THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

HEALTH AFFAIRS

NOV 1 9 2003

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)

SUBJECT. Fiscal Year 2004/Calendar Year 2003 Medical and Dental Reimbursement Rates

The attached document contains the updated Department of Defense reimbursement rates for inpatient services for fiscal year 2004. These reimbursement rates are effective October 1, 2003, and include all of the additives applied by your office This package also includes the previously released outpatient rates, effective May 1, 2003, so that one comprehensive reimbursement rate package is submitted

The TRICARE Management Activity (TMA) requests that this package be posted on the Comptroller's website, http.//www defenselink.mil/comptroller/rates/fy2004.html, at TAB I, Medical and Dental Services.

My point of contact for this action is Major JoAnn Kelsch, TMA Uniform Business Office (UBO) at (703) 681-3492, ext. 4068 or email

William Winkenwerder Jr.

William Winkenwerder, Jr., MD

Attachment:
As stated

MEDICAL AND DENTAL SERVICES REIMBURSEMENT RATES

The Fiscal Year (FY) 2004 and Calendar Year (CY) 2003 Department of Defense (DoD) reimbursement rates for inpatient, outpatient, and other services are provided in accordance with Title 10, United States Code, section 1095. Due to size, the sections containing the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charges (CMAC, section II), Dental (section III. F), Pharmacy (section III. D), and Durable Medical Equipment/Durable Medical Supplies (DME/DMS) (section III. K) are not included in this package. Those rates are available from the TRICARE Management Activity (TMA) Uniform Business Office (UBO) website: http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

Different from previous years, rates are now compiled and distributed twice per year. The inpatient Adjusted Standardized Amount (ASA) rates will continue on a fiscal year update cycle and will be effective 01 October 2003 through 30 September 2004. Outpatient rates will be updated and distributed in the spring of each year. Since the updates of the outpatient rates are dependent upon the completion of the Medicare Fee Schedule/CMAC rates, the effective date of the outpatient rates will be announced each year. In an effort to aid users in the understanding of the rate table distribution since the inception of OIB, a table release schedule is listed below.

The **October 1 (Fall) release** consists of the following rates/table changes:

- Inpatient Adjusted Standardized Amount (ASA) Rates
- Subsistence Rate
- Family Member Rate

The **Spring release** consists of the following rates/table changes:

- CMAC Rate Table (Including the non-CMAC and Component tables)
- Dental Rate Table *
- DME/DMS Rate Table
- Ambulance Rates
- Anesthesia Rates
- Immunization/Injectibles Rate Table
- Pharmacy Dispensing Fee
- Cosmetic Surgery (Billable codes)

Pharmacy rates are updated quarterly

* The base rate for dental is updated annually; however, the American Dental Association periodically updates the CDT-4 codes and their corresponding weighted values on an "as needed" basis (generally every two years). Code and weighted value updates may result in an "out-of-cycle" release of the Dental Rate Table.

The **inpatient** medical rates in this package and referenced above on the UBO website are effective **October 1, 2003**. The **outpatient** rates in this package became effective **May 1, 2003**.

A government billing calculation factor (percentage discount) for billing outpatient International Military Education and Training (IMET) (58.57% of full rate), and Interagency and Other Federal Agency Sponsored Patients (IAR) rate (93.14% of full rate), will be applied to the line item charges calculated for outpatient medical and ancillary services using CMAC or anesthesia charges.

INPATIENT, OUTPATIENT, AND OTHER RATES AND CHARGES

I. INPATIENT RATES

A. All Inpatient Services
(Based on Diagnosis Related Groups (DRG) 1/ 2/)

1. Average FY 2004 Direct Care Inpatient Reimbursement Rates

Adjusted Standard Amount (ASA)	IMET	IAR	Other (Full/Third Party)
Large Urban	$3,546.00	$6,408.00	$6,752.00
Other Urban/Rural	$4,297.00	$7,214.00	$7,632.00
Overseas	$4,678.00	$10,706.00	$11,235.00

