

PAYMENTS POLICY

| SECTION | SUBJECT |
|---------|--|
| 1.1 | Network Provider Reimbursement |
| 1.2 | Allowable Charges - Non-Network Providers |
| 1.3 | Allowable Charges - CHAMPUS Maximum Allowable Charges (CMAC) |
| 1.4 | Rebundling Of Procedure Codes |
| 2.1 | Reimbursement In Teaching Setting |
| 2.2 | National Health Service Corps Physicians Of The Public Health Service |
| 2.5 | Reimbursement Of Physician Assistants |
| 2.6 | Reimbursement Of Covered Services Provided By Individual Health-Care Professionals And Other Non-Institutional Health-Care Providers |
| 2.7 | Economic Interest In Connection With Mental Health Admissions |
| 3.1 | Anesthesia |
| 3.1A | Postoperative Pain Management |
| 3.2 | Durable Medical Equipment Claims: Basic Program |
| 3.3 | Oxygen And Related Supplies |
| 3.4 | Laboratory Services |
| 3.5 | Ambulance Services |
| 3.6 | Legend Drugs And Insulin |
| 3.7 | Surgery |
| 3.7A | Assistant Surgeons |
| 3.8 | Professional Services: Obstetrical Care |
| 3.9 | Birth Center Reimbursement |
| 3.10 | Skilled Nursing Services |
| 4.1 | Individual Consideration Cases |
| 4.2 | Charges For Provider Administrative Expenses |
| 4.4 | Payment For Professional/Technical Components Of Diagnostic Services |
| 5.1 | State Agency Billing |

| SECTION | SUBJECT |
|---------|--|
| 5.1 | Addendum 1 - Figures Figure 13-5.1-1-1- Sample State Agency Billing Agreement |
| 6.1A | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General) |
| 6.1B | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General Description Of System) |
| 6.1C | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Basis Of Payment) |
| 6.1D | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Applicability Of The DRG System) |
| 6.1E | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Determination Of Payment Amounts) |
| 6.1F | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (DRG Weighting Factors) |
| 6.1G | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjusted Standardized Amounts) |
| 6.1H | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjustments To Payment Amounts) |
| 6.1I | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Information Provided By TMA) |
| 6.1J | Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Charges To Beneficiaries) |
| 6.2 | Hospital Reimbursement - Billed Charges Set Rates |
| 6.3 | Hospital Reimbursement - Other Than Billed Charges |
| 6.4 | Hospital Reimbursement - Payment When Only SNF Level Of Care Is Required |
| 6.5 | Hospital Reimbursement - TRICARE/CHAMPUS Inpatient Mental Health Per Diem Payment System |
| 6.7 | Psychiatric Partial Hospitalization Program Reimbursement |
| 6.8 | Substance Use Disorder Rehabilitation Facilities Reimbursement |
| 7.1 | Skilled Nursing Facility (SNF) Reimbursement |
| 8.1 | Residential Treatment Center (RTC) Reimbursement |
| 9.1 | Ambulatory Surgical Center Reimbursement |
| 9.1 | Addendum 1, Section 1 - TRICARE-Approved Ambulatory Surgery Procedures - Integumentary System |

