

HOSPITAL REIMBURSEMENT - OUTPATIENT SERVICES FOR ALL SERVICES PRIOR TO **JUNE 1, 2007** AND THEREAFTER, FOR SERVICES NOT OTHERWISE REIMBURSED UNDER HOSPITAL OPPTS

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AUTHORITY: [32 CFR 199.14\(a\)\(3\)](#) and [\(a\)\(5\)](#)

I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

II. ISSUE

How are outpatient hospital services to be reimbursed for all services prior to **June 1, 2007**, and thereafter, for services that are not subject to the Hospital Outpatient Prospective Payment System (OPPS)?

III. POLICY

A. When professional services or diagnostic tests (e.g., laboratory, radiology, EKG, EEG) that have CMAC pricing ([Chapter 5, Section 3](#)) are billed, the claim must have the appropriate CPT coding and modifiers, if necessary. Otherwise, the service shall be denied. If only the technical component is provided by the hospital, the technical component of the appropriate CMAC shall be used.

B. For all other services, payment shall be made based on allowable charges when the claim has sufficient HCPCS (Level I, II, III) coding information (these may include ambulance, durable medical equipment (DME) and supplies, drugs administered other than oral method, and oxygen and related supplies). Other services without allowable charges, such as facility charges, shall be paid as billed.

C. When sufficient coding information is provided, outpatient hospital services including emergency services, clinical laboratory services, rehabilitation therapy, venipuncture, and radiology services are paid using existing allowable charges. Such services are reimbursed under the allowable charge methodology that would also include the CMAC rates. In addition, venipuncture services provided on an outpatient basis by institutional providers other than hospitals are also paid on this basis.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 1, SECTION 24

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D. Ambulatory Surgical Center services are to be reimbursed in accordance with [Chapter 9, Section 1](#).

E. Outpatient hospital services including professional services, provided in the state of Maryland are paid at the rates established by the Maryland Health Services Cost Review Commission (HSCRC). Since hospitals are required to bill these rates, reimbursement for these services is to be based on the billed charge.

F. Surgical outpatient procedures which are not otherwise reimbursed under the hospital OPPS will be subject to the same multiple surgery guidelines and modifier requirements as prescribed under OPPS for services rendered on or after June 1, 2007. Refer to [Chapter 1, Section 16, paragraph III.A.1.a. through c.](#) and [Chapter 13, Section 3, paragraph III.A.5.b. and c.](#) for further detail.

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