reduce the co-payment for this APC, this field should be set equal to the National Co-Payment Rate.
Co-insurance Flag	1	9(1)	0 = Standard coinsurance rules 1 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 2 = Not subject to national coinsurance, hospital cannot reduce coinsurance 3 = Pass-thru item, hospital cannot reduce coinsurance 4 = Item is eligible for outlier payment 5 = Device or procedure eligible for offset deduction 6 = Procedure eligible for no-cost device offset deduction 7 = New technology APC exempt from quality reporting reduction 8 = Pass-thru item, contrast agent eligible for offset 9 = Procedure with no cost offset
Program Payment Percentage	7	9(1)v9(6)	Medicare's program payment percentage ((APC-RATE – NTL-COPAY) / APC-RATE)
Deductible ranking	5	9(5)	Ranking for allocation of deductible to individual claim lines
Recurring APC Flag	1	9(1)	Reserved. Not yet used for APCs
Pass-Through Offset	7	9(5)v9(2)	Unadjusted pass-through offset that is deducted from the payment for transitional pass-though items billed on the same service date. APC Pricer only.
Extended Weight	9	9(4)v9(5)	Extended weight associated with this APC.

16.1.2.3 Custom Contract APC Weight File Layout (prior to January 01, 2018)

Table 16-4: Custom Contract APC Weight File Layout - user defined (prior to January 01, 2018)

Field Name	Length	Format	Description
APC	4	9(4)	APC number for which the rest of the information in the record applies.
APC Weight	8	9(3)v9(5)	Weighting factor associated with the APC.
APG Type	2	9(2)	Reserved. Not yet used for APCs

Table 16-4: Custom Contract APC Weight File Layout - user defined (prior to January 01, 2018)

Field Name	Length	Format	Description
Non-Covered APG Flag	1	9(1)	Reserved. Not yet used for APCs
Ancillary APG Packaging Flag	2	9(2)	Reserved. Not yet used for APCs
Unit of Service Pricing	1	9(1)	Reserved. Not yet used for APCs
APC Rate	7	9(5)v9(2)	Payment rate, before wage adjustment, for this APC.
APC Payment Status – Hospital Outpatient Department (HOPD)	2	X(2)	APC Payment Status Indicators as utilized by the Medicare OPPS. Left justified, blank filled. *Refer to the Input & Output Parameter Blocks User's Guide for a list of APC Payment Status Indicators*.
ASC Payment Status – Ambulatory Surgery Centers (ASC)	1	9(1)	**ASC Payment Status Indicator for Ambulatory Surgery Centers**: 1 = Payable under ASC APC payment rules 0 = Not included in ASC APC payment rules
IOL Indicator	1	9(1)	**ASC Pricer Only**: 1 = Includes Intra-ocular Lens Implant 0 = Otherwise
National Co-Payment	6	9(4)v9(2)	National Co-payment Rate, Hospital Outpatient Departments (represents 20% or more of the median national charge for this APC, before wage adjustment).
Minimum Co-Payment	6	9(4)v9(2)	Minimum Co-payment Rate, Hospital Outpatient Departments (represents 20% of the published rate for this APC, before wage adjustment).
Hospital Co-Payment	6	9(4)v9(2)	Optional Hospital Co-Payment Rate, Hospital Outpatient Departments. Must be <= the National Co-payment Rate, and must be >= the Minimum Co-payment Rate. If the hospital does not elect to reduce the co-payment for this APC, this field should be set equal to the National Co-Payment Rate.

Table 16-4: Custom Contract APC Weight File Layout - user defined (prior to January 01, 2018)

Field Name	Length	Format	Description
Co-insurance Flag	1	9(1)	0 = Standard coinsurance rules 1 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 2 = Not subject to national coinsurance, hospital cannot reduce coinsurance 3 = Pass-thru item, hospital cannot reduce coinsurance 4 = Item is eligible for outlier payment 5 = Device or procedure eligible for offset deduction 6 = Procedure eligible for no-cost device offset deduction 7 = New technology APC exempt from quality reporting reduction 8 = Pass-thru item, contrast agent eligible for offset 9 = Procedure with no cost offset
Program Payment Percentage	7	9(1)v9(6)	Medicare's program payment percentage ((APC-RATE – NTL-COPAY) / APC-RATE)
Deductible ranking	5	9(5)	Ranking for allocation of deductible to individual claim lines
Recurring APC Flag	1	9(1)	Reserved. Not yet used for APCs
Pass-Through Offset	7	9(5)v9(2)	Unadjusted pass-through offset that is deducted from the payment for transitional pass-though items billed on the same service date. APC Pricer only.
Low Charge	7	9(5)v9(2)	Reserved. Not yet used for APCs
High Charge	7	9(5)v9(2)	Reserved. Not yet used for APCs
APC Percentage of Charge	3	9(1)v9(2)	Reserved. Not yet used for APCs
APC User Base Rate	8	9(5)v9(3)	User specified base rate/conversion factor. If the hospital Base * Weight Pricing option is set to **Yes** and this field is set, the APC Rate = APC User Base Rate * APC Weight
Extended Weight	9	9(4)v9(5)	Extended weight associated with this APC.