2. Overview

The FY 2004 inpatient rates are based on the cost per DRG, which is the inpatient full reimbursement rate per hospital discharge weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. The average cost per Relative Weighted Product (RWP) for large urban, other urban/rural, and overseas facilities will be published annually as an inpatient adjusted standardized amount (ASA) (see paragraph I.A.1., above). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under CHAMPUS pursuant to 32 CFR 199.14(a)(1), including adjustments for length of stay (LOS) outliers. Each military treatment facility (MTF) providing inpatient care has a separate ASA rate. The MTF-specific ASA rate is the published ASA rate adjusted for area wage differences and indirect medical education (IME) for the discharging hospital (see Attachment 1). The MTF-specific ASA rate submitted on the claim is the rate that payers will use for reimbursement purposes. An example of how to apply a specific military treatment facility's ASA rate to a DRG standardized weight to arrive at the costs to be recovered is contained in paragraph I.A.3., below.

3. Example of Adjusted Standardized Amounts for Inpatient Stays

Figure 1 shows examples for a non-teaching hospital (Reynolds Army Community Hospital) in an Other Urban/Rural area.

a. The cost to be recovered is the MTF's cost for medical services provided. Billings will be at the third party rate.

b. DRG 020: Nervous System Infection except Viral Meningitis. The RWP for an inlier case is the CHAMPUS weight of 2.2757. (DRG statistics shown are from FY 2003.)

c. The FY 2004 MTF-applied ASA rate is $7,198 (Reynolds Army Community Hospital's third party rate as shown in Attachment 1).

d. The MTF cost to be recovered is the RWP factor (2.2757) in subparagraph 3.b., above, multiplied by the amount ($7,198) in subparagraph 3.c., above.

e. Cost to be recovered is $16,380

Figure 1. Third Party Billing Examples

DRG Number	DRG Description	DRG Weight	Arithmetic Mean LOS	Geometric Mean LOS	Short Stay Threshold	Long Stay Threshold
020	Nervous System Infection Except Viral Meningitis	2.2757	7.7	5.6	1	29

Hospital	Location	Area Wage Rate Index	IME Adjustment	Group ASA	MTF-Applied ASA
Reynolds Army Community Hospital	Other Urban/Rural	.8322	1.0	$7,632	$7,198

Patient	Length of Stay	Days Above Threshold	Relative Weighted Product			TPC Amount***
			Inlier*	Outlier**	Total	
#1	7 days	0	2.2757	000	2.2757	$16,380
#2	21 days	0	2.2757	000	2.2757	$16,380
#3	35 days	6	2.2757	.8046	3.0803	$22,172

* DRG Weight

** Outlier calculation = 33 percent of per diem weight × number of outlier days
= .33 (DRG Weight/Geometric Mean LOS) × (Patient LOS - Long Stay Threshold)
= .33 (2.2757/5.6) × (35-29)
= .33 (.40638) × 6 (extend to five decimal places)
= .13410 × 6 (extend to five decimal places)
= .8046 (extend to four decimal places)

*** MTF-Applied ASA × Total RWP

II. OUTPATIENT RATES 2/ 3/ 4/

A. CMAC Rates The CHAMPUS Maximum Allowable Charge (CMAC) rates, established under 32 CFR 199.14(h), are used for determining the appropriate charge for services in an itemized format, based on Healthcare Common Procedure Coding System (HCPCS) methodology. The CMAC rates are available on the TMA UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm. The CMAC rate tables contain the rates for radiology, laboratory, clinic procedures/services, and Evaluation and Management (E/M) Current Procedural Terminology (CPT) codes.

CMAC is organized by 90 distinct "localities," which account for differences in geographic regions based on demographics, cost of living, and population. Each MTF Defense Military Information System identification (DMIS ID) will map to a locality code to obtain the correct rates. For the complete DMIS ID locality table please refer to the DMIS ID website at http://www.dmisid.com/cgi-dmis/default.

In each locality, there are three sub-tables of rates: CMAC, Component, and Non-CMAC. The CMAC rate table determines the payment for individual professional services and procedures identified CPT and HCPCS codes. The Component rate table is based on component rates comprising professional, technical and global rates. The Non-CMAC rate table captures pricing for procedure codes at the local or state level. Each state/locality does not have the same set of prevailing rates. When rates are pulled from the Non-CMAC table, the prevailing local fee is used in all cases.

