

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10399	Date: October 16, 2020
	Change Request 11869

Transmittal 10267, dated August 6, 2020, is being rescinded and replaced by Transmittal 10399, dated, October 16, 2020 to include revised recurring update numbers in business requirements 11869.9 and 11869.9.1. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 10, 2020. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Implementation of the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) under the End Stage Renal Disease Prospective Payment System (ESRD PPS)

I. SUMMARY OF CHANGES: This Change Request will create the system changes necessary to implement the ESRD PPS transitional add-on payment adjustment for new and innovative equipment and supplies (TPNIES). In addition, it will establish a quarterly recurring update for the Healthcare Common Procedure Coding System (HCPCS) codes eligible for the TPNIES. The TPNIES payment policy, including the codes eligible for the TPNIES will be provided in a separate instruction included with the annual January ESRD PPS Recurring Update.

EFFECTIVE DATE: January 1, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 4, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revise information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question

and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-04	Transmittal: 10399	Date: October 16, 2020	Change Request: 11869
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I. GENERAL INFORMATION

A. Background: Effective January 1, 2011, the Centers for Medicare & Medicaid Services (CMS) implemented the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) based on the requirements of section 1881(b)(14) of the Social Security Act (the Act). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment.

Beginning January 1, 2016, the ESRD PPS provides the Transitional Drug Add-on Payment Adjustment (TDAPA) for new renal dialysis drugs and biological products that qualify under 42 Code of Federal Regulations (CFR) § 413.234. CR 10065, Transmittal 1999, issued January 10, 2018, implemented the TDAPA for calcimimetics effective January 1, 2018. The TDAPA policy was refined in CR 11514, Transmittal 2392, issued on November 8, 2019.

Beginning January 1, 2020, the ESRD PPS provides the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) for new and innovative renal dialysis equipment and supplies that qualify under § 413.236. CMS began the process in January 2020 of collecting information on supplies and equipment to determine eligibility for TPNIES. If eligible, the ESRD facilities would be paid TPNIES for the eligible items beginning January 1, 2021. The TPNIES payment is based on 65 percent of the Medicare Administrative Contractor (MAC) determined price. The MACs, on behalf of CMS, establish prices for new and innovative renal dialysis equipment and supplies that meet the TPNIES eligibility criteria using verifiable information from the following sources of information, if available: (1) the invoice amount, facility charges for the item, discounts, allowances, and rebates; (2) the price established for the item by other MACs and the sources of information used to establish that price; (3) payment amounts determined by other payers and the information used to establish those payment amounts; and (4) charges and payment amounts required for other equipment and supplies that may be comparable or otherwise relevant. The TPNIES is paid for 2 calendar years, beginning on January 1 and ending on December 31. While the TPNIES applies to a new and innovative equipment or supply, the equipment or supply is not considered an outlier service.

In this Change Request (CR), the existing TDAPA Recurring Update Notification (RUN) is being modified to also include the TPNIES. That is, this CR establishes one RUN for the ESRD PPS transitional add-on payment adjustments with 2 sets of codes, that is, one code set for the TDAPA and another for the TPNIES.

B. Policy: TDAPA

There is no change in the mechanics of how the TDAPA is applied. When a HCPCS code on the TDAPA list is reported with the AX modifier and revenue code 0636, the TDAPA instructions will apply.

TPNIES

ESRD facilities will report the AX modifier (item furnished in conjunction with dialysis services) with the HCPCS code for the equipment or supply eligible to receive the TPNIES. When a HCPCS code on the TPNIES list is reported with the AX modifier and revenue code 027X, the TPNIES instructions will apply. This CR also implements the payer only value code QG – Total TPNIES Amount, to be used to capture the add-on payment.

Dialysis treatments reported with the CG modifier and non-covered dialysis treatments should not be used for purposes of the TPNIES. For purposes of the number of dialysis treatments for the month used in the TPNIES calculation, Medicare contractors should only consider those treatments that are reported and covered.

Pricer puts a payment at the dialysis line so that it is a per treatment payment. Therefore, pricer will perform a calculation to divide 65 percent of QG by the total number of dialysis treatments and then that per treatment amount is added to each dialysis line.