| SECTION | SUBJECT |
|---------|--|
| 9.1 | Addendum 1, Section 2 - TRICARE-Approved Ambulatory Surgery Procedures - Musculoskeletal System |
| 9.1 | Addendum 1, Section 3 - TRICARE-Approved Ambulatory Surgery Procedures - Musculoskeletal System (Continued) |
| 9.1 | Addendum 1, Section 4 - TRICARE-Approved Ambulatory Surgery Procedures - Respiratory System |
| 9.1 | Addendum 1, Section 5 - TRICARE-Approved Ambulatory Surgery Procedures - Cardiovascular System |
| 9.1 | Addendum 1, Section 6 - TRICARE-Approved Ambulatory Surgery Procedures - Hemic And Lymphatic System |
| 9.1 | Addendum 1, Section 7 - TRICARE-Approved Ambulatory Surgery Procedures - Digestive System |
| 9.1 | Addendum 1, Section 8 - TRICARE-Approved Ambulatory Surgery Procedures - Urinary System |
| 9.1 | Addendum 1, Section 9 - TRICARE-Approved Ambulatory Surgery Procedures - Male Genital System |
| 9.1 | Addendum 1, Section 10 - TRICARE-Approved Ambulatory Surgery Procedures - Female Genital System |
| 9.1 | Addendum 1, Section 11 - TRICARE-Approved Ambulatory Surgery Procedures - Endocrine System |
| 9.1 | Addendum 1, Section 12 - TRICARE-Approved Ambulatory Surgery Procedures - Nervous System |
| 9.1 | Addendum 1, Section 13 - TRICARE-Approved Ambulatory Surgery Procedures - Extracranial Nerves, Peripheral Nerves, And Autonomic Nervous System |
| 9.1 | Addendum 1, Section 14 - TRICARE-Approved Ambulatory Surgery Procedures - Eye And Ocular Adnexa |
| 9.1 | Addendum 1, Section 15 - TRICARE-Approved Ambulatory Surgery Procedures - Auditory System |
| 10.1 | Preferred Provider Organization (PPO) Reimbursement |
| 11.1 | Cost-Shares And Deductibles |
| 11.1 | Table 1 - Benefits And Beneficiary Payments Under The TRICARE Program |
| 12.1 | Double Coverage |
| 14.1 | Catastrophic Loss Protection |
| 16.1 | Waiver Of Liability |
| 16.1 | Addendum 1 - Waiver Of Liability - Initial Denial Determinations |

| SECTION | SUBJECT |
|---------|--|
| 16.1 | Addendum 2 - Waiver Of Liability - MCS Contractor Reconsideration Determinations |
| 16.1 | Addendum 3 - Waiver Of Liability - NQMC Reconsideration Determinations |
| 18.1 | Accommodation Of Discounts Under Provider Reimbursement Methods |
| 20.1 | Legal Obligation To Pay |
| 22.1A | Hospice Reimbursement - General Overview |
| 22.1B | Hospice Reimbursement - Coverage/Benefits |
| 22.1C | Hospice Reimbursement - Conditions For Coverage |
| 22.1D | Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care |
| 24.1 | Reduction Of Payment For Noncompliance With Utilization Review Requirements |
| 25.1 | Supplemental Insurance |
| 26.1 | Point Of Service Option |
| | Addendum 1 - Health Benefit Program Agreement |
| | Addendum 2, Table 1 (FY 1997) - Fiscal Year 1997 TRICARE/CHAMPUS Adjusted Standardized Amounts |
| | Addendum 2, Table 2 (FY 1997) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Outlier Thresholds (Effective For Admissions On Or After 10/01/96) |
| | Addendum 2, Table 3 (FY 1997) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Urban Areas - Effective For Admissions On Or After 10/01/96 |
| | Addendum 2, Table 4 (FY 1997) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Hospitals That Are Reclassified - Effective For Admissions On Or After 10/01/96 |
| | Addendum 2, Table 5 (FY 1997) - Fiscal Year 1997 Wage Index Values And GAFs Listed In The Table Of Wage Index Capital Geographic Adjustment Factor (GAF) For Urban Areas (Revised) |
| | Addendum 2, Table 6 (FY 1997) - Fiscal Year 1997 Wage Index Values And GAFs Listed In The Table Of Wage Index And Capital Geographic Adjustment Factor (GAF) For Rural Areas (Revised) |
| | Addendum 2, Table 7 (FY 1997) - Fiscal Year 1997 Wage Index Values And GAFs Listed In The Table Of Hospitals That Are Reclassified (Revised) |

SECTION SUBJECT

Addendum 2, Table 1 (FY 1998) - Fiscal Year 1998 TRICARE/CHAMPUS Adjusted Standardized Amounts