Within the CMAC tables, the rates are based not only on HCPCS but on a "Provider Class" based on medical specialty of the provider. Each provider is mapped to a provider class to calculate the correct rate.

B. Per Clinic Visit With implementation of OIB, an all-inclusive rate per clinic visit will no longer be charged. Instead, charges will be based on services provided and will be itemized.

C. Ambulatory Procedure Visit (APV) - Per Visit 5/ APV charges are based on the CPT codes of the procedures performed. An itemized bill will be produced for the charges associated with the APV including ancillaries and anesthesia as applicable.

III. OTHER RATES AND CHARGES

A. Immunization The charge for immunizations, allergen extracts, allergic condition tests, and the administration of certain medications when these services are provided in a separate immunizations or shot clinic, are based on CMAC rates in cases in which such rates are available. In cases in which such rates are not available, rates will be based on the average full cost of these services, exclusive of any costs considered for purposes of any outpatient visit. A separate charge shall be made for each immunization, injection or medication administered. If there is no CMAC rate available for an immunization or injection then the flat rate of $34.00 will be billed.

B. Subsistence Rate 6/ The standard and discount rates for subsistence are available from the DoD Comptrollers website, Tab G: http://www.dod.mil/comptroller/rates/. The effective date for these rates shall be as prescribed by the comptroller.

C. Family Member Rate $13.35

D. Pharmacy 7/ All medications, both internally and externally ordered, are billable. The rates for pharmacy are based on the lowest generic cost of these drugs. Pharmacy rates will be updated quarterly. The rates in this table are based on the Managed Care Pricing File and are identified by National Drug Code (NDC) codes. This rate table may be found on the TMA UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

E. Ancillary Services - Per Procedure 8/ All Laboratory and Radiology procedures will be billed per CMAC Rates, including those associated with a clinic visit.

F. Dental Rate - Per Procedure 9/

CDT/CPT	Clinical Service	IMET	IAR	Other (Full/Third Party)
	Dental Services ADA code weight multiplier	$26.00	$60.00	$63.00

G. Ambulance Rate - Per Hour 10/

CDT/CPT	Clinical Service	IMET	IAR	Other (Full/Third Party)
A0999	Ambulance	$102.00	$140.00	$147.00

H. AirEvac Rate - Per Trip (24-hour period) 11/

Clinical Service	IMET	IAR	Other (Full/Third Party)
AirEvac Services – Ambulatory	$361.00	$494.00	$518.00
AirEvac Services – Litter	$1,047.00	$1,435.00	$1,503.00

I. Observation Rate - Per Hour 12/ Under OIB, observation services will be billed according to applicable CPT codes.

J. Anesthesia The flat rate for anesthesia services is based on an average DoD cost of service in all MTFs. The range of HCPCS codes for anesthesia is 00100–01999. The flat rate for anesthesia will be $174.00.

K. Durable Medical Equipment/Durable Medical Supplies (DME/DMS) Durable Medical Equipment (DME) and Durable Medical Supplies (DMS) are based on the Medicare Fee Schedule floor rate. The HCPCS codes contained in this table are for A4212–A7509, E0100–E2101, K0001–K0551, L0100–L8670, and V2020–V2780. This rate table may be found on the TMA UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

