

**PS&R Report Type Crosswalk**

Revised: 04/21/2008

**Note: The PS&R Report Type Crosswalk was developed as an internal reference guide for use by WPS audit staff. It should not be construed as instruction for completing Medicare cost reports.**

| REPORT TYPE: | PS&R REPORT HEADING                                    | REPORT# | Cost Report Reference    |                |                |            | Comments  |
|--------------|--|---------|--------------------------|----------------|----------------|------------|---|
|              |  |         | Days/Visits/Units/Census | Charges        | Deduct & Coins | Net Reimb. |   |
| 11A          | INPATIENT - PART A (MSP-LCC)                           | OD44203 | NA                       | NA             | NA             | NA*        | Not included in cost report. * Note that Net Reimb. should be used to reduce interim payments for PIP providers |
| 11K          | INPATIENT REHABILITATION - PPS INTERIM BILLS           | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  | Should be -0- balance by final settlement.  |
| 11R          | INPATIENT REHABILITATION - PART A                      | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  |   |
| 11S          | INPATIENT LONG TERM CARE - PART A                      | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  |   |
| 11T          | INPATIENT LONG TERM CARE - PART A (PPS INTERIM BILLS)  | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  | Should be -0- balance by final settlement.  |
| 11U          | INPATIENT PSYCHIATRIC PPS - PART A                     | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  |   |
| 11V          | INPATIENT PSYCHIATRIC PPS - INTERIM BILLS              | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  | Should be -0- balance by final settlement.  |
| 110          | INPATIENT - PART A                                     | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  |   |
| 118          | INPATIENT - PART A MANAGED CARE                        | OD44203 | S-3                      | NA             | NA             | E-1, Pt A  | Simulated payments - E, Pt A  |
| 119          | INPATIENT - PPS INTERIM BILLS                          | OD44203 | S-3                      | D, Pt IV / D-4 | E, Pt A        | E-1, Pt A  | Should be -0- balance by final settlement.  |
| 12A          | INPATIENT - PART B (MSP-LCC)                           | OD44203 | NA                       | NA             | NA             | NA         | Not included in cost report   |
| 12P          | INPATIENT - PART B OPPS                                | OD44203 |                          | D, Pt V        | E, Pt B        | E-1, Pt B  |   |
| 12Z          | AMBULANCE BLEND EFFECTIVE 04/01/02                     | OD44203 | S-3 (Trips)              | D, Pt V        | E, Pt B        | E-1, Pt B  | Fee amount - S-2, Line 56, Col 4. Not included in the cost report for services 1/1/2006 and later               |
| 120          | INPATIENT - PART B                                     | OD44203 |                          | D, Pt V        | E, Pt B        | E-1, Pt B  |   |
| 122          | INPATIENT - PART B VAC                                 | OD44203 |                          | D, Pt VI       | No Coin        | E-1, Pt B  |   |
| 125          | INPATIENT - PART B FEE REIMBURSED                      | OD44203 | NA                       | NA             | NA             | NA         | Not included in cost report   |
| 13A          | OUTPATIENT - ALL OTHER (MSP-LCC)                       | OD44203 | NA                       | NA             | NA             | NA         | Not included in cost report   |
| 13P          | OUTPATIENT - PPS                                       | OD44203 |                          | D, Pt V        | E, Pt B        | E-1, Pt B  |   |
| 13Z          | AMBULANCE BLEND EFFECTIVE 04/01/02                     | OD44203 | S-3 (Trips)              | D, Pt V        | E, Pt B        | E-1, Pt B  | Fee amount - S-2, Line 56, Col 4. Not included in the cost report for services 1/1/2006 and later               |
| 130          | OUTPATIENT - ALL OTHER/AMBULANCE                       | OD44203 |                          | D, Pt V        | E, Pt B        | E-1, Pt B  |   |
| 130          | OUTPATIENT - ALL OTHER/AMBULANCE (SUPPLEMENTAL REPORT) | OD44218 | NA                       | NA             | NA             | NA         | Not included in cost report   |
| 132          | OUTPATIENT - PART B VAC                                | OD44203 |                          | D, Pt VI       | No Coin        | E-1, Pt B  |   |
| 135          | OUTPATIENT - FEE REIMBURSED                            | OD44203 | NA                       | NA             | NA             | NA         | Not included in cost report   |
| 136          | O/P OTHER DIAG & FEE SCHEDULE AFTER 9/90               | OD44203 |                          | D, Pt V        | E, Pt E        | E-1, Pt B  | NA after 8/1/2000   |