Z Supply Example Calculation:

Patient is furnished Z Supply for each hemodialysis treatment. The MAC-determined price is \$10.00 per each Z Supply. The ESRD facility would report Z Supply on the claim with its assigned HCPCS code that will be on the TPNIES list.

1/1/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/1/2021 REV 821

1/3/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/3/2021 REV 821

1/5/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/5/2021 REV 821

1/8/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/8/2021 REV 821

1/10/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/10/2021 REV 821

1/12/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/12/2021 REV 821

1/15/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/15/2021 REV 821

1/17/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/17/2021 REV 821

1/19/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/19/2021 REV 821

1/22/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/22/2021 REV 821

1/24/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/24/2021 REV 821

1/26/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/26/2021 REV 821

1/29/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/29/2021 REV 821

1/31/2021 REV 27X, HCPCS for Z Supply, AX, 1 unit

1/31/2021 REV 821

QG is assigned \$140 $((1 * \$10.00) * 14 = \$140.00)$

Number of dialysis treatments for month = 14

Adjusted ESRD PPS base rate = \$250.00

QIP reduction = 0.985

$(65 \text{ percent of the MAC-determined TPNIES amount}) / \text{number of dialysis treatments for the month} =$
TPNIES per treatment payment

$\$6.50 = (.65 * \$140.00) / 14$

$\$6.50 = \$91.00 / 14$

Final Payment Rate = $(\text{Adjusted ESRD PPS base rate} + \text{TPNIES per treatment payment}) * \text{QIP reduction}$

$\$252.65 = (\$250.00 + \$6.50) * 0.985$

$\$252.65 = \$256.50 * 0.985$

The final per treatment payment amount is \$252.65

Additional instructions for ESRD facilities and contractors regarding the TPNIES policy will be provided in the ESRD PPS January 2021 RUN and subsequent quarterly updates.

TPNIES is not applicable to the per treatment payment amount that is paid to ESRD facilities for furnishing dialysis to individuals with Acute Kidney Injury (AKI).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers			Other	
		A	B		F I S S	M C S	V M S		C W F
11869.1	<p>Medicare contractors shall modify the existing edit created with 10065.1 to allow the AX modifier to be reported on the type of bill (TOB) 072X for TPNIES HCPCS.</p> <p>Note: TPNIES HCPCS approved for this transitional add-on will be provided in the ESRD PPS January Recurring Update (RUN), and subsequent quarterly updates.</p>	X				X			
11869.2	<p>Medicare contractors shall create an overridable edit when TOB 072X reporting a TPNIES HCPCS billed with revenue code 027X with the AX modifier for contractor pricing.</p> <p>Note: MACs will override when rate has been added to the claim line. This does not apply to charges that are submitted as non-covered.</p>					X			
11869.2.1	<p>Medicare contractors shall set the edit to suspend the claim for manual pricing.</p> <p>Note: Contractor should update the external reason code narrative to inform the provider that additional information is needed for pricing the line item. Instructions for pricing TPNIES will be provided in the ESRD PPS January RUN and future quarterly recurring updates.</p>	X							
11869.3	<p>Medicare contractors shall recognize QG as a valid payer only value code.</p> <p>Note: Value code QG shall not be passed to BCRC.</p>					X			HIGLAS
11869.3.1	<p>Medicare contractors shall capture the total TPNIES in payer only value code QG for each TPNIES service line reported on the claim.</p>					X			

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M A C	F I S S	M C S	
	Note: Medicare contractors shall not include services billed with the AX modifier (for transitional add-on payments) in the outlier value code 79 and should not include AKI claims with condition code 84 reported.								
11869.4	When value code QG is manually entered on the claim the Medicare shared system shall systemically remove the value code and bypass reason code 10405.					X			
11869.5	Medicare contractors shall not make separate payment on ESRD claims, TOB 72X for service lines containing TPNIES HCPCS with the AX modifier. Medicare contractors shall ensure that lines billed as covered will remain covered services even though separate payment is not made.					X			
11869.5.1	Medicare contractors shall use the following ANSI information for the line: Group code: CO (Contractual Obligation) CARC 97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.					X			
11869.5.2	If a TPNIES HCPCS is also listed on the consolidated billing code list, Medicare systems shall bypass the CB edit for the line item when the following is true: TOB 072X Revenue Code 027X TPNIES HCPCS Modifier AX present					X			
11869.6	Medicare contractors shall pass the total TPNIES to the ESRD Pricer in payer-only value code QG.					X			ESRD Pricer, PS&R