Addendum 2, Table 2 (FY 1998) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Outlier Thresholds For Children's Hospitals And Neonates (Effective For Admissions On Or After 10/01/97)

Addendum 2, Table 3 (FY 1998) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Urban Areas - Effective For Admissions On Or After 10/01/97

Addendum 2, Table 4 (FY 1998) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Hospitals That Are Reclassified - Effective For Admissions On Or After 10/01/97

Addendum 2, Table 5 (FY 1998) - Fiscal Year 1998 Wage Index Values And GAFs Listed In The Table Of Wage Index Capital Geographic Adjustment Factor (GAF) For Urban Areas (Revised)

Addendum 2, Table 6 (FY 1998) - Fiscal Year 1998 Wage Index Values And GAFs Listed In The Table Of Wage Index And Capital Geographic Adjustment Factor (GAF) For Rural Areas (Revised)

Addendum 2, Table 7 (FY 1998) - Fiscal Year 1998 Wage Index Values And GAFs Listed In The Table Of Hospitals That Are Reclassified (Revised)

Addendum 2, Table 1 (FY 1999) - Fiscal Year 1999 TRICARE/CHAMPUS Adjusted Standardized Amounts

Addendum 2, Table 2 (FY 1999) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Outlier Thresholds For Children's Hospitals And Neonates (Effective For Admissions On Or After 10/01/98)

Addendum 2, Table 3 (FY 1999) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Urban Areas - Effective For Admissions On Or After 10/01/98

Addendum 2, Table 4 (FY 1999) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Hospitals That Are Reclassified - Effective For Admissions On Or After 10/01/98

Addendum 2, Table 5 (FY 1999) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Urban Areas - Effective For Admissions On Or After 04/01/99 (Revised)

SECTION SUBJECT

Addendum 2, Table 6 (FY 1999) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Rural Areas - Effective For Admissions On Or After 04/01/99 (Revised)

Addendum 2, Table 7 (FY 1999) - Wage Index And Capital Geographic Adjustment Factor (GAF) For Hospitals That Are Reclassified - Effective For Admissions On Or After 04/01/99 (Revised)

Addendum 3 - Table Of Maximum Rates For Partial Hospitalization Programs

Addendum 4, Table 1 (FY 1997) - Fiscal Year 1997 Rates For Hospice Care

Addendum 4, Table 2 - Hospice Rate Information - Hospice Wage Indexes For Urban Areas Prior To FY 1998

Addendum 4, Table 3 - Hospice Rate Information - Hospice Wage Indexes For Rural Areas Prior To FY 1998

Addendum 4, Table 1 (FY 1998) - Fiscal Year 1998 Rates For Hospice Care

Addendum 4, Table 2 (FY 1998) - Hospice Rate Information - FY 1998 Hospice Wage Indexes For Urban Areas

Addendum 4, Table 3 (FY 1998) - Hospice Rate Information - FY 1998 Hospice Wage Indexes For Rural Areas

Addendum 4, Table 1 (FY 1999) - Fiscal Year 1999 Rates For Hospice Care

Addendum 4, Table 2 (FY 1999) - Hospice Rate Information - FY 1999 Hospice Wage Indexes For Urban Areas

Addendum 4, Table 3 (FY 1999) - Hospice Rate Information - FY 1999 Hospice Wage Indexes For Rural Areas

Addendum 4, Exhibit 1 - Participation Agreement For Hospice Program Services For TRICARE/CHAMPUS Beneficiaries

ARTICLE 1 - RECITALS

| | | |
|-----|--|---|
| 1.1 | Identification of Parties..... | 1 |
| 1.2 | Authority for Hospice Care..... | 1 |
| 1.3 | Intent of Participation Agreement..... | 1 |
| 1.4 | Billing Number..... | 1 |