IV. ELECTIVE COSMETIC SURGERY PROCEDURES AND RATES 13/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2003 Charge	Amount of Charge
Abdominoplasty	15831	Inpatient Charge per DRG or CPT	a/ b/ c/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2003 Charge	Amount of Charge
Blepharoplasty	15820 15821 15822 15823	Inpatient Charge per DRG or CPT	a/ b/ c/
Botox Injection for rhytids	J0585	Inpatient Charge per DRG or CPT	a/ b/ c/
Brachioplasty	15836	Inpatient Charge per DRG or CPT	a/ b/ c/
Brow Lift	15824 15839	Inpatient Charge per DRG or CPT	a/ b/ c/
Buttock Lift	15835	Inpatient Charge per DRG or CPT	a/ b/ c/
Canthopexy	21282 67950	Inpatient Charge per DRG or CPT	a/ b/ c/
Cervicoplasty	15819	Inpatient Charge per DRG or CPT	a/ b/ c/
Chemical Peel	15788 15789 15792 15793	Inpatient Charge per DRG or CPT	a/ b/ c/
Collagen Injection, subcutaneous	11950 11951 11952 11954	Inpatient Charge per DRG or CPT	a/ b/ c/
Dermabrasion	15780 15781 15782 15783	Inpatient Charge per DRG or CPT	a/ b/ c/
Arm/Thigh Dermolipectomy	15836 15832	Inpatient Charge per DRG or CPT	a/ b/ c/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2003 Charge	Amount of Charge
Excision/destruction of minor benign skin lesions	11400 11401 11402 11403 11404 11406 11420 11421 11422 11423 11424 11426 11440 11441 11442 11443 11444 11446 17000 17003 17004 17106 17107 17108 17110 17111 17250	Inpatient Charge per DRG or CPT	a/ b/ c/
Facial Rhytidectomy	15824 15825 15826 15828 15829	Inpatient Charge per DRG or CPT	a/ b/ c/
Genioplasty	21120 21121	Inpatient Charge per DRG or CPT	a/ b/ c/
Hair Restoration	15775 15776	Inpatient Charge per DRG or CPT	a/ b/ c/
Hip Lift	15834	Inpatient Charge per DRG or CPT	a/ b/ c/
Laser Resurfacing	17999	Inpatient Charge per DRG or CPT	a/ b/ c/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2003 Charge	Amount of Charge
Lipectomy Suction per region	15876 15877 15878 15879	Inpatient Charge per DRG or CPT	a/ b/ c/ f/
Malar Augmentation	21270	Inpatient Charge per DRG or CPT	a/ b/ c/
Mammaplasty – augmentation	19318 19324 19325	Inpatient Charge per DRG or CPT	a/ b/
Mandibular or Maxillary Repositioning	21194	Inpatient Charge per DRG or CPT	a/ b/ c/
Mastopexy	19316	Inpatient Charge per DRG or CPT	a/ b/ c/
Mentoplasty (Augmentation/ Reduction)	21208 21209	Inpatient Charge per DRG or CPT	a/ b/ c/
Otoplasty	69300	Inpatient Charge per DRG or CPT	a/ b/ c/
Refractive surgery (see the following two procedures):			
Radial Keratotomy	65771	CPT	b/ c/ d/
Other Procedure (if applies to laser or other refractive surgery)	66999	CPT	b/ c/ d/
Rhinoplasty	30400 30410 30430 30435 30450 30460 30462	Inpatient Charge per DRG or CPT	a/ b/ c/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2003 Charge	Amount of Charge
Scar Revisions beyond CHAMPUS	13120 13121 13122 13131 13132 13133 13150 13152 13153	Inpatient Charge per DRG or CPT	a/ b/ c/
Sclerotherapy	36468 36469 36470 36471 15780 15781 15782 15783 15786	Inpatient Charge per DRG or CPT	a/ b/ c/
Tattoo Removal	15780 15783 17999	Inpatient Charge per DRG or CPT	a/ b/ c/
Thigh Lift	15832	Inpatient Charge per DRG or CPT	a/ b/ c/
Vein Stripping	37720 37730 37735	Inpatient Charge per DRG or CPT	a/ b/ c/

NOTES ON COSMETIC SURGERY CHARGES:

a/ Charges for Inpatient surgical care services are based on the cost per DRG.

b/ Charges for outpatient surgical care services are based on the cost per CPT code.

c/ All required DoD guidelines and instructions for APVs must be followed. An ambulatory procedure visit is defined in DoD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit (APU). An APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs. Care is required in the facility for less than 24 hours. All expenses and workload are assigned to the clinic referring the patient to the APU.

d/ Refer to Office of the Assistant Secretary of Defense (Health Affairs) policy on Vision Correction Via Laser Surgery For Non-Active Duty Beneficiaries, April 7, 2000, for further guidance on billing for these services. The policy can be downloaded from: http://www.ha.osd.mil/policies/2000/00_003.pdf.

e/ The attending physician is to document and record the appropriate DRG/CPT code to indicate the procedure followed during cosmetic surgery. It is up to the physician to decide whether or not the services are considered medically necessary or elective.

f/ Each regional lipectomy shall carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

NOTES ON REIMBURSABLE RATES:

1/ The cost per Diagnosis Related Group (DRG) is based on the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal and secondary diagnoses, surgical procedures, and patient demographics involved. The ASA per RWP for use in the direct care system is comparable to procedures used by the Centers for Medicare and Medicaid Services (CMS) and CHAMPUS. These expenses include all direct care expenses associated with direct patient care. The average cost per RWP for large urban, other urban/rural, and overseas will be published annually as an adjusted standardized amount (ASA) and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources, not just third party payers.

