

REIMBURSEMENT

SECTION	SUBJECT
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2.0.	Allowable Charge Method
3.0.	Allowable Charge Method: Application
4.0.	Alternative Reimbursement Methods For Non-Network Providers
5.0.	CHAMPUS Maximum Allowable Charge System
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2	HOSPITAL AND OTHER INSTITUTIONAL REIMBURSEMENT
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2.0.	Payment Of Capital And Direct Medical Education Cost
3.0.	TRICARE Inpatient Mental Health Per Diem Payment System
4.0.	Inpatient Mental Health Hospital, Partial Hospitalization And Residential Treatment Center (RTC) Facility Rates
5.0.	Billed Charges/Set Rates
6.0.	Special Reimbursement Procedures For Certain Residential Treatment Centers (RTCs)
7.0.	Reimbursement Of Ambulatory Surgical Centers
3	DISCOUNTS
1.0.	Provider Reimbursement
2.0.	Agreements
3.0.	Methods
4.0.	Contractor Responsibilities
5.0.	Sample Negotiated Reimbursement Methods
4	PAYMENT REDUCTION
1.0.	Reduction Of Provider Payment
2.0.	Determination Of Reduction Amount
3.0.	EOB
4.0.	HCSR Reporting
5.0.	Publication Requirement
6.0.	Calculation Of Payment Reduction
5	REIMBURSEMENT ADMINISTRATION
ADDENDUM A	- FIGURES
	Figure 10-A-1 - Suggested Wording To The Beneficiary Concerning Rental vs. Purchase Of DME