16.1.2.4 APC-HOPD, Contract APC, and Custom Contract APC Weight File Layout (on or after January 01, 2018)

Note

The file layout shown below in Table 16-5 is shared between APC-HOPD, Contract APC, and user defined weight files.

Table 16-5: APC-HOPD, Contract APC, and Custom Contract APC Weight File Layout (on or after January 01, 2018)

Field Name	Length	Format	Description
APC	5	9(5)	APC number for which the rest of the information in the record applies.
APC Weight	9	9(4)v9(5)	Weighting factor associated with the APC.
APC Rate	10	9(8)v9(2)	Payment rate, before wage adjustment, for this APC.
APC Pricing Type	2	X(2)	APC Payment Status Indicators as utilized by the Medicare OPPS. Left justified, blank filled. *Refer to the Input & Output Parameter Blocks User's Guide for a list of APC Payment Status Indicators.*
National Co-Payment	10	9(8)v9(2)	National Co-payment Rate, Hospital Outpatient Departments (represents 20% or more of the median national charge for this APC, before wage adjustment).
Minimum Co-Payment	10	9(8)v9(2)	Minimum Co-payment Rate, Hospital Outpatient Departments (represents 20% of the published rate for this APC, before wage adjustment).
Hospital Co-Payment	10	9(8)v9(2)	Optional Hospital Co-Payment Rate, Hospital Outpatient Departments. Must be <= the National Co payment Rate, and must be >= the Minimum Co payment Rate. If the hospital does not elect to reduce the co-payment for this APC, this field should be set equal to the National Co-Payment Rate.

Table 16-5: APC-HOPD, Contract APC, and Custom Contract APC Weight File Layout (on or after January 01, 2018)

Field Name	Length	Format	Description
Co-Insurance Flag	2	9(2)	00 = Standard coinsurance rules 01 = Coinsurance is 25% of payment rate, hospital cannot reduce coinsurance 02 = Not subject to national coinsurance, hospital cannot reduce coinsurance 03 = Pass-thru item, hospital cannot reduce coinsurance 04 = Item is eligible for outlier payment 05 = Device or procedure eligible for offset deduction 06 = Procedure eligible for no-cost device offset deduction 07 = New technology APC exempt from quality reporting reduction 08 = Pass-thru item, contrast agent eligible for offset 09 = Procedure with no cost offset
Program Payment Percentage	7	9(1)v9(6)	Medicare's program payment percentage ((APC-RATE – NTL-COPAY)/ APC-RATE)
Deductible Ranking	5	9(5)	Ranking for allocation of deductible to individual claim lines
Policy Packaged Offset	10	9(8)v9(2)	Offset dollar amount to be deducted from radiopharmaceutical reimbursement where applicable.
APC Contrast Agent Offset	10	9(8)v9(2)	Offset dollar amount to be deducted from contrast agent reimbursement where applicable.
APC User Base Rate	11	9(8)v9(3)	User specified base rate/conversion factor. If the *hospital Base * Weight Pricing* option is set to Yes and this field is set, the *APC Rate = APC User Base Rate * APC Weight* **Note** Contract APC only.
Extended APC Weight	11	9(6)v9(5)	Extended weight associated with this APC.

16.1.3 APG Table

- There is one record in the file for each APG.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, APG must be first, followed by Weight, APG Type, etc.
- A comma must follow each field, except for the last one. Refer to the sample APG record below:

  053,0015154,01,0,00,1,,,,,,,,,,0,,
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the APG number, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field. Refer to the sample below.

Table 16-6: APG Rate File Layout

Field Name	Length	Format	Description
APG	4	9(4)	APG Number for which the rest of the information in the record applies.
Weight	7	9(2)v9(5)	Weighting factor associated with the APG.
APG Type	2	9(2)	Indicates the type of APG as follows: 01 = Per Diem EAPG for behavioral health and substance abuse 02 = Significant procedure 03 = Medical visit 04 = Ancillary service 05 = Incidental 06 = Drug 07 = Durable Medical Equipment (DME) and supplies 08 = Unassigned EAPG 21 = Physical therapy & rehabilitation 22 = Behavioral health & counseling 23 = Dental procedure 24 = Radiologic procedure 25 = Diagnostic or therapeutic procedure 99 = Non-covered APG
Non-Covered APG Flag	1	9(1)	0 = Covered 1 = Non-Covered

