

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015
Index

Index

Revision: C-3, June 30, 20177

| A | | |
|---|---|------------|
| Accommodation Of Discounts Under Provider Reimbursement Methods | 1 | 2 |
| Adjusted Standardized Amounts (ASAs) | | |
| DRG-Based Payment System | 6 | 7 |
| FY 2015 | 6 | B (FY2015) |
| FY 2016 And Beyond | 6 | B |
| Allowable Charges | | |
| CHAMPUS Maximum Allowable Charges (CMAC) | 5 | 3 |
| Providers | 5 | 1 |
| Ambulance Services | 1 | 14 |
| Skilled Nursing Facility (SNF) | 8 | C |
| Ambulatory Surgical Center (ASC) Reimbursement | 9 | 1 |
| Anesthesia | 1 | 9 |
| Assistant Surgeons | 1 | 17 |

| B | | |
|--|----|----|
| Benefits And Beneficiary Payments Under The TRICARE Program | 2 | A |
| Birthing Center | | |
| Rate Non-Professional Component | 10 | A |
| Reimbursement | 10 | 1 |
| Birthing Room | 1 | 32 |
| Bonus Payments In Health Professional Shortage Areas (HPSAs) | 1 | 33 |

| C | | |
|---|---|----|
| Catastrophic Loss Protection | 2 | 2 |
| Certified Psychiatric Nurse Specialists | 1 | 6 |
| CHAMPUS Maximum Allowable Charges (CMAC) | 5 | 3 |
| Charges For Provider Administrative Expenses | 1 | 19 |
| Claims Auditing Software | 1 | 3 |
| Claims for Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS) | 1 | 11 |
| Consolidated Billing (Skilled Nursing Facilities (SNFs)) | 8 | 1 |
| | 8 | C |
| Coordination Of Benefits (COB) | 4 | 3 |

| C (CONTINUED) | | |
|---|----|---|
| Cost-Shares And Deductibles | 2 | 1 |
| Cost-Shares for Pharmacy Benefits Program | 2 | B |
| Critical Access Hospitals (CAHs) | 15 | 1 |

| D | | |
|--|---|------------|
| Discounts | 3 | 3 |
| Double Coverage | 4 | 1 |
| Coordination Of Benefits (COB) | 4 | 3 |
| Review And Processing Of Claims | 4 | 2 |
| Specific Actions | 4 | 4 |
| DRG-Based Payment System | | |
| Adjusted Standardized Amounts (ASAs) | 6 | 7 |
| FY 2015 | 6 | B (FY2015) |
| FY 2016 And Beyond | 6 | B |
| Adjustments To Payment Amounts | 6 | 8 |
| Applicability Of The DRG System | 6 | 4 |
| Basis Of Payment | 6 | 3 |
| Charges To Beneficiaries | 6 | 10 |
| Determination Of Payment Amounts | 6 | 5 |
| DRG Weighting Factors | 6 | 6 |
| DRGs, DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds | | |
| FY 2015 | 6 | C (FY2015) |
| FY 2016 And Beyond | 6 | C |
| General Description Of System | 6 | 2 |
| General | 6 | 1 |
| Health Benefit Program Agreement | 6 | A |
| Information Provided By DHA | 6 | 9 |
| Durable Equipment (DE) | 1 | 11 |
| Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS) Claims | 1 | 11 |

| E | | |
|---|---|----|
| Economic Interest In Connection With Mental Health Admissions | 1 | 8 |
| Emergency Inpatient Admissions To Unauthorized Facilities | 1 | 29 |