MTFs without inpatient services, whose providers are performing inpatient care in a civilian facility for a DoD beneficiary, can bill payers the percentage of the charge that represents professional services as provided above. The ASA rate used in these cases, based on the absence of an ASA rate for the facility, will be based on the average ASA rate for the type of metropolitan statistical area the MTF resides, large urban, other urban/rural, or overseas (see paragraph I.A.1.). The UBO must receive documentation of care provided in order to produce a bill.

2/ Percentages can be applied when preparing bills for inpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups percentages are 96 % hospital and 4 % professional charges. When preparing bills for outpatient services, professional fees are based on the E/M charges, the hospital fees are based on the charges for ancillary services, pharmacy and supplies.

3/ The Medical Expense and Performance Reporting System (MEPRS) code is a three digit code which defines the summary account and the subaccount within a functional category in the DoD medical system. MEPRS codes are used to ensure that consistent expense and operating performance data is reported in the DoD military medical system. An example of the MEPRS hierarchical arrangement follows:

	MEPRS CODE
Outpatient Care (Functional Category)	B
Medical Care (Summary Account)	BA
Internal Medicine (Subaccount)	BAA

4/ The following chart of MEPRS work centers are DoD approved for outpatient itemized billing. Claims can be generated for encounters, ancillaries, pharmacy, DME/DMS, etc. from these workcenters.

MEPRS Code	Clinical Service
BAA	Internal Medicine
BAB	Allergy

MEPRS Code	Clinical Service
BAC	Cardiology
BAE	Diabetic
BAF	Endocrinology (Metabolism)
BAG	Gastroenterology
BAH	Hematology
BAI	Hypertension
BAJ	Nephrology
BAK	Neurology
BAL	Outpatient Nutrition
BAM	Oncology
BAN	Pulmonary Disease
BAO	Rheumatology
BAP	Dermatology
BAQ	Infectious Disease
BAR	Physical Medicine
BAS	Radiation Therapy
BAT	Bone Marrow Transplant
BAU	Genetic
BAV	Hyperbaric
BBA	General Surgery
BBB	Cardiovascular and Thoracic Surgery
BBC	Neurosurgery
BBD	Ophthalmology
BBE	Organ Transplant
BBF	Otolaryngology
BBG	Plastic Surgery
BBH	Proctology
BBI	Urology
BBJ	Pediatric Surgery
BBK	Peripheral Vascular Surgery
BBL	Pain Management
BBM	Vascular and Interventional Radiology
BCA	Family Planning
BCB	Gynecology
BCC	Obstetrics
BCD	Breast Cancer Clinic
BDA	Pediatric
BDB	Adolescent
BDC	Well Baby
BEA	Orthopedic
BEB	Cast
BEC	Hand Surgery
BEE	Orthotic Laboratory
BEF	Podiatry
BEZ	Chiropractic

MEPRS Code	Clinical Service
BFA	Psychiatry
BFB	Psychology
BFC	Child Guidance
BFD	Mental Health
BFE	Social Work
BFF	Substance Abuse
BGA	Family Practice
BHA	Primary Care
BHB	Medical Examination
BHC	Optometry
BHD	Audiology
BHE	Speech Pathology
BHF	Community Health
BHG	Occupational Health
BHH	TRICARE Outpatient
BHI	Immediate Care
BIA	Emergency Medical
BJA	Flight Medicine
BKA	Underseas Medicine
BLA	Physical Therapy
BLB	Occupational Therapy

MEPRS Code	Other Billable Services
DAA	Pharmacy
DBA	Clinical Pathology
DBB	Anatomical Pathology
DBD	Cytogenetic Laboratory
DBE	Molecular Genetic Laboratory
DBF	Biochemical Genetic Laboratory
DCA	Diagnostic Radiology
FBI	Immunizations
FBN	Hearing Conservation (MSA Billing Only)
FC	Pharmacy, Laboratory and Radiology (External Civilian Ancillary and Support to other Military and Federal), except in cases where there is a specific VA/DoD MOU.
FEA	Ambulance

5/ Ambulatory procedure visit is defined in DoD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit (APU). An APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs. Care is required in the facility for less than 24 hours. All expenses and workload are assigned to the clinic referring the patient to the APU.