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| 139          | O/P RAD & FEE SCH PRE 10/89 AND/OR AFTER 12/90               | OD44203             |                              | D, Pt V   | E, Pt D           | E-1, Pt B  | NA after 8/1/2000   |
| 14A          | OUTPATIENT - CLINICAL LAB (MSP-LCC)                          | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 14P          | OUTPATIENT - PPS   | OD44203             |                              | D, Pt V   | E, Pt B           | E-1, Pt B  |   |
| 140          | OUTPATIENT - CLINICAL LAB-NON PATIENT                        | OD44203             |                              | D, Pt V   | E, Pt B           | E-1, Pt B  |   |
| 142          | OUTPATIENT - CLINICAL LAB-NON PATIENT - VAC                  | OD44203             |                              | D, Pt VI  | No Coin           | E-1, Pt B  |   |
| 145          | OUTPATIENT CLINICAL LAB - MAMMOGRAPHY                        | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 18A          | SWING BED (MSP-LCC)  | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 180          | SWING BED  | OD44203             | S-3                          | D-4       | E-2               | E-1        |   |
| 21A          | SNF -INPATIENT - PART A (MSP-LCC)                            | OD44203/<br>OD44216 | NA                           | NA        | NA                | NA         | Not included in cost report. * Note that Net Reimb. should be used to reduce interim payments for PIP providers |
| 210          | SNF -INPATIENT - PART A                                      | OD44203/<br>OD44216 | S-3                          | D, Pt I   | E, Pt I           | E-1, Pt A  |   |
| 22A          | SNF -INPATIENT - PART B 100% (MSP-LCC)                       | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 22Z          | AMBULANCE BLEND EFFECTIVE 04/01/02                           | OD44203             | S-3 (Trips)                  | D, Pt I   | E, Pt II          | E-1, Pt B  | Fee amount - S-2, Line 48.01. Not included in the cost report for services 1/1/2006 and later                   |
| 220          | SNF -INPATIENT - PART B 100%                                 | OD44203             |                              | D, Pt I   | E, Pt II          | E-1, Pt B  |   |
| 220          | SNF -INPATIENT - PART B 100%/AMBULANCE                       | OD44218             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 222          | SNF -INPATIENT - PART B 100% VAC                             | OD44203             |                              | D, Pt II  | No Coin           | E-1, Pt B  |   |
| 225          | SNF -INPATIENT - FEE REIMBURSED                              | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 23A          | SNF - OUTPATIENT (MSP-LCC)                                   | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 23Z          | AMBULANCE BLEND EFFECTIVE 04/01/02                           | OD44203             | S-3 (Trips)                  | D, Pt I   | E, Pt II          | E-1, Pt B  | Fee amount - S-2, Line 48.01. Not included in the cost report for services 1/1/2006 and later                   |
| 230          | SNF - OUTPATIENT   | OD44203             |                              | D, Pt I   | E, Pt II          | E-1, Pt B  |   |
| 232          | SNF - OUTPATIENT VAC   | OD44203             |                              | D, Pt II  | No Coin           | E-1, Pt B  |   |
| 235          | SNF - OUTPATIENT FEE REIMBURSED                              | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 32A          | HOME HEALTH - PART B ENTL ONLY (MSP-LCC)                     | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 320          | HOME HEALTH - PART B ENTL ONLY                               | OD44203             | H-6                          | H-7, Pt I | H-7, Pt II        | H-8, Pt B  |   |
| 320          | BENE CENSUS/REV VISITS/ HOME HEALTH -PART B ENTITLEMENT ONLY | OD45300             | H-6                          |           |                   |            | Unduplicated census on H-6  |
| 322          | HOME HEALTH - PART B ENTL ONLY--VAC                          | OD44203             | NA                           | NA        | NA                | NA         | No cost report reference  |
| 322          | HOME HEALTH -PART B RAP                                      | OD44228             | NA                           | NA        | NA                | NA         | Should be -0- balance by settlement.  |
| 329          | HH - PT B ENTL ONLY(DME-O2-ORTH/PROST)                       | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 329          | HOME HEALTH - PART B EPISODE                                 | OD44228             | S-4 / H-6                    | H-6       | H-7, Pt II        | H-8        |   |
| 33A          | HOME HEALTH - PART A (MSP-LCC)                               | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 330          | HOME HEALTH - PART A   | OD44203             | H-6                          | H-7, Pt I | H-7, Pt II        | H-8, Pt A  |   |
| 330          | BENE CENSUS/REV VISITS / HOME HEALTH-PART A                  | OD45300             | H-6                          |           |                   |            | Unduplicated census on H-6  |
| 332          | HOME HEALTH PART A RAP                                       | OD44228             | NA                           | NA        | NA                | NA         | Should be -0- balance by settlement.  |
| 339          | HOME HEALTH - PART A (DME,O2,ORTH/PROST)                     | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report   |
| 339          | HOME HEALTH - PART A EPISODE                                 | OD44228             | S-4 / H-6                    | H-6       | H-7, Pt II        | H-8        |   |