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Index

| F | | | H (CONTINUED) | | |
|---|----|------------|--|----|------------|
| Figures | 1 | B | Examples Of Claims Submission Under HHA PPS | 12 | P |
| Forensic Examinations Following Sexual Assault or Domestic Violence | 1 | 36 | HAVEN Reference Manual | 12 | J |
| Freestanding Ambulatory Surgical Center (ASC) Reimbursement | 9 | 1 | Health Insurance Prospective Payment System (HIPPS) Tables For Pricer | 12 | I |
| Freestanding Birthing Center Reimbursement | 10 | 1 | HHRG Worksheet | 12 | H |
| Freestanding Partial Hospitalization Program (PHP) Reimbursement | 7 | 2 | Home Health Certification And Plan Of Care (POC) | 12 | D |
| H | | | Home Health Consolidated Billing Code List | | |
| Health Benefit Program Agreement | 6 | A | Non-Routine Supply (NRS) Codes | 12 | B |
| Home Assessment Validation and Entry (HAVEN) Reference Manual | 12 | J | Therapy Codes | 12 | C |
| Home Health Benefit Coverage And Reimbursement | | | Input/Output Record Layout | 12 | Q |
| Assessment Process | 12 | 3 | OASIS Items Used For Assessments Of 60-Day Episodes Beginning On Or After January 1, 2008 Or On Or After January 1, 2010 | 12 | F |
| Claims And Billing Submission Under HHA PPS | 12 | 6 | Primary Components Of A Home Care Patient Assessment | 12 | E |
| General Overview | 12 | 1 | Home Infusion Claims | 3 | 6 |
| Medical Review Requirements | 12 | 8 | Hospice | | |
| Pricer Requirements And Logic | 12 | 7 | Participation Agreement | 11 | D |
| Primary Provider Status And Episodes Of Care (EOCs) | 12 | 5 | Rate Information | | |
| Prospective Payment Methodology | 12 | 4 | Care Rates | | |
| Home Health Care (HHC) | | | FY 2015 | 11 | A (FY2015) |
| Annual HHA PPS | | | FY 2016 | 11 | A (FY2016) |
| Rate Updates | | | FY 2017 | 11 | A (FY2017) |
| CY 2015 | 12 | K (CY2015) | Wage Indexes for Rural Areas | | |
| CY 2016 | 12 | K (CY2016) | FY 2015 | 11 | C (FY2015) |
| CY 2017 | 12 | K (CY2017) | FY 2016 | 11 | C (FY2016) |
| Wage Index Updates - CY 2015 - CY 2017 | 12 | L | FY 2017 | 11 | C (FY2017) |
| Benefits And Conditions For Coverage | 12 | 2 | Wage Indexes for Urban Areas | | |
| Code Table For Converting Julian Dates to Two Position Alphabetic Values | 12 | O | FY 2015 | 11 | B (FY2015) |
| Decision Logic Used By The Pricer For Episodes Beginning On Or After January 1, 2008 | 12 | R | FY 2016 | 11 | B (FY2016) |
| Definitions And Acronym Table | 12 | A | FY 2017 | 11 | B (FY2017) |
| Diagnoses Associated With Each Of The Diagnostic Categories Used In Case-Mix Scoring | 12 | M | Reimbursement | | |
| Diagnoses Included In The Diagnostic Categories Used For The Non-Routine Supplies (NRS) Case-Mix Adjustment Model | 12 | N | Conditions For Coverage | 11 | 3 |
| Diagnosis Codes For HHRG Assignment | 12 | G | Coverage/Benefits | 11 | 2 |
| | | | General Overview | 11 | 1 |
| | | | Guidelines For Payment Of Designated Levels Of Care | 11 | 4 |
| | | | Hospital Reimbursement | 3 | 2 |
| | | | Billed Charges Set Rates | 1 | 21 |
| | | | DRG-Based Payment System | | |
| | | | Adjusted Standardized Amounts | 6 | 7 |
| | | | Adjustments To Payment Amounts | 6 | 8 |
| | | | Applicability Of The DRG System | 6 | 4 |
| | | | Basis Of Payment | 6 | 3 |

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Index

| H (CONTINUED) | | | O | | |
|--|----|----|---|----|----|
| Charges To Beneficiaries | 6 | 10 | Obstetrical Care | 1 | 18 |
| Determination Of Payment Amounts | 6 | 5 | Orthotics | 1 | 11 |
| DRG Weighting Factors | 6 | 6 | Outpatient Prospective Payment System (OPPS)-Ambulatory Payment Classification (APC) | | |
| General Description Of System | 6 | 2 | Billing And Coding Of Services Under APC Groups | 13 | 2 |
| General | 6 | 1 | Claims Submission And Processing Requirements | 13 | 4 |
| Information Provided By DHA | 6 | 9 | Development Schedule For TRICARE OCE/APC Quarterly Update | 13 | A |
| Inpatient Mental Health Per Diem Payment System | 7 | 1 | General | 13 | 1 |
| Locations Outside The 50 United States (U.S.) And The District Of Columbia | 1 | 34 | Medical Review And Allowable Charge Review Under the OPPS | 13 | 5 |
| Other Than Billed Charges | 1 | 22 | Outpatient Code Editor (OCE) No Government Pay List (NGPL) Quarterly Update Process | 13 | C |
| Outpatient Services | 1 | 24 | Notification Process For Quarterly Updates | 13 | B |
| Payment When Only SNF Level Of Care Is Required | 1 | 23 | Prospective Payment Methodology | 13 | 3 |
| Hospital-Based | | | Oxygen And Related Supplies | 1 | 12 |
| Birthing Center Reimbursement | 10 | 1 | | | |
| Birthing Room | 1 | 32 | | | |
| I | | | P | | |
| Inpatient Mental Health Per Diem Payment System | 7 | 1 | Partial Hospitalization Program (PHP) Reimbursement | 7 | 2 |
| Insulin | 1 | 15 | Participation Agreement For Hospice Program Services For TRICARE Beneficiaries | 11 | D |
| L | | | Payment For Professional/Technical Components Of Diagnostic Services | 5 | 4 |
| Laboratory Services | 1 | 13 | Payment Reduction | 3 | 4 |
| Legal Obligation To Pay | 1 | 27 | Pharmacy Benefits Program - Cost-Shares | 2 | B |
| Legend Drugs | 1 | 15 | Physician Assistants | 1 | 6 |
| Locality-Based Reimbursement Rate Waiver | 5 | 2 | Point Of Service (POS) Option | 2 | 3 |
| M | | | Postoperative Pain Management-Epidural Analgesia | 1 | 10 |
| Medical Errors | 1 | 37 | Preferred Provider Organization (PPO) Reimbursement | 1 | 25 |
| N | | | Processing And Payment Of Home Infusion Claims | 3 | 6 |
| National Health Service Corps (NHSC) Physicians Of The Public Health Service (PHS) | 1 | 5 | Professional Provider Reimbursement In Specified Locations Outside The 50 United States (U.S.) And The District Of Columbia | 1 | 35 |
| Network Provider Reimbursement | 1 | 1 | Professional Services-Obstetrical Care | 1 | 18 |
| Newborn Charges | 1 | 31 | Prosthetics | 1 | 11 |
| No Government Pay Procedure Codes | 3 | 7 | Psychiatric Hospitals And Units | | |
| Non-OPPS Facilities Reimbursement | 9 | 1 | Regional Specific Rates (FY 2015 - FY 2017) | 7 | A |
| Nurse Practitioners | 1 | 6 | | | |