6/ Subsistence is billed under the Medical Services Account (MSA) Program only. The MSA office shall collect subsistence charges from all persons, including inpatients and transient patients not entitled to food service at Government expense. Please refer to DoD 6010.15–M, Military Treatment Facility UBO Manual, April 1997, and the DoD 7000.14–R, "Department of Defense Financial Management Regulation," Volume 12, Chapter 19 for guidance on the use of these rates.

IAW Title 10 of the United States Code (USC), Subtitle A, Part II, Chapter 55, Section 1075, any service member, with the exception of a former enlisted service member, who is entitled to Basic Allowance for Subsistence (BAS) and is admitted to the MTF shall pay the subsistence amount. Additional guidance is forthcoming regarding the exclusion of certain patient categories from the Subsistence Rate IAW the Department of Defense Appropriations Act, 2004.

7/ Third party payers (such as insurance companies) shall be billed for prescription services when beneficiaries who have medical insurance obtain medications from MTFs that are prescribed by providers both internal and external to the MTF (e.g., physicians and dentists). Eligible beneficiaries (family members or retirees with medical insurance) are not liable personally for this cost and shall not be billed by the MTF. Medical Services Account (MSA) patients, who are not beneficiaries as defined in 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and only come to the MTF for prescription services. The standard cost of medications includes the DoD-wide average cost of the drug, calculated by lowest cost for the generic drugs with the same dosage and strength. The prescription charge is calculated by multiplying the number of units (e.g., tablets or capsules) by the unit cost and adding $6.00 for the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription.

The list of drug reimbursement rates is too large to include in this document. Those rates are available from the TMA's UBO website, http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

8/ Charges for ancillary services requested by an internal (associated with a clinic visit) or an outside provider (e.g., physicians and dentists) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for ancillary services when beneficiaries who have medical insurance obtain services from the MTF which are prescribed by providers external to the MTF.

Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. MSA patients, who are not beneficiaries as defined by 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are not seen by an outside provider and only come to the MTF for ancillary services.

9/ Dental service rates are based on a dental rate multiplied by the DoD established weight for the American Dental Association (ADA) code performed. For example, for ADA code 00270, bite wing single film, the weight is 0.15. The weight of 0.15 is multiplied by the appropriate rate, IMET, IAR, or

Full/Third Party rate to obtain the charge. If the Full/Third Party rate is used, then the charge for this ADA code will be $9.45 ($63 x .15 = $9.45).

The list of CY 2003 ADA codes and weights for dental services is too large to include in this document. This rate table may be found on the TMA's UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm .

10/ Ambulance charges shall be based on hours of service in 15-minute increments. The rates listed in section III.G. are for 60 minutes or 1 hour of service. Providers shall calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour shall be rounded to the next 15-minute increment (e.g., 31 minutes shall be charged as 45 minutes).

11/ Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient during a 24-hour period. The appropriate charges are billed only by the Air Force Global Patient Movement Requirement Center (GPMRC). These charges are only for the cost of providing medical care. Flight charges are billed by GPMRC separately.

12/ Observation Services are billed based on applicable CPTs. If the status of a patient changes to inpatient, the charges for observation services are added to the DRG assigned to the case and not separately billed. If a patient is released from observation status and is sent to an APV, the charges for observation services are not billed separately but are added to the APV rate to recover all expenses.

13/ Family members of active duty personnel, retirees and their family members, and survivors shall be charged elective cosmetic surgery rates. Elective cosmetic surgery procedure information is contained in section IV. The patient shall be charged the rate as specified in the CY 2003 reimbursable rates. The charges for elective cosmetic surgery are at the full reimbursement rate (designated as the "Other" rate) for inpatient care services based on the cost per DRG or CPT. The patient is responsible for the cost of the implant(s) and the prescribed cosmetic surgery rate. (Note: The implants and procedures used for the augmentation mammaplasty are in compliance with Federal Drug Administration guidelines.)

