

CHAPTER 13
SECTION 11.5

COST-SHARES AND DEDUCTIBLES: TRICARE/CHAMPUS INPATIENT MENTAL HEALTH PER DIEM PAYMENT SYSTEM

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I. ISSUE

What are the special cost-sharing provisions under the TRICARE/CHAMPUS inpatient mental health per diem payment system?

II. POLICY

A. General. These special cost-sharing procedures apply only to claims paid under the TRICARE/CHAMPUS inpatient mental health per diem payment system. For inpatient claims exempt from this system, the procedures in [Chapter 13, Section 11.1](#) or [Section 11.2](#) are to be followed.

B. Cost-shares for family members of active duty members. Effective for care on or after October 1, 1995, the inpatient cost-sharing for mental health services is \$20 per day for each day of the inpatient admission. This \$20 per day cost-sharing amount applies to admissions to any hospital for mental health services, any residential treatment facility, any substance use disorder rehabilitation facility, and any partial hospitalization program providing mental health or substance use disorder rehabilitation services.

For care prior to October 1, 1995, no changes will be made to the cost-sharing requirements for family members of active duty members.

C. Cost-shares for beneficiaries other than family members of active duty members.

1. Higher volume hospitals and units. With respect to care paid for on the basis of a hospital specific per diem, the cost-share shall be 25 percent of the hospital specific per diem amount.

2. Lower volume hospitals and units. For care paid for on the basis of a regional per diem, the cost-share shall be the lower of a. or b. below:

a. A fixed daily amount multiplied by the number of covered days. The fixed daily amount shall be 25 percent of the per diem adjusted so that total beneficiary cost-shares will equal 25 percent of total payments under the TRICARE/CHAMPUS inpatient mental health per diem payment system. This fixed daily amount shall be updated annually and published in the [Federal Register](#) along with the per diems published pursuant to [Chapter](#)

13, Section 6.5. This fixed daily amount will also be furnished to contractors by TMA. The following fixed daily amounts are effective for services rendered on or after October 1 of each fiscal year.

- (1) Fiscal Year 1989 - \$142 per day.
- (2) Fiscal Year 1990 - \$109 per day.
- (3) Fiscal Year 1991 - \$114 per day.
- (4) Fiscal Year 1992 - \$120 per day.
- (5) Fiscal Year 1993 - \$126 per day.
- (6) Fiscal Year 1994 - \$132 per day.
- (7) Fiscal Year 1995 - \$137 per day.
- (8) Fiscal Year 1996 - \$137 per day.
- (9) Fiscal Year 1997 - \$137 per day.
- (10) Fiscal Year 1998 - \$137 per day.
- (11) Fiscal Year 1999 - \$140 per day.

(In accordance with the final rule published March 7, 1995, in the Federal Register, all per diems/cost-shares in effect at the end of fiscal year 1995 shall remain frozen through fiscal year 1997.)

b. 25 percent of the hospital's billed charges (less any duplicates).

D. Claim which spans a period in which two separate per diems exist. A claim subject to the TRICARE/CHAMPUS Inpatient Mental Health Per Diem Payment System which spans a period in which two separate per diems exist shall have the cost share computed on the actual per diem in effect for each day of care.

E. Cost-share whenever leave days are involved. There is no patient cost-share for leave days when such days are included in a hospital stay. See [Chapter 13, Section 6.5](#).

F. Claims for services that are provided during an inpatient admission which are not included in the per diem rate are to be cost-shared as an inpatient claim if the contractor can not determine where the service was rendered and the status of the patient when the service was provided. The contractor would need to examine the claim for place of service and type of service to determine if the care was rendered in the hospital while the beneficiary was in inpatient of the hospital. This would include non-mental health claims and mental health claims submitted by individual professional providers rendering medically necessary services during the inpatient admission.

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