Instructions for Completion of Transfer Out Adjustment
Admissions 07/01/95 and After

Line  Field Explanation
Line 1  Enter the patient discharge status code under which the claim was billed.
Line 2  Obtain the DRG under which the claim was paid from the hospital's remittance advice.
Line 3  Enter patient length-of-stay (covered days) under which the claim was billed.
Line 4  Enter Geometric Mean Length of Stay (GLOS) from Table B for the DRG entered in Line 2.
Line 5  Divide line 3 by line 4.
Line 6  Enter the result from line 5 or 1.0000, whichever is lower.
Line 7  Enter 1.0000 if the DRG in line 2 is 385, 456, or 985, otherwise enter zero (0).
Line 8  Enter the result from line 6 or line 7 whichever is greater. Enter the result from line 8 to line 7, HFSWEB 010.