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	Refer to Attachment "Revised ESRD PRICER Layout 01012021".								
11869.6.1	ESRD Pricer shall accept payer only value code QG for the TPNIES. Layout and Variable: B-PAYER-ONLY-VALUE-CODE PIC X(02) B-PAYER-ONLY-VC-QG-AMT PIC 9(07)V9(04)								ESRD Pricer
11869.7	ESRD Pricer shall calculate the TPNIES and include it with final payment.								ESRD Pricer
11869.8	Medicare contractors shall accept the new TPNIES from the ESRD PRICER.					X			ESRD Pricer
11869.8.1	The Medicare contractor shall create a line level field to house the new TPNIES from the ESRD Pricer. Required field size: TPNIES-RETURN PIC 9(07)V9(04)					X		X	
11869.8.1 .1	The Medicare contractor shall pass the new field to CWF, IDR and PS&R.					X		X	IDR, PS&R
11869.8.1 .2	CWF shall accept the new field from FISS. Field length required: PIC 9(07)V9(04)							X	
11869.8.1 .3	CWF shall ensure that the new field is passed to the downstream systems. CWF will carry the new field on the claim history for OUTH in HIMR. NOTE: The NCH will not begin storing the TPNIES Adjustment Amount to the line level until the April 2021 release. The NCH has frozen its code to work on their Version 'L' release which will be implemented January 2021, so no new elements can be added to the copybook until after the Version 'L' implementation.							X	FPS, NCH

Number	Requirement	Responsibility								Other
		A/B MAC		D M E M A C	Shared- System Maintainers					
		A	B		H H H	F I S S	M C S	V M S	C W F	
11869.8.1 .4	Integrated testing shall be performed between CWF and FISS during the ALPHA period of this CR.					X			X	
11869.9	<p>FISS shall modify documentation to perform the following tasks with recurring Rxxx05A/Rxxx59Q to include both sets of HCPCS for TDAPA and the new TPNIES add-on adjustments.</p> <p>Note: TDAPA and TPNIES are both ESRD PPS Transitional Add-on Payments. One RUN will be used for making quarterly updates.</p> <ul style="list-style-type: none"> • Modify reason codes as necessary to include TPNIES instruction in this CR. • Add all new TPNIES HCPCS codes to the process for calculating the Line Level TPNIES amount for populating the value code QG. • Ensure all new TPNIES HCPCS listed in the CR and billed with the AX modifier do not apply towards outlier, value code 79. • Ensure new TPNIES HCPCS listed in the CR are added to the process to not make separate payments for service lines reported with a TPNIES HCPCS and modifier AX with or without modifier AY on ESRD claims (72X TOB). The following line level ANSI information shall be used: <p>Group code: CO Contractual Adjustment Amount;</p> <p>Claim Adjustment Reason Code: CARC 97 - The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>NOTE: All of the above tasks to update the list of new TPNIES HCPCS eligible for the add-on shall be effective based on the future CR's effective date using the claims from date. In the event that there are no</p>					X				

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	codes on the list of eligible TPNIES or TDAPA ensure any previous codes are end-dated effective based on the future CR's effective date using the claims from date.										
11869.9.1	FISS shall estimate the recurring hours for this instruction and combining quarterly recurring updates Rxxx87Q and Rxxx79Q under recurring updates Rxxx05A/Rxxx59Q and post them in the estimates attachment section of eChimp.					X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			D M E	C I	M A C	I
		A	B	H H H				
	None							

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wendy Jones, wendy.jones@cms.hhs.gov (For claims processing inquiries.) , Michelle Cruse, michelle.cruse@cms.hhs.gov (For policy inquiries.)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