Attachment 1
FY 2004 Adjusted Standardized Amounts (ASA)
By Military Treatment Facility

DMISID	MTF NAME	SERV	FULL RATE	IAR RATE	IMET RATE	TPC RATE
0006	3rd Med Grp - Elmendorf AFB	F	$ 7,681	$ 7,261	$ 4,324	$ 7,681
0009	56th Med Grp - Luke AFB	F	$ 6,762	$ 6,418	$ 3,551	$ 6,762
0014	60th Med Grp - Travis AFB	F	$ 7,748	$ 7,324	$ 4,362	$ 7,748
0024	NH Camp Pendleton	N	$ 8,066	$ 7,656	$ 4,236	$ 8,066
0028	NH Lemoore	N	$ 7,600	$ 7,184	$ 4,279	$ 7,600
0029	NMC San Diego	N	$ 10,283	$ 9,760	$ 5,400	$ 10,283
0030	NH Twentynine Palms	N	$ 6,832	$ 6,484	$ 3,587	$ 6,832
0032	Evans ACH - Ft. Carson	A	$ 7,239	$ 6,843	$ 4,076	$ 7,239
0033	10th Med Grp - USAF Academy	F	$ 7,605	$ 7,189	$ 4,282	$ 7,605
0035	NACC Groton	N	$ 7,669	$ 7,250	$ 4,318	$ 7,669
0037	Walter Reed AMC - Washington DC	A	$ 10,432	$ 9,901	$ 5,478	$ 10,432
0038	NH Pensacola	N	$ 9,206	$ 8,702	$ 5,183	$ 9,206
0039	NH Jacksonville	N	$ 8,570	$ 8,134	$ 4,500	$ 8,570
0042	96th Med Grp - Eglin AFB	F	$ 9,846	$ 9,307	$ 5,543	$ 9,846
0045	6th Med Grp - MacDill AFB	F	$ 6,752	$ 6,408	$ 3,546	$ 6,752
0047	Eisenhower AMC - Ft. Gordon	A	$ 9,170	$ 8,668	$ 5,163	$ 9,170
0048	Martin ACH - Ft. Benning	A	$ 8,249	$ 7,798	$ 4,644	$ 8,249
0049	Winn ACH - Ft. Stewart	A	$ 7,499	$ 7,089	$ 4,222	$ 7,499
0052	Tripler AMC - Ft. Shafter	A	$ 10,432	$ 9,862	$ 5,874	$ 10,432
0053	366th Med Grp - Mtn Home AFB	F	$ 7,595	$ 7,180	$ 4,276	$ 7,595
0055	375th Med Grp - Scott AFB	F	$ 8,769	$ 8,323	$ 4,605	$ 8,769
0056	NH Great Lakes	N	$ 6,812	$ 6,465	$ 3,577	$ 6,812
0057	Irwin AH - Ft. Riley	A	$ 7,136	$ 6,745	$ 4,018	$ 7,136
0060	Blanchfield ACH - Ft. Campbell	A	$ 7,057	$ 6,671	$ 3,973	$ 7,057
0061	Ireland ACH - Ft. Knox	A	$ 6,516	$ 6,184	$ 3,422	$ 6,516
0064	Bayne-Jones ACH - Ft. Polk	A	$ 7,070	$ 6,683	$ 3,980	$ 7,070
0066	89th Med Grp - Andrews AFB	F	$ 9,325	$ 8,851	$ 4,897	$ 9,325
0067	NNMC Bethesda	N	$ 10,376	$ 9,848	$ 5,449	$ 10,376
0073	81st Med Grp - Keesler AFB	F	$ 9,422	$ 8,906	$ 5,305	$ 9,422
0075	Wood ACH - Ft. Leonard Wood	A	$ 7,159	$ 6,768	$ 4,031	$ 7,159
0078	55th Med Grp - Offutt AFB	F	$ 10,497	$ 9,923	$ 5,910	$ 10,497
0079	99th Med Grp - Nellis AFB	F	$ 6,797	$ 6,451	$ 3,569	$ 6,797
0086	Keller ACH - West Point	A	$ 8,372	$ 7,914	$ 4,714	$ 8,372
0089	Womack AMC - Ft. Bragg	A	$ 8,197	$ 7,749	$ 4,615	$ 8,197
0091	NH Camp LeJeune	N	$ 7,398	$ 6,993	$ 4,165	$ 7,398
0092	NH Cherry Point	N	$ 7,383	$ 6,979	$ 4,157	$ 7,383
0095	74th Med Grp - Wright-Patterson AFB	F	$ 13,076	$ 12,361	$ 7,362	$ 13,076
0098	Reynolds ACH - Ft. Sill	A	$ 7,198	$ 6,805	$ 4,053	$ 7,198
0100	NACC Newport	N	$ 6,752	$ 6,408	$ 3,546	$ 6,752