ARTICLE 2 - PERFORMANCE PROVISIONS

| | | |
|-----|-------------------------|---|
| 2.1 | General Agreement | 1 |
| 2.2 | Coverage/Benefits..... | 2 |

| SECTION | SUBJECT |
|--|---|
| 2.3 | Conditions For Coverage 2 |
| 2.4 | Certification Requirements 3 |
| 2.5 | Quality of Care 3 |
| 2.6 | Billing Form..... 4 |
| 2.7 | Compliance With TMA Medical Review Activities..... 4 |
| 2.8 | Staff Qualifications..... 4 |
| ARTICLE 3 - PAYMENT PROVISIONS | |
| 3.5 | TRICARE/CHAMPUS As Secondary Payor 6 |
| 3.6 | Collection Of Cost-Share..... 7 |
| 3.7 | Beneficiary's Rights..... 7 |
| ARTICLE 4 - RECORDS AND AUDIT PROVISIONS | |
| 4.1 | On-site And Off-site Reviews/Audits 7 |
| 4.2 | Right To Unannounced Inspection Of Records 7 |
| 4.3 | Certified Cost Reports 8 |
| 4.4 | Records Requested by TMA 8 |
| 4.5 | Failure to Comply 8 |
| ARTICLE 5 - GENERAL ACCOUNTING OFFICE | |
| 5.1 | Right To Conduct Audit..... 8 |
| ARTICLE 6 - TERMINATION AND AMENDMENT | |
| 6.1 | Termination Of Agreement By TMA 8 |
| 6.2 | Termination Of Agreement By The Hospice Program 9 |
| 6.3 | Amendment By TMA 9 |
| ARTICLE 7 - CHANGE OF OWNERSHIP | |
| 7.1 | Change Of Ownership..... 9 |
| ARTICLE 8 - APPEALS | |
| 8.1 | Appeal Actions 10 |
| ARTICLE 9 - RECOUPMENT | |
| 9.1 | Recoupment 10 |
| ARTICLE 10 - NONDISCRIMINATION | |
| 10.1 | Nondiscrimination 10 |
| ARTICLE 11 - ORDER OF PRECEDENCE | |
| 11.1 | Order Of Precedence..... 11 |
| ARTICLE 12 - DURATION | |
| 12.1 | Duration..... 11 |

SECTION SUBJECT

| | |
|--|----|
| ARTICLE 13 - EFFECTIVE DATE | |
| 13.1 Date Signed..... | 11 |
| ARTICLE 14 - AUTHORIZED PROVIDER | |
| 14.1 Date Recognized | 12 |
| Addendum 5, Exhibit 1 - Participation Agreement For Substance Use Disorder Rehabilitation Facility (SUDRF) Services For TRICARE/CHAMPUS Beneficiaries | |
| ARTICLE 1 - RECITALS | |
| 1.1 Identification Of Parties..... | 1 |
| 1.2 Authority For Substance Use Disorder Rehabilitation Facility Care..... | 1 |
| 1.3 Purpose Of Participation Agreement..... | 1 |
| ARTICLE 2 - DEFINITIONS | |
| 2.1 Authorized TMA Representatives | 1 |
| 2.2 Billing Number..... | 1 |
| 2.3 Admission And Discharge | 1 |
| 2.4 Mental Disorder | 2 |
| 2.5 Substance Use Disorder Rehabilitation Facility | 2 |
| ARTICLE 3 - PERFORMANCE PROVISIONS | |
| 3.1 General Agreement | 3 |
| 3.2 Limit On Rate Billed | 3 |
| 3.3 Accreditation And Standards | 3 |
| 3.4 Quality Of Care | 5 |
| 3.5 Billing Form | 5 |
| 3.6 Compliance With TMA Utilization Review Activities..... | 5 |
| 3.7 Professional Staff Organization | 6 |
| 3.8 Professional Staff Qualifications..... | 6 |
| ARTICLE 4 - PAYMENT PROVISIONS | |
| 4.1 Rate Structure: Determination Of Rate..... | 6 |
| 4.2 Inpatient SUDRF Services Included In DRG Payment | 6 |
| 4.3 Partial Hospitalization SUDRF Services Included In Per Diem Payment..... | 7 |
| 4.4 Other Payment Requirements..... | 7 |
| 4.5 Prerequisites for Payment | 7 |
| 4.6 TRICARE/CHAMPUS-Determined Rate As Payment In Full ... | 8 |
| 4.7 TRICARE/CHAMPUS As Secondary Payor..... | 8 |
| 4.8 Collection Of Cost-Share | 8 |
| 4.9 Beneficiary's Rights | 9 |
| ARTICLE 5 - RECORDS AND AUDIT PROVISIONS | |
| 5.1 On-Site And Off-Site Reviews/Audits..... | 9 |