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000100*****
000200*   This is the BILL-RECORD that will be passed to and returned *
000300*   from the ESCALxx program. *
000400* 6-15-17 added B-PAYER-ONLY-VC-Q8 for FY18 and TDAPA *
000500* 8-24-17 added TDAPA-RETURN for FY18 and TDAPA *
000600* 10-03-17 added comment about BUNDLED-TEST-INDIC *
000700* 3-11-20 added the following for ETC HDPA model: *
000800*   input field for the Data Code *
000900*   B-DATA-CODE PIC X(02) *
001000*   output field - Adjusted Base Rate before bonus *
001100*   ADJ-BASE-WAGE-BEFORE-ETC-HDPA PIC 9(07)V9(04) *
*   7-08-20 added fields for SUPPLEMENTAL-WAGE-INDEX, TPNIES and *
*   NETWORK-REDUCTION: *
*   - P-SUPP-WI-IND *
*   - P-SUPP-WI *
*   - B-PAYER-ONLY-VALUE-CODE *
*   - B-PAYER-ONLY-VC-QG-AMT *
*   - TPNIES-RETURN *
*   - NETWORK-REDUCTION-RETURN *
001600*****
001700*INPUT to the Calculating subroutine from the Driver subroutine. *
001800*****
001900
002000 01 BILL-NEW-DATA.
002100   05 BILL-PORZION.
002200       10 B-COND-CODE PIC X(02).
002300       10 B-REV-CODE.
002400           15 B-REV-CODE3 PIC X(03).
002500           15 FILLER PIC X(01).
002600       10 B-PATIENT-HGT PIC 9(07)V9(02).
002700       10 B-PATIENT-HEIGHT REDEFINES B-PATIENT-HGT
002800                               PIC 9(09).
002900       10 B-PATIENT-WGT PIC 9(07)V9(02).
003000       10 B-PATIENT-WEIGHT REDEFINES B-PATIENT-WGT
003100                               PIC 9(09).
003200       10 B-THRU-DATE.
003300           15 B-THRU-CCYY PIC 9(04).
003400           15 B-THRU-MM PIC 9(02).
003500           15 B-THRU-DD PIC 9(02).
003600       10 B-DOB-DATE.
003700           15 B-DOB-CCYY PIC 9(04).
003800           15 B-DOB-MM PIC 9(02).
003900           15 B-DOB-DD PIC 9(02).
004000       10 FILLER PIC X(20).
004100   05 PROVIDER-SPECIFIC-FILE-PORZION.
004200       10 P-NPI PIC X(08).
004300       10 P-NPI-FILLER PIC X(02).
004400       10 P-PROV-OSCAR PIC X(06).
004500       10 P-GEO-MSA PIC X(04).
004600       10 P-GEO-CBSA PIC X(05).
004700       10 P-SPEC-PYMT-IND PIC X(01).
004800       10 P-PROV-TYPE PIC X(02).
004900       10 P-SPEC-WAGE-INDX PIC 9(02)V9(04).
005000       10 P-ESRD-RATE PIC 9(07)V9(02).