Table 16-6: APG Rate File Layout

Field Name	Length	Format	Description
Ancillary Packaging Flag	2	9(2)	00 = Not Packaged 01 = Always (Unconditionally) Packaged 02 = Conditionally Packaged with a Significant Procedure APG 03 = Conditionally Packaged with a Medical APG 04 = Conditionally Packaged with either a Procedure or Medical APG
Unit of Service Pricing	1	9(1)	Used to determine if Unit of Service Pricing should be used for this APG. 0 = Does not use Unit of Service Pricing 1 = Does use Unit of Service Pricing
APC Rate	7	9(5)v9(2)	Not used by the APG Pricer.
APC Pricing Type	1	9(1)	Not used by the APG Pricer.
APC Payment Status for ASC	1	9(1)	Not used by the APG Pricer.
IOL Flag, Reserved	1	9(1)	Not used by the APG Pricer.
National Co-Payment	6	9(4)v9(2)	Not used by the APG Pricer.
Minimum Co-Payment	6	9(4)v9(2)	Not used by the APG Pricer.
Hospital Co-Payment	6	9(4)v9(2)	Not used by the APG Pricer.
Co-insurance Flag	1	9(1)	Not used by the APG Pricer.
Program Payment Percentage	7	9(1)v9(6)	Not used by the APG Pricer.
Deductible ranking	5	9(5)	Not used by the APG Pricer.
Recurring APG Flag	1	9(1)	Used to identify APGs that are never discounted. 0 = Not recurring 1 = Recurring
Pass-Through Offset	7	9(5)v9(2)	Not used by the APG Pricer.
Low Charge	7	9(5)v9(2)	APG low charge threshold for BCBS of Oklahoma.
High Charge	7	9(5)v9(2)	APG high charge threshold for BCBS of Oklahoma.
APG Percent of Charge	3	9(1)v9(2)	Percent of charge factor for BCBS of Oklahoma. If not 0 or 1.00, the APG will be paid a percent of charge.

Table 16-6: APG Rate File Layout

Field Name	Length	Format	Description
Stand Alone Flag	1	9(1)	**New York Medicaid APG Only**: 0 = Not subject to Stand Alone logic. 1 = Subject to Stand Alone logic.
Never Pay Flag	1	9(1)	**New York Medicaid APG Only**: 0 = Not subject to Never Pay logic. 1 = Subject to Never Pay logic.
Special Pay	1	9(1)	0 = Normal processing. 1 = No Capital-Add-on APG.
Transition Flag	1	9(1)	0 = Not subject to Transitional Blend. 1 = Subject to Transitional Blend.

16.1.4 CMG Table

- There is one record in the file for each CMG.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, CMG must be first, followed by Weight1, Weight2, etc.
- A comma must follow each field, except for the last one. Refer to the sample CMG record below:

  0109,00189010,00169280,,,0240000,0240000,,,0002237500,0002003937,,
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the CMG number, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field. Refer to the sample below.

Table 16-7: CMG Rate File Layout

Field Name	Length	Format	Description
CMG	4	9(3)	CMG Number for which the rest of the information in the record applies.

Table 16-7: CMG Rate File Layout

Field Name	Length	Format	Description
Weight1	8	9(3)v9(5)	Weighting factor associated with this CMG when there is a Tier 1 Comorbidity.
Weight2	8	9(3)v9(5)	Weighting factor associated with this CMG when there is a Tier 2 Comorbidity.
Weight3	8	9(3)v9(5)	Weighting factor associated with this CMG when there is a Tier 3 Comorbidity.
Weight4	8	9(3)v9(5)	Weighting factor associated with this CMG when there are no Comorbidities.
Mean LOS1	7	9(3)v9(4)	Mean LOS associated with this CMG when there is a Tier 1 Comorbidity.
Mean LOS2	7	9(3)v9(4)	Mean LOS associated with this CMG when there is a Tier 2 Comorbidity.
Mean LOS3	7	9(3)v9(4)	Mean LOS associated with this CMG when there is a Tier 3 Comorbidity.
Mean LOS4	7	9(3)v9(4)	Mean LOS associated with this CMG when there are no Comorbidities.
Rate1	10	9(8)v9(2)	Payment Rate associated with this CMG when there is a Tier 1 Comorbidity.
Rate2	10	9(8)v9(2)	Payment Rate associated with this CMG when there is a Tier 2 Comorbidity.
Rate3	10	9(8)v9(2)	Payment Rate associated with this CMG when there is a Tier 3 Comorbidity.
Rate4	10	9(8)v9(2)	Payment Rate associated with this CMG when there are no Comorbidities.

