

## FREESTANDING HOME HEALTH CROSSWALK

REPORT TYPE:	PS&R REPORT HEADING	PS&R REPORT #	Cost Report Reference				Comments
			Days/Visits/ Units/Census	Charges	Deduct & Coins	Net Reimb.	
32A	HOME HEALTH - PART B ENTL ONLY (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
32A	BENE CENSUS/REV VISITS/ HOME HEALTH (MSP-LCC)	OD45300	NA	NA	NA	NA	Not included in cost report
320	HOME HEALTH - PART B ENTL ONLY	OD44203	C	D, Pt I	D, Pt II	D-1, Pt B	
320	BENE CENSUS/REV VISITS/ HOME HEALTH -PART B ENTITLEMENT ONLY	OD45300	C				Unduplicated census on C
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-3 / C	C	D, Pt II	D-1	
329	BENE CENSUS/REV VISITS/ HOME HEALTH Pt B Episode	OD45300	NA	NA	NA	NA	Not included in cost report
33A	HOME HEALTH - PART A (MSP-LCC)	OD44203	NA	NA	NA	NA	Not included in cost report
33A	BENE CENSUS/REV VISITS/ HOME HEALTH (Part A MSP-LCC)	OD45300	NA	NA	NA	NA	Not included in cost report
330	HOME HEALTH - PART A	OD44203	C	D, Pt I	D, Pt II	D-1, Pt A	
330	BENE CENSUS/REV VISITS / HOME HEALTH - PART A	OD45300	C				Unduplicated census on C
332	HOME HEALTH PART A -Rap	OD44203	NA	NA	NA	NA	Should be zero after 10/00
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-3 / C	C	D, Pt II	D-1	
339	BENE CENSUS/REV VISITS/ HOME HEALTH Pt A Episode	OD45300	NA	NA	NA	NA	Not included in cost report
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 - cannot locate in cost report instructions
340	HOME HEALTH - PART B	OD44203	C	D, Pt I	D, Pt II	D-1, Pt B	
340	BENE CENSUS/REV VISITS/ HOME HEALTH -PART B	OD45300	C				Unduplicated census on C
342	HOME HEALTH - PART B - VACCINE	OD44203	C	NA	NA	D-1, Pt B	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	NA	NA	NA	NA	Not included in cost report
399	BENE CENSUS/REV VISITS/ HOME HEALTH Pt A Episode	OD45300	S-3, Pt 1	NA	NA	NA	

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