



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 141
6010.55-M
SEPTEMBER 28, 2011**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: CODING AND CLARIFICATION UPDATES - OCTOBER 2010

CONREQ: 15092

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 149.

**Ann N. Fazzini
Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 35 PAGE(S)
DISTRIBUTION: 6010.55-M**

**CHANGE 141
6010.55-M
SEPTEMBER 28, 2011**

REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 2

Addendum A, pages 1 through 6

Addendum A, pages 1 through 6

CHAPTER 11

Addendum B (FY 2011), pages 1 through 4

Addendum B (FY 2011), pages 1 through 4

CHAPTER 12

Section 4, pages 15 through 33

Section 4, pages 15 through 33

Addendum M (FY 2010), pages 3, 4, 7, 8,
13, and 14

Addendum M (FY 2010), pages 3, 4, 7, 8,
13, and 14

SUMMARY OF CHANGES

CHAPTER 2

1. Addendum A. Adds a reference '(See Note 9.)' to IV. Outpatient Services table, Column Type of Service, Clinical Preventive Services.

CHAPTER 11

2. Addendum B (FY 2011). Administrative corrections to CBSA codes 10380 and 23580.

CHAPTER 12

3. Section 4. Clarification of home health consolidated billing for non-routine supplies.
4. Addendum M (FY 2010). Administrative corrections to the wage indices for CBSA codes 15804 and 22900. Corrects typographical errors to the wage indices for CBSA code 41500.

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

NOTE 1: Beneficiary copayments (i.e., beneficiary payments expressed as a specified amount) and enrollment fees may be updated for inflation annually (cumulative effect applied and rounded to the nearest whole dollar) by the national CPI-U medical index (the medical component of the Urban Consumer Price Index). Beneficiary cost shares (i.e., beneficiary payments expressed as a percentage of the provider's fee) will not be similarly updated.

I. TRICARE PRIME PROGRAM ANNUAL ENROLLMENT FEES

Does not apply to the TRICARE Extra Program (Also see "Point of Service (POS) Option", [paragraph IV](#)):

TRICARE PRIME PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM's)		RETIREES, THEIR FAMILY MEMBERS, ELIGIBLE FORMER SPOUSES & SURVIVORS
E1 - E4	E5 & ABOVE	
None	None	<p>\$230 per Retiree or Family Member \$460 Maximum per Family</p> <p>EXCEPTION: Effective March 26, 1998, the enrollment fee is waived for those beneficiaries who are eligible for Medicare on the basis of disability or end stage renal disease and who maintain enrollment in Part B of Medicare.</p>

II. TRICARE EXTRA PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime Program. (Also see "Point of Service (POS) Option", [paragraph IV](#).)

TRICARE EXTRA PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM's)		RETIREES, THEIR FAMILY MEMBERS & SURVIVORS
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

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BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

III. TRICARE STANDARD PROGRAM ANNUAL FISCAL YEAR DEDUCTIBLE

Applies to all outpatient services, does not apply to the TRICARE Prime or Extra Programs:

TRICARE STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS (ADFM's)		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

NOTE 2: These charts are not intended to be a comprehensive listing of all services covered under TRICARE. All care is subject to review for medical necessity and appropriateness:

NOTE 3: An eligible former spouse is responsible for payment of copayment/cost-sharing amounts identical to those required for beneficiaries other than family members of active duty members.

IV. OUTPATIENT SERVICES

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 11.)	ADFM's		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
INDIVIDUAL PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit.	ADFM's: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFM's: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
OUTPATIENT HOSPITAL DEPARTMENTS Clinics visits; therapy visits; medical supplies; consultations; treatment room; etc. NOTE: Use other parts of this table for cost-sharing of ASC services, ER services, DME, etc.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit. No separate copayment/cost-share for separately billed professional charges.		

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 BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 11.)	ADFMS		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
LABORATORY AND X-RAY SERVICES (See Note 4.)	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit. (See Note 4)	ADFMS: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMS: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
ANCILLARY SERVICES Refer to Chapter 2, Section 1 for specific CPT code ranges	\$0 copayment per visit.	\$0 copayment per visit.	No copayment (See Note 3.)		
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology. (See Note 4.)	No copayment.	No copayment.	No copayment.		
AMBULANCE SERVICES When medically necessary as defined in the TRICARE Policy Manual (TPM) and the service is a covered benefit.	\$0 copayment per visit.	\$0 copayment per visit.	\$20 copayment per occurrence.		
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	\$0 copayment per visit.	\$0 copayment per visit.	\$30 copayment per emergency room visit.		
NOTE 4: If these services are performed by the office visit provider on a date different from the office visit or performed by a different provider such as an independent laboratory or radiology facility (even if performed on the same day as the related office visit) the beneficiary will owe a separate copayment for the services. Also, no copayment will be collected for these services when they are billed and provided as clinical preventive services to TRICARE Prime enrollees. Effective for dates of service on or after October 14, 2008, cost-shares are waived for certain preventive services as described in Chapter 2, Section 1, paragraph I.C.3.j. and paragraph I.D.3.					
NOTE 5: For dates of service on or after March 26, 1998, under TRICARE Prime, services defined as "ancillary services" in Chapter 2, Section 1 require no copayment.					