| SECTION | SUBJECT | |
|--|---|----|
| 5.2 | Right To Unannounced Inspection Of Records | 10 |
| 5.3 | Certified Cost Reports | 10 |
| 5.4 | Records Requested By TMA | 10 |
| 5.5 | Failure to Comply | 10 |
| ARTICLE 6 - NONDISCRIMINATION | | |
| 6.1 | Nondiscrimination | 10 |
| ARTICLE 7 - AMENDMENT | | |
| 7.1 | Amendment By TMA | 10 |
| ARTICLE 8 - CHANGE OF OWNERSHIP | | |
| 8.1 | Assignment Barred | 11 |
| 8.2 | Agreement Ends | 11 |
| 8.3 | New Agreement Required | 12 |
| ARTICLE 9 - REPORTS | | |
| 9.1 | Incident Reports | 12 |
| 9.2 | Disaster Or Emergency Reports | 13 |
| 9.3 | Reports Of SUDRF Changes | 13 |
| ARTICLE 10 - GENERAL ACCOUNTING OFFICE | | |
| 10.1 | Right To Conduct Audit | 13 |
| ARTICLE 11 - APPEALS | | |
| 11.1 | Appeal Actions | 13 |
| ARTICLE 12 - TERMINATION | | |
| 12.1 | Procedure For Termination Of Agreement By TMA | 14 |
| 12.2 | Basis For Termination Of Agreement By TMA | 14 |
| 12.3 | Termination Of Agreement By The SUDRF | 15 |
| ARTICLE 13 - RECOUPMENT | | |
| 13.1 | Recoupment | 15 |
| ARTICLE 14 - ORDER OF PRECEDENCE | | |
| 14.1 | Order Of Precedence | 15 |
| ARTICLE 15 - DURATION | | |
| 15.1 | Duration | 15 |
| 15.2 | Reapplication | 16 |
| ARTICLE 16 - EFFECTIVE DATE | | |
| 16.1 | Effective Date | 16 |

SECTION SUBJECT

ARTICLE 17 - AUTHORIZED PROVIDER

17.1 TRICARE/CHAMPUS-Provider Status..... 17

Addendum 5, Exhibit 2 - TRICARE/CHAMPUS Standards For Inpatient
Rehabilitation And Partial Hospitalization For The Treatment Of Substance Use
Disorders (SUDRFs)

I. Organization And Administration..... 1
II. Treatment Services..... 12
III. Physical Plant and Environment 29
IV. Evaluation System 32

Addendum 6, Exhibit 1 - Participation Agreement For Residential Treatment
Center (RTC)

ARTICLE 1 - RECITALS

1.1 Identification Of Parties..... 1
1.2 Authority For Residential Treatment Center Care 1
1.3 Purpose Of Participation Agreement..... 1

ARTICLE 2 - DEFINITIONS

2.1 Authorized TMA Representatives 1
2.2 Billing Number..... 1
2.3 Admission And Discharge 1
2.4 Mental Disorder 2
2.5 Residential Treatment Center 2
2.6 Therapeutic Absence 3