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| 34A          | HOME HEALTH - PART B (MSP-LCC)                             | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 34P          | HHA OUTPATIENT PPS (NOT HHPSS)                             | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 340          | HOME HEALTH - PART B                                       | OD44203             | H-6                          | H-7, Pt I | H-7, Pt II        | H-8, Pt B  |                                     |
| 340          | BENE CENSUS/REV VISITS/ HOME HEALTH -PART B                | OD45300             | H-6                          |           |                   |            | Unduplicated census on H-6          |
| 342          | HOME HEALTH - PART B - VACCINE                             | OD44203             | NA                           | NA        | NA                | NA         | No cost report reference            |
| 345          | HOME HEALTH - PART B - REHAB                               | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 349          | HOME HEALTH - PART B (DME,O2,ORTH/PROST)                   | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 399          | HOME HEALTH - PART A AND PART B EPISODE                    | OD44228             | S-4                          | S-4       | NA                | NA         | Provides total of Part A and Part B |
| 71A          | CLINIC - RURAL HEALTH (MSP-LCC)                            | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 710          | CLINIC - RURAL HEALTH                                      | OD44203             | M-3                          |           | M-3               | M-3        | Visits reported on M-3              |
| 712          | CLINIC - RURAL HEALTH - VAC                                | OD44203             | M-4                          |           | No Coin           | M-3        |                                     |
| 72A          | HOSP BASED OR IND RENAL DIALYSIS CTR (MSP-LCC)             | OD44203/<br>OD44216 | NA                           | NA        | NA                | NA         | Not included in cost report         |
|              |  | OD44203/<br>OD44216 | I-4                          | NA        | I-5               | NA         | Hospital Based                      |
| 720          | HOSP BASED OR INDEPEND RENAL DIALYSIS CTR                  | OD44216             | C                            | NA        | D                 | NA         | Freestanding                        |
| 722          | FREE STANDING RENAL DIALYSIS 100% - VAC                    | OD44203             | NA                           | NA        | NA                | NA         | No cost report reference            |
| 75A          | CORF (MSP-LCC)   | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 750          | CORF   | OD44203             |                              | J-2       | J-3               | J-4        |                                     |
| 752          | CORF-VAC   | OD44203             | NA                           | NA        | NA                | NA         | No cost report reference            |
| 755          | CORF-FEE REIMBURSED  | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 76A          | COMMUNITY MENTAL HEALTH CENTER (MSP-LCC)                   | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
|              |  |                     |                              | C         | D                 | D          | CMS-2088 - Freestanding             |
| 76P          | CMHC-OPPS  | OD44203             |                              | J-2       | J-3               | J-4        | CMS - 2552-96 - Hospital Based      |
|              |  |                     |                              | C         | D                 | D          | CMS-2088 - Freestanding             |
| 760          | COMMUNITY MENTAL HEALTH CENTER                             | OD44203             |                              | J-2       | J-3               | J-4        | CMS - 2552-96 - Hospital Based      |
| 762          | COMMUNITY MENTAL HEALTH CENTER-VAC                         | OD44203             | NA                           | NA        | NA                | NA         | No cost report reference            |
| 765          | COMMUNITY MENTAL HEALTH CENTER-FEE REIMBURSED              | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 81A          | HOSE - NON-HOSPITAL BASED (MSP-LCC)                        | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 810          | BENEFICIARY CENSUS/REV VISITS/HOSPICE - NON-HOSPITAL BASED | OD45300             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 810          | HOSE - NON-HOSPITAL BASED                                  | OD44203             | NA                           | NA        | NA                | NA         | Days reported on S-9                |
| 82A          | HOSE - HOSPITAL BASED (MSP-LCC)                            | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 820          | BENEFICIARY CENSUS/REV VISITS/HOSPICE - HOSPITAL BASED     | OD45300             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 820          | HOSE - HOSPITAL BASED                                      | OD44203             | NA                           | NA        | NA                | NA         | Days reported on S-9                |
| 83B          | ASC AND ASC FEE SCHEDULE AFTER 12/90 (MSP-LCC)             | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 831          | ASC AND ASC FEE SCHEDULE AFTER 12/90                       | OD44203             |                              | D, Pt V   | E, Pt C           | E-1, Pt B  | NA after 8/1/2000                   |
| 84A          | FREE STANDING BIRTHING CENTER (MSP-LCC)                    | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |
| 85A          | RPCH / CAH (MSP-LCC)                                       | OD44203             | NA                           | NA        | NA                | NA         | Not included in cost report         |

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|              |                                     |         | Days/Visits/<br>Units/Census | Charges  | Deduct &<br>Coins | Net Reimb. |   |
| 85Z          | AMBULANCE BLEND EFFECTIVE 04/01/02  | OD44203 | S-3 (Trips)                  | D, Pt V  | E, Pt B           | E-1, Pt B  | Fee amount - S-2, Line 56, Col 4.<br>Not included in the cost report for<br>services 1/1/2006 and later |
| 850          | RPCH / CAH                          | OD44203 |                              | D, Pt V  | E, Pt B           | E-1, Pt B  |   |
| 852          | RPCH / CAH -VAC                     | OD44203 |                              | D, Pt VI | No Coin           | E-1, Pt B  |   |
| 855          | RPCH/CAH-FEE REIMBURSED/MAMMOGRAPHY | OD44203 | NA                           | NA       | NA                | NA         | Not included in cost report   |
| 998**        | HOSPITAL OUTPATIENT                 | OD44203 | NA                           | NA       | NA                | NA         | Data should be pulled by individual<br>report type  |

\*\*998 Report is Consolidated Outpatient which includes ALL outpatient services (including Inpatient Part B) cost based and fee based combined/ typ