



DRG Payment Calculation Worksheet

Basic and Final Price Admissions 07/01/95 and After

1. DRG code (from the voucher): _____
 If one of the following is true, **do not complete the form**. The claim is not subject to the DRG PPS reimbursement methodology.
 - The category of service is not 20.
 - The DRG code is 103, 436, 462, 480 or 481.

2. Hospital base price (Table A, item 8) _____

3. DRG relative weighting factor (from Table B) _____

4. Transfer-in adjustment factor _____
 - For DRGs 370-375 and admission source 4, subtract 0.2012.
 - For DRGs 385-391, 985-987 and 989 and admission source 4, add 0.2012.
 - For admissions 01/01/06 and after, for DRGs 370-375 and admission source D, subtract 0.2012.
 - For admissions 01/01/06 and after, for DRGs 385-391, 985-987 and 989 and admission source D, add 0.2012.
 - In all other situations, use 0.0000.

5. Adjusted weighting factor (line 3 + line 4) _____

6. DRG base price (line 2 x line 5) _____

7. Transfer-out adjustment factor (from HSFWEB 011)
 (1.0000, unless patient was **transferred** to another short-term hospital) _____

8. Transfer adjusted DRG price (line 6 x line 7) _____

- Outlier adjustment:**

9. Length-of-stay (from HSFWEB 012) _____

10. Cost (from HSFWEB 013) _____

11. Larger of the two outlier amounts (line 9 or line 10) _____

12. DRG price (line 8 + line 11) _____

- Add-ons (from Table A):**

13. Capital cost (from Table A, item 9) _____

- 14.* Disproportionate Share Rate x Covered Days = _____

- 15.* Medicaid Percentage Adjustment Rate x Covered Days = _____

- 16.* Medicaid High Volume Rate x Covered Days = _____
 For admissions 10/01/93 and after, use the Per Diem rate that is in effect on the date of admission.

17. Total reimbursement (sum of line 12 through line 15)
 (This total does not include adjustments for co-payment, third-party liability, and other adjustments) _____

*These rates are identified in annual rate letters from the Department.