

MOS Type of Payment Indicator – Pertinent information regarding Loop 2100 REF01\*CE/Type of Payment Indicator

Voucher Codes		
Field (not mapped or discontinued)	Field	Description
	1	Inpatient Regular
	2	Out-of-State and Michigan Non-Par
	3	Outpatient Regular
4		
	5	BC Complementary Inpatient
	6	BC Complementary Outpatient
	7	Home Health Complementary
	8	Skilled Nursing Facility (SNF)
9		Pay Subscriber (Modes) not mapped for NASCO/MOS
A		Bank Host Regular Inpatient (not mapped)
B		Bank Host Inpatient Complementary
F		Serviced Inpatient/Outpatient
G		Equalized Inpatient/Outpatient
	H	Home Care Agency
J		Home Care Hospital
	K	Ambulatory Surgical Facilities

Accommodation Codes		
Field (not mapped or discontinued)	Field	Description
	0	BC-65 Outpatient Complementary
	1	Regular Inpatient Hospital Admission
	2	BC-65 Inpatient Hospital Admission, Full Days; admission out of country, Canada and after ninety-first day in U.S. hospitals, subsequent admission
	3	Regular Outpatient
4		BC-65 Inpatient Hospital Admission, Full Days; admission out of country, Canada and after ninety-first day in U.S. hospitals, continuous admission
	5	BC-65 Inpatient Deductible
	6	BC-65 Inpatient Coinsurance and/or Lifetime Reserve Days Coinsurance
	7	BC-65 Deductible/Coinsurance and/or Lifetime Reserve Days Coinsurance
	8	BC-65 Skilled Nursing Facility Coinsurance
	B	Freestanding Physical Therapy Facility
	D	Substance Abuse, Inpatient
	E	Substance Abuse, Outpatient
	H	BC-65 Home Health
	K	Ambulatory Surgical Facility
M		Skilled Nursing Facility, Full Days (Patient over 65) admitted under Medicare
	N	Skilled Nursing Facility
	P	Skilled Nursing Facility, Full Days (Patient over 65) non-Medicare Admission
	T	Outpatient Psychiatric Facility
	W	Regular Home Health Care Program

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<b>DRG_PPA Process Indicator (Method of Reimbursement)</b>		
Field (not mapped or discontinued)	Field	Description
B		Blue Care Network
	C	PHA Controlled Cost
D		Old de-par DRG
G		Old DRG Gain/loss pilot
H		Local Out of network claim. Pays at 100%.
I		ITS Home
J		BCN Outpatient Peer group 5, Ratio Cost to Charge
	K	Trust/PPO Outpatient Peer group 5, Ratio Cost to Charge
	L	PHA Lower of Cost to Charge
	M	Psych Managed Care
N		PHA new DRG
	P	PPO/Trust
S		Ford flat rate/price
	T	Case Management/CCM extra contractual
U		BCN Inpatient Total contract charge
	V	Traditional Inpatient total
W		Trust/PPO Inpatient Total contract charge
X		POS or CCP extra contractual

<b>Provider Contract Indicator</b>		
Field (not mapped or discontinued)	Field	Description
B		Blue Care Network
	F	Psych Managed Care (network 556)
M		Community Care partnership -in network
N		Community Care partnership -out of network
P		POS
	Q	Blue Preferred Plus
S		Psych Managed Care (network 556)
	T	Trust/PPO
“Blank”		PHA
R		Regional Community Blue

<b>Special Use Indicator</b>		
Field (not mapped or discontinued)	Field	Description
	%	Percent of PHA
A		Mid Michigan

NOTE: The MOS Type of Payment Indicator is five characters. The first character is the Voucher Code, the second character is the Accommodation Code, the third character is the DRG-PPA Indicator, the fourth character is the Provider Contract Indicator and the fifth character is the Special Use Indicator.