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005100      10  P-PROV-WAIVE-BLEND-PAY-INDIC
005200                                PIC X(01).
005300      10  P-PROV-LOW-VOLUME-INDIC
005400                                PIC X(01).
005500      10  P-PACIFIC-IS-TRUST-TERR
005600                                PIC X(01).
005700      10  P-QIP-REDUCTION          PIC X(01).
          10  P-SUPP-WI-IND          PIC X(01).
          10  P-SUPP-WI             PIC 9(02)V9(04).
005800      10  FILLER                  PIC X(08).
005900      10  OLD-TEST-INDICATOR      PIC X(01).
006000      88  OLD-TEST-CASE          VALUE 'T'.
006100      10  FILLER                  PIC X(23).
006200  05  BUNDLED-BILL-PORZION.
006300      10  B-CLAIM-NUM-DIALYSIS-SESSIONS
006400                                PIC 9(02).
006500      10  B-LINE-ITEM-DATE-SERVICE.
006600      15  B-LINE-ITEM-DT-SVC-CCYY
006700                                PIC 9(04).
006800      15  B-LINE-ITEM-DT-SVC-MM
006900                                PIC 9(02).
007000      15  B-LINE-ITEM-DT-SVC-DD
007100                                PIC 9(02).
007200      10  B-DIALYSIS-START-DATE.
007300      15  B-DIALYSIS-START-DT-CCYY
007400                                PIC 9(04).
007500      15  B-DIALYSIS-START-DT-MM
007600                                PIC 9(02).
007700      15  B-DIALYSIS-START-DT-DD
007800                                PIC 9(02).
007900      10  B-TOT-PRICE-SB-OUTLIER  PIC 9(07)V9(02).
008000      10  B-PAYER-ONLY-VC-Q8    PIC 9(07)V9(04).
008100      10  B-DATA-CODE              PIC X(02).
          10  B-PAYER-ONLY-VALUE-CODE PIC X(02).
          10  B-PAYER-ONLY-VC-QG-AMT PIC 9(07)V9(04).
008200      10  FILLER                  PIC X(14).
008300  05  COMORBIDITIES-PORZION.
008400      10  COMORBID-DATA          OCCURS 6 TIMES
008500      INDEXED BY COMORBID-INDEX
008600                                PIC X(02).
008700      10  COMORBID-RECURRENCE-COND-CODE
008800                                PIC X(02).
008900      10  COMORBID-CWF-RETURN-CODE
009000                                PIC X(02).
009100      88  VALID-COMORBID-CWF-RETURN-CD  VALUE '10',
009200                                                '20',
009300                                                '30',
009400                                                '40',
009500                                                '50',
009600                                                '60',
009700                                                '70'.

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009800* The following variables are from the old pricer and are used fo
009900*testing purposes, displaying within the manager main program what
010000*went on in the calculating subroutine.

010100*They were removed from their old location to simplify matters and
010200*are inserted here in the exact same order that they appeared in o
010300*pricers. The variable names have been kept the same so as to min
010400*recoding when inserting this linkage section into the old pricers
010500*'bring them up to the 2011 record layout standards'. They origin
010600*were redefining filler items (which they kind of still do, only n
010700*are inserted in the middle of the large filler area at the end of
010800*this record layout). This filler area will eventually be used in
010900*up coming pricers, perhaps for the 25 ICD-10 procedure codes but
011000*hopefully after this bundled pricer gets settled down.
011100*Their level numbers have changed but nothing else.

011200*FISS does not receive these fields

011300	05	BILL-DATA-TEST.	
011400	10	DRUG-ADD-ON-RETURN	PIC 9(01)V9(04).
011500	10	MSA-WAGE-ADJ	PIC 9(04)V9(02).
011600	10	COMP-CBSA-WAGE-ADJ	REDEFINES MSA-WAGE-ADJ
011700			PIC 9(04)V9(02).
011800	10	CBSA-WAGE-ADJ	PIC 9(04)V9(02).
011900	10	BUND-CBSA-WAGE-ADJ	REDEFINES CBSA-WAGE-ADJ
012000			PIC 9(04)V9(02).
012100	10	CBSA-WAGE-PMT-RATE	PIC 9(04)V9(02).
012200	10	COND-CD-73.	
012300	15	FILLER	PIC X(01).
012400	15	AMT-INDIC	PIC X(01).
012500	15	FILLER	PIC X(01).
012600	15	BLOOD-DOLLAR	PIC 9(02).
012700	15	FILLER	PIC X(03).
012800	10	COND-CD-74	REDEFINES COND-CD-73.
012900	15	HEMO-CCPD-CAPD	PIC 9(02)V9(06).
013000	10	AGE-RETURN	PIC 9(03).
013100	10	MSA-WAGE-AMT	PIC S9(04)V9(02).
013200	10	CBSA-WAGE-INDEX	PIC S9(02)V9(04).
013300	10	LABOR-PCT	PIC 9(01)V9(05).
013400	10	PPS-BMI	PIC 9(03)V9(04).
013500	10	PPS-BSA	PIC 9(03)V9(04).
013600	10	MSA-PCT	PIC 9(01)V9(02).
013700	10	CBSA-PCT	PIC 9(01)V9(02).
013800	10	COM-CBSA-PCT-BLEND	PIC 9(01)V9(02).
013900	10	BUN-CBSA-PCT-BLEND	PIC 9(01)V9(02).
014000	10	CASE-MIX-FCTR-ADJ-RATE	PIC 9(07)V9(02).
014100*		Bundled data (i.e. new PPS data)	
014200	10	BUN-BSA	PIC 9(03)V9(04).
014300	10	BUN-BMI	PIC 9(03)V9(04).
014400	10	BUN-ONSET-FACTOR	PIC 9(01)V9(04).
014500	10	BUN-COMORBID-MULTIPLIER	
014600			PIC 9(01)V9(03).
014700	10	BUN-WAGE-ADJ-TRAINING-AMT	
014800			PIC 9(04)V9(04).
014900	10	BUN-LOW-VOL-MULTIPLIER	PIC 9(01)V9(03).
015000	10	FILLER	PIC X(18).
015100*		Outlier data	
015200	10	OUT-AGE-FACTOR	PIC 9(01)V9(03).
015300	10	OUT-BSA	PIC 9(03)V9(04).
015400	10	OUT-BSA-FACTOR	PIC 9(01)V9(04).