ARTICLE 3 - PERFORMANCE PROVISIONS

3.1 General Agreement 3
3.2 Limit On Rate Billed 3
3.3 Accreditation And Standards 3
3.4 Quality Of Care 5
3.5 Billing Form 5
3.6 Compliance With TMA Utilization Review Activities..... 5
3.7 Professional Staff Organization 6
3.8 Professional Staff Qualifications..... 6

ARTICLE 4 - PAYMENT PROVISIONS

4.1 Rate Structure: Determination Of Rate..... 6
4.2 Rtc Services Included In Per Diem Payment 7
4.3 Other Payment Requirements..... 8
4.4 Prerequisites For Payment..... 8
4.5 TRICARE/CHAMPUS-Determined Rate As Payment In Full.... 9
4.6 TRICARE/CHAMPUS As Secondary Payor..... 9
4.7 Collection Of Cost Share..... 9
4.8 Beneficiary's Rights 10

| SECTION | SUBJECT |
|--|--|
| ARTICLE 5 - EDUCATIONAL COSTS | |
| 5.1 | Reimbursement Of Educational Services 10 |
| 5.2 | Exclusion From Per Diem Rate 10 |
| 5.3 | Accounting Requirements 10 |
| ARTICLE 6 - RECORDS AND AUDIT PROVISIONS | |
| 6.1 | On-site And Off-Site Reviews/Audits 11 |
| 6.2 | Right To Unannounced Inspection Of Records 11 |
| 6.3 | Certified Cost Reports 11 |
| 6.4 | Records Requested By TMA 11 |
| 6.5 | Failure To Comply 12 |
| ARTICLE 7 - NONDISCRIMINATION | |
| 7.1 | Nondiscrimination 12 |
| ARTICLE 8 - AMENDMENT | |
| 8.1 | Amendment By TMA 12 |
| ARTICLE 9 - CHANGE OF OWNERSHIP | |
| 9.1 | Assignment Barred 13 |
| 9.2 | Agreement Ends 13 |
| 9.3 | New Agreement Required 13 |
| ARTICLE 10 - REPORTS | |
| 10.1 | Incident Reports 14 |
| 10.2 | Disaster Or Emergency Reports 14 |
| 10.3 | Reports Of RTC Changes 14 |
| ARTICLE 11 - GENERAL ACCOUNTING OFFICE | |
| 11.1 | Right To Conduct Audit 15 |
| ARTICLE 12 - APPEALS | |
| 12.1 | Appeal Actions 15 |
| ARTICLE 13 - TERMINATION | |
| 13.1 | Procedure For Termination Of The Agreement By TMA 15 |
| 13.2 | Basis For Termination Of The Agreement By TMA 15 |
| 13.3 | Termination Of Agreement By The RTC 16 |
| ARTICLE 14 - RECOUPMENT | |
| 14.1 | Recoupment 17 |
| ARTICLE 15 - ORDER OF PRECEDENCE | |
| 15.1 | Order Of Precedence 17 |

SECTION SUBJECT

| | |
|--|----|
| ARTICLE 16 - DURATION | |
| 16.1 Duration | 17 |
| 16.2 Reapplication | 17 |
| ARTICLE 17 - EFFECTIVE DATE | |
| 17.1 Effective Date | 18 |
| ARTICLE 18 - AUTHORIZED PROVIDER | |
| 18.1 TRICARE/CHAMPUS-Provider Status | 18 |
| Addendum 7 - Guidelines For The Calculation Of Individual Residential Treatment Center (RTC) Per Diem Rates | |
| A. DATA COLLECTION FORM | 1 |
| B. ADMINISTRATIVE SUPPORT | 1 |
| C. REVIEW AND ANALYSIS OF SUBMITTED INFORMATION .. | 2 |
| D. BASE YEAR CALCULATIONS | 4 |
| E. ADJUSTMENT OF BASE YEAR RATE | 5 |
| F. CALCULATION OF RTC PER DIEM RATE | 7 |