

TRANSPLANT OUTLIER INSTRUCTIONS

**AHCCCS**

**Transplant Outlier Payment Calculation (all types)**

Date  
 Facility Name & AHCCCS ID #  
 Health Plan or Program Contractor ID #  
 Member Name & AHCCCS ID #  
 RI Case Type & RI Case #



Gray cells = Contractor manually enters the data

Component	Total
Evaluation	-
Unrelated Donor Search	55,542.42
Donor Related Search	-
Donor Related Harvest	-
Cord Blood Procurement	85,613.33
Prep & Transplant	96,257.05
Convalescent 1-30	321,310.08
Convalescent 31-60	158,023.36
	716,746.24
Less: Cord Blood Procurement	(85,613.33)
	631,132.91

MANUALLY ENTER THE TOTAL BILLED CHARGES FOR EACH PAID STAGE FROM RI115

Formula is the sum of cells C13 through C20 above  
 Formula is negative cell C17  
 Formula is the sum of cells C21 and C22

**Calculation**

1. Billed Charges
2. Less: Cord Blood Procurement
3. Less: Denied/Non-covered Charges
4. Outlier Threshold (select from drop down box)
5. Charges above Outlier Threshold
6. Charges above threshold at 50%
7. Add completed component contracted rate/in  
 PY or PR status (excluding Cord Blood Procurement)
8. Total payment to Transplant Services Contractor
9. Cord Blood Procurement in a PR or PY status

Formula is equal to cell C21  
 Formula is negative cell C17  
**MANUALLY ENTER ANY NON-COVERED/DENIED CHARGES AS A NEGATIVE NUMBER**  
 Bone Marrow  
**If this cell is greater than 0 then these are the total charges eligible for outlier reimbursement**  
 Formula is cell above times 50%  
**MANUALLY ENTER THE DOLLAR AMT OF THE COMPLETED COMPONENTS FROM RI 113**  
 Formula is the sum of cells C33 and C35  
**MANUALLY ENTER THE OVERRIDE AMT OF THE CORD BLOOD PROCUREMENT FROM RI 113**  
 Formula is the sum of cells D36 and D37

**USE THE MINUS (-) SIGN  
 FROM DROP DOWN BOX**

**SCREEN RI113  
 SCREEN RI110**

**MANUALLY ENTER THE DOLLAR AMOUNT**  
 Formula is the difference of cells D38 and D39

Total Payment  
 less: lesser of component  
 contracted rate or Contractor  
 payment  
 Total Due

Total
716,746.24
(85,613.33)
(7,558.71)
(200,000.00)
423,574.20
211,787.10
138,962.00
350,749.10
32,105.00
382,854.10
171,067.00
211,787.10

When Cord Blood Procurement is applicable add #7 & #9 for Total Contractor Payment.

Documentation must support total billed charges and health plan paid submitted.

Bone Marrow Transplant	-200000
Heart Transplant	-300000
Heart/Lung Transplant	-350000