DMISID	MTF NAME	SERV	FULL RATE	IAR RATE	IMET RATE	TPC RATE
0101	20th Med Grp - Shaw AFB	F	$ 7,606	$ 7,190	$ 4,282	$ 7,606
0103	NH Charleston	N	$ 7,611	$ 7,194	$ 4,285	$ 7,611
0104	NH Beaufort	N	$ 7,484	$ 7,074	$ 4,213	$ 7,484
0105	Moncrief ACH - Ft. Jackson	A	$ 7,444	$ 7,037	$ 4,191	$ 7,444
0108	Wm Beaumont AMC - Ft. Bliss	A	$ 8,958	$ 8,468	$ 5,044	$ 8,958
0109	Brooke AMC - Ft. Sam Houston	A	$ 9,286	$ 8,813	$ 4,876	$ 9,286
0110	Darnall AH - Ft. Hood	A	$ 8,071	$ 7,629	$ 4,544	$ 8,071
0113	82nd Med Grp - Sheppard AFB	F	$ 7,576	$ 7,161	$ 4,265	$ 7,576
0117	59th Med Wing - Lackland AFB	F	$ 10,455	$ 9,923	$ 5,490	$ 10,455
0120	1st Med Grp - Langley AFB	F	$ 6,687	$ 6,347	$ 3,512	$ 6,687
0121	McDonald ACH - Ft. Eustis	A	$ 6,298	$ 5,978	$ 3,307	$ 6,298
0123	Dewitt AH - Ft. Belvoir	A	$ 8,246	$ 7,827	$ 4,330	$ 8,246
0124	NMC Portsmouth, VA	N	$ 8,497	$ 8,064	$ 4,462	$ 8,497
0125	Madigan AMC - Ft. Lewis	A	$ 11,898	$ 11,247	$ 6,699	$ 11,898
0126	NH Bremerton	N	$ 9,028	$ 8,534	$ 5,083	$ 9,028
0127	NH Oak Harbor	N	$ 7,012	$ 6,655	$ 3,682	$ 7,012
0131	Weed ACH - Ft. Irwin	A	$ 7,627	$ 7,209	$ 4,294	$ 7,627
0606	USA MEDDAC - Heidelberg	A	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0607	Landstuhl Rgn MC	A	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0609	USA MEDDAC - Wurzburg	A	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0612	121st Gen Hosp - Seoul	A	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0615	NH Guantanamo Bay	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0616	NH Roosevelt Roads	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0617	NH Naples	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0618	NH Rota	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0620	NH Guam	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0621	NH Okinawa	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0622	NH Yokosuka	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0623	NH Keflavik	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0624	NH Sigonella	N	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0633	48th Med Grp - RAF Lakenheath	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0635	39th Med Grp - Incirlik AB	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0638	51st Med Grp - Osan AB	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0639	35th Med Grp - Misawa	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0640	374th Med Grp - Yokota AB	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0805	52nd Med Grp - Spangdahlem	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235
0808	31st Med Grp - Aviano	F	$ 11,235	$ 10,706	$ 4,678	$ 11,235

Attachment 1
FY 2004 Adjusted Standardized Amounts (ASA)
By Military Treatment Facility

DMISID	MTF NAME	SERV	FULL RATE	IAR RATE	IMET RATE	TPC RATE
7285	US Army Inst of Surgical Research-Ft. Sam Houston	A	$ 17,923	$ 17,011	$ 9,412	$ 17,923