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015500      10  OUT-BMI                      PIC 9(03)V9(04).
015600      10  OUT-BMI-FACTOR                PIC 9(01)V9(04).
015700      10  OUT-ONSET-FACTOR             PIC 9(01)V9(04).
015800      10  OUT-COMORBID-MULTIPLIER
015900                                PIC 9(01)V9(03).
016000      10  OUT-LOW-VOL-MULTIPLIER       PIC 9(01)V9(03).
016100      10  OUT-ADJ-AVG-MAP-AMT         PIC 9(03)V9(02).
016200      10  OUT-LOSS-SHARING-PCT        PIC 9(01)V9(02).
016300      10  OUT-IMPUTED-MAP             PIC 9(04)V9(04).
016400      10  OUT-FIX-DOLLAR-LOSS         PIC 9(04)V9(02).
016500      10  OUT-PREDICTED-MAP           PIC 9(07)V9(04).
016600      10  OUT-PREDICTED-SERVICES-MAP
016700                                PIC 9(02)V9(04).
016800
016900*ESRD PC PRICER NEEDS BUNDLED-TEST-INDIC SET TO "T" IN ORDER TO BE
017000*TO PASS VALUES FOR DISPLAYING DETAILED RESULTS FROM BILL-DATA-TEST
017100*BUNDLED-TEST-INDIC IS NOT SET TO "T" IN THE PRODUCTION SYSTEM (F
017200      05  BUNDLED-TEST-INDIC           PIC X(01).
017300      88  BUNDLED-TEST                  VALUE 'T'.
017400
017500*****
017600*OUTPUT from Calculating subroutine returned the Driver program. *
017700*****
017800
017900 01  PPS-DATA-ALL.
018000      05  PPS-RTC                      PIC 9(02).
018100      05  PPS-DATA.
018200      10  PPS-MSA                      PIC X(04).
018300      10  PPS-CBSA                     PIC X(05).
018400      10  PPS-WAGE-ADJ-RATE            PIC 9(04)V9(02).
018500      10  PPS-FINAL-PAY-AMT            PIC 9(07)V9(02).
018600      10  PPS-CALC-VERS-CD             PIC X(05).
018700      10  PPS-COND-CODE                  PIC X(02).
018800      10  PPS-REV-CODE                   PIC X(04).
018900      10  PPS-2011-WAGE-ADJ-RATE       PIC 9(04)V9(02).
019000      10  PPS-2011-NAT-LABOR-PCT     PIC 9(01)V9(05).
019100      10  PPS-2011-NAT-NONLABOR-PCT
019200                                PIC 9(01)V9(05).
019300      10  FILLER                        PIC X(02).
019400      05  PPS-OTHER-DATA.
019500      10  PPS-NAT-LABOR-PCT             PIC 9(01)V9(05).
019600      10  PPS-NAT-NONLABOR-PCT         PIC 9(01)V9(05).
019700      10  PPS-AGE-FACTOR                PIC 9(01)V9(03).
019800      10  PPS-BSA-FACTOR                PIC 9(01)V9(04).
019900      10  PPS-BMI-FACTOR                PIC 9(01)V9(04).
020000      10  PPS-BDGT-NEUT-RATE         PIC 9(01)V9(04).
020100      10  PPS-2011-AGE-FACTOR          PIC 9(01)V9(03).
020200      10  PPS-2011-BSA-FACTOR          PIC 9(01)V9(04).
020300      10  PPS-2011-BMI-FACTOR          PIC 9(01)V9(04).
020400      10  PPS-2011-BDGT-NEUT-RATE
020500                                PIC 9(01)V9(04).
020600      10  FILLER                        PIC X(01).
020700      05  PPS-BUNDLED-DATA.
020800      10  PPS-2011-COMORBID-DATA.