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Index

| R | | | S | | |
|---|----|----|---|----|------------|
| Reduction Of Payment For Noncompliance With Utilization Review Requirements | 1 | 28 | Skilled Nursing Facility (SNF) Case-Mix Adjusted Federal Rates | | |
| Regional Specific Rates For Psychiatric Hospitals And Units With Low TRICARE Volume (FY 2015 - FY 2017) | 7 | A | FY 2015 | 8 | D (FY2015) |
| Reimbursement | | | FY 2016 | 8 | D (FY2016) |
| Administration | 3 | 5 | FY 2017 | 8 | D (FY2017) |
| Ambulatory Surgical Center (ASC) | 9 | 1 | Example Of Computation Of Adjusted PPS Rates And SNF Payment | | |
| Birthing Center (Freestanding and Hospital-Based) | 10 | 1 | FY 2015 | 8 | B (FY2015) |
| Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers | 1 | 7 | FY 2016 | 8 | B (FY2016) |
| Emergency Inpatient Admissions To Unauthorized Facilities | 1 | 29 | FY 2017 | 8 | B (FY2017) |
| Freestanding Ambulatory Surgical Center (ASC) | 9 | 1 | Fact Sheet Regarding Consolidated Billing and Ambulance Services | 8 | C |
| Freestanding Psychiatric Partial Hospitalization Program (PHP) | 7 | 2 | Letter To SNF Regarding Participation Agreement | 8 | G |
| Hospital | 3 | 2 | Prospective Payment System (PPS) | 8 | 1 |
| In Teaching Setting | 1 | 4 | Resource Utilization Group-III (RUG-III) | 8 | A |
| Individual Health Care Professionals | 3 | 1 | Wage Indexes | | |
| Institutional Health Care Provider | 3 | 2 | Rural Areas (Based On CBSA Labor Market Areas) | | |
| Network Provider | 1 | 1 | FY 2015 | 8 | F (FY2015) |
| Non-Institutional Health Care Providers | 3 | 1 | FY 2016 | 8 | F (FY2016) |
| Non-OPPS Facilities | 9 | 1 | FY 2017 | 8 | F (FY2017) |
| Outpatient Services | 1 | 24 | Urban Areas (Based On CBSA Labor Market Areas) | | |
| Physician Assistants, Nurse Practitioners, And Certified Psychiatric Nurse Specialists | 1 | 6 | FY 2015 | 8 | E (FY2015) |
| Preferred Provider Organization (PPO) | 1 | 25 | FY 2016 | 8 | E (FY2016) |
| Psychiatric Partial Hospitalization Program (PHP) | 7 | 2 | FY 2017 | 8 | E (FY2017) |
| Residential Treatment Center (RTC) | 7 | 4 | Sole Community Hospitals (SCHs) | 14 | 1 |
| Substance Use Disorder Rehabilitation Facilities (SUDRFs) | 7 | 3 | Specific Double Coverage Actions | 4 | 4 |
| Travel Expenses For Specialty Care | 1 | 30 | State Agency Billing | 1 | 20 |
| Residential Treatment Centers (RTCs) Guidelines For The Calculation Of Individual RTC Per Diem Rates | 7 | B | Sample Agreement | 1 | A |
| Reimbursement | 7 | 4 | Substance Use Disorder Rehabilitation Facilities (SUDRFs) Reimbursement | 7 | 3 |
| | | | Supplemental Insurance | 1 | 26 |
| | | | Surgery | 1 | 16 |
| | | | T | | |
| | | | Travel Expenses For Specialty Care | 1 | 30 |
| | | | - END - | | |