16.1.5 SNF RUG Table (on or prior to October 01, 2019)

- There is one record in the file for each RUG.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, RUG must be first, followed by Adjustment1, Adjustment2, etc.
- A comma must follow each field, except for the last one. Refer to the sample RUG record below:

  RUX ,00100000,,,,,,,,0000056483,0000059018,,
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the RUG, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field. Refer to the sample below

Table 16-8: SNF RUG Weight File Layout - snf*yymm*.tab

Field Name	Length	Format	Description
RUG	4	9(3)	RUG for which the rest of the information in the record applies.
Adjustment1	8	9(3)v9(5)	Adjustment factor associated with this RUG. Not currently used.
Adjustment2	8	9(3)v9(5)	Adjustment factor associated with this RUG. Not currently used.
Adjustment3	8	9(3)v9(5)	Adjustment factor associated with this RUG. Not currently used.
Adjustment4	8	9(3)v9(5)	Adjustment factor associated with this RUG. Not currently used.
Mean LOS1	7	9(3)v9(4)	Mean LOS. Not currently used.
Mean LOS2	7	9(3)v9(4)	Mean LOS. Not currently used.
Mean LOS3	7	9(3)v9(4)	Mean LOS. Not currently used.
Mean LOS4	7	9(3)v9(4)	Mean LOS. Not currently used.
Urban Rate	10	9(8)v9(2)	Payment Rate associated with this RUG when the facility is classified as Urban.
Rural Rate	10	9(8)v9(2)	Payment Rate associated with this RUG when the facility is classified as Rural.

Table 16-8: SNF RUG Weight File Layout - snf*yymm*.tab

Field Name	Length	Format	Description
Rate3	10	9(8)v9(2)	Payment Rate. Not currently used.
Rate4	10	9(8)v9(2)	Payment Rate. Not currently used.

16.1.6 SNF PDPM Table (after October 01, 2019)

- There is one record in the file for each HIPPS code.
- Each record must contain the fields listed below and these fields must be presented in the order listed.
- A comma must follow each field, except for the last one.
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the HIPPS code, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field.

Table 16-9: SNF PDPM Weight File Layout - snf*yymm*.tab

Field Name	**Length**	**Format**	**Description**
HIPPS Character	6	X(6)	
Physical Therapy Urban	10	9(8)v9(2)	Physical therapy urban rate
Physical Therapy Rural	10	9(8)v9(2)	Physical therapy rural rate
Occupational Therapy Urban	10	9(8)v9(2)	Occupational therapy urban rate
Occupational Therapy Rural	10	9(8)v9(2)	Occupational therapy rural rate
Speech Pathology Language Urban	10	9(8)v9(2)	Speech pathology language urban rate
Speech Pathology Language Rural	10	9(8)v9(2)	Speech pathology language rural rate
Nursing Urban	10	9(8)v9(2)	Nursing urban rate
Nursing Rural	10	9(8)v9(2)	Nursing rural rate
Non-Therapy Ancillary Urban	10	9(8)v9(2)	Non-therapy ancillary urban rate
Non-Therapy Ancillary Rural	10	9(8)v9(2)	Non-therapy ancillary rural rate
Filler	1	9(1)	

16.1.7 HHA HHRG Table (prior to January 01, 2020)

- There is one record in the file for each HHRG.
- Each record must contain the fields listed below and these fields must be presented in the order listed. For example, HHRG must be first, followed by Weight, Non-Routine Medical Supplies Payment Severity Level1, etc.
- A comma must follow each field except for the last one. Refer to the sample HHRG record below:

  1BFN,00100000,,,,0000056483,0000059018,,”
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the HHRG, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field. Refer to the sample below.

Table 16-10: HHA HHRG Weight File Layout - hhwgt*yy*.dat

Field Name	Length	Format	Description
HHRG	4	X(4)	HHRG for which the rest of the information in the record applies.
Weight	8	9(3)v9(5)	Weighting factor associated with the HHRG.
NRS_Pay1	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 1
NRS_Pay2	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 2
NRS_Pay3	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 3
NRS_Pay4	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 4
NRS_Pay5	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 5
NRS_Pay6	10	9(8)v9(2)	Non-Routine Medical Supplies Payment Severity Level 6

16.1.8 HHA PDGM Table (on or after January 01, 2020)

- There is one record in the file for each PDGM.
- Each record must contain the fields listed below and these fields must be presented in the order listed.
- A comma must follow each field except for the last one.
- Decimal points are implied and therefore are not included in the length of the field.
- Except for the PDGM, which is required, you may capture valid values for all or only some of the other fields.
- Fields not used can be omitted, but must include the comma, except for the last field.

Table 16-11: HHA PDGM Weight File Layout - hhwgt*yy*.tab

Field Name	Length	Format	Description
PDGM	6	X(6)	PDGM for which the rest of the information in the record applies.
Weight	8	9(3)v9(5)	Weighting factor associated with the PDGM.
LUPA	3	9(3)	Visit Threshold associated with the PDGM.

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