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020900	15	PPS-2011-COMORBID-MA	
021000			PIC X(02).
021100	15	PPS-2011-COMORBID-MA-CC	
021200			PIC X(02).
021300	15	PPS-2011-COMORBID-PAY	
021400			PIC X(02).
021500	15	FILLER	PIC X(24).
021600	10	PPS-2011-FULL-COMP-RATE	
021700			PIC 9(07)V9(02).
021800	10	PPS-2011-BLEND-COMP-RATE	
021900			PIC 9(07)V9(02).
022000	10	PPS-2011-FULL-PPS-RATE	
022100			PIC 9(07)V9(02).
022200	10	PPS-2011-BLEND-PPS-RATE	
022300			PIC 9(07)V9(02).
022400	10	PPS-2011-FULL-OUTLIER-RATE	
022500			PIC 9(07)V9(02).
022600	10	PPS-2011-BLEND-OUTLIER-RATE	
022700			PIC 9(07)V9(02).
022800	05	MSA-ADJ-YEAR-AMT	PIC 9(04)V9(02).
022900	05	PPS-LOW-VOL-AMT	REDEFINES MSA-ADJ-YEAR-AMT
023000			PIC 9(04)V9(02).
023100	05	OUT-CASE-MIX-PREDICTED-MAP	PIC 9(04)V9(04).
023200	05	OUT-HEMO-EQUIV-DIAL-SESSIONS	
023300			PIC 9(02)V9(04).
023400	05	OUT-SB-BSA	PIC 9(01)V9(03).
023500	05	OUT-SB-BMI	PIC 9(01)V9(03).
023600	05	A-49-CENT-DRUG-ADJ	PIC 9(01)V9(02).
023700	05	PPS-CM-BSA	PIC 9(01)V9(03).
023800	05	PPS-CM-BMI-LT-18-5	PIC 9(01)V9(03).
023900	05	PPS-BUN-BASE-PMT-RATE	PIC 9(04)V9(02).
024000	05	BUN-ADJUSTED-BASE-WAGE-AMT	PIC 9(07)V9(04).
024100	05	CR-BSA-MULTIPLIER	PIC 9(01)V9(03).
024200	05	CR-BMI-MULTIPLIER	PIC 9(01)V9(03).
024300	05	PPS-BUN-CBSA-W-INDEX	PIC 9(02)V9(04).
024400	05	PPS-BUN-WAGE-ADJ-TRAIN-AMT	PIC 9(07)V9(04).
024500	05	PPS-TRAINING-ADD-ON-PMT-AMT	
024600			PIC 9(02)V9(02).
024700	05	OUT-NON-PER-DIEM-PAYMENT	PIC 9(07)V9(04).
024800	05	COM-PAYMENT-RATE	PIC 9(04)V9(02).
024900	05	TDAPA-RETURN	PIC 9(07)V9(04).
	05	TPNIES-RETURN	PIC 9(07)V9(04).
	05	NETWORK-REDUCTION-RETURN	PIC 9(01)V9(02).
025000	05	ADJ-BASE-WAGE-BEFORE-ETC-HDPA	
025100			PIC 9(07)V9(04).
025500	05	FILLER	PIC X(066).