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BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 11.)	ADFMS		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
<p>DME, PROSTHETIC DEVICES, HEARING AIDS FOR ADFMS, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS</p> <p>(If dispensed for use outside of the office or after the home visit.)</p>	\$0 copayment per visit.	\$0 copayment per visit.	Cost-share - 20% of the fee negotiated by the contractor.	<p>ADFMS: Cost-share--15% of the fee negotiated by the contractor.</p> <p>Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.</p>	<p>ADFMS: Cost-share--20% of the allowable charge.</p> <p>Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.</p>
<p>HOME HEALTH CARE</p> <p>Part-time or intermittent skilled nursing and home health aide services, physical, speech, & occupational therapy, medical social services, routine and non-routine medical services.</p> <p>NOTE: DME, osteoporosis drugs, pneumococcal pneumonia, influenza virus and hepatitis B vaccines, oral cancer drugs, antiemetic drugs, orthotics, prosthetics, enteral and parenteral nutritional therapy and drugs/biologicals administered by other than oral methods are services that can be paid in addition to the prospective payment amount subject to applicable copayment/cost-sharing and deductible amounts.</p>	\$0 copayment.	\$0 copayment.	\$0 copayment.	\$0 cost-share.	\$0 cost-share.

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BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 11.)	ADFMS		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
HOSPICE CARE NOTE: A separate cost-share <u>may be</u> (optional) collected by the individual hospice for outpatient drugs and biologicals and inpatient respite care.	\$0 copayment.	\$0 copayment.	\$0 copayment.	\$0 cost-share.	\$0 cost-share.
FAMILY HEALTH SERVICES Family planning and well baby care (up to 24 months of age). The exclusions listed in the TPM will apply.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit. (See Note 4.)	ADFMS: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMS: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
OUTPATIENT MENTAL HEALTH TO INCLUDE HOME One hour of therapy, no more than two times each week (when medically necessary).	\$0 copayment per visit.	\$0 copayment per visit.	\$25 copayment for individual visits. \$17 copayment for group visits.	Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
PRESCRIPTION DRUGS See Addendum B.					
NOTE 6: If medically necessity is established for a non-formulary drug, patients may qualify for the \$9 copayment for up to a 30-day supply in the TRRx or a 90-day supply in the TMOP program.					
AMBULATORY SURGERY (same day)	\$0 copayment per visit.	\$0 copayment per visit.	\$25 copayment	ADFMS: Cost-share--\$25. for Ambulatory Surg. Retirees, their Family Members & Survivors: Cost-share --20% of the institutional fee negotiated by the contractor.	ADFMS: \$25. Retirees, their Family Members & Survivors: Lesser of 25% of group rate or 25% of billed charge.
ALL SURGICAL PROCEDURES REGARDLESS OF WHERE THEY ARE PERFORMED With the exclusion of those surgical procedures referenced in Chapter 2, Section 1, paragraph I.B.5.e. and g.					

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BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS OPTION)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 11.)	ADFMS		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
BIRTHING CENTER Prenatal care, outpatient delivery, and postnatal care provided by TRICARE authorized birthing center.	\$0 copayment.	\$0 copayment.	\$25 copayment.	ADFMS: \$25. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMS: \$25. Retirees, their Family Members & Survivors: Lesser of 25% of birthing center rate or 25% of billed charge.
IMMUNIZATIONS (See Note 7.) Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	\$0 copayment per visit.	\$0 copayment per visit.	Not covered under Prime.	ADFMS: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Not covered under TRICARE Extra.	ADFMS: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Not covered under TRICARE Standard.
EYE EXAMINATIONS (See Note 7.) One routine examination per year for family members of active duty sponsors.	\$0 copayment per visit.	\$0 copayment per visit.	Not covered under Prime. (See Note 7.)		
NOTE 7: Additional immunizations and eye examinations are covered under the TRICARE Prime Program's "clinical preventive services". See the TPM, Chapter 7, Section 2.2 .					
CLINICAL PREVENTIVE SERVICES (See Note 9) Includes those services listed in the TPM, Sections 2.1, 2.2, and 2.5 .	\$0 copayment	\$0 copayment	\$0 copayment	ADFMS: Cost-share--15% of the fee negotiated by contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMS: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
NOTE 8: No copayment may be collected for these services when they are billed and provided as specified in the TPM, Chapter 7, Section 2.2 .					
NOTE 9: Cost-shares are waived for certain preventive services under Standard and Extra as described in Chapter 2, Section 1, paragraph I.C.3.j. and paragraph I.D.3 . See the TPM, Chapter 7, Sections 2.1, 2.2, and 2.5 .					
NOTE 10: No enhanced outpatient benefits under the TRICARE Extra Program.					

CHAPTER 11
ADDENDUM B (FY 2011)

HOSPICE RATE INFORMATION - FY 2011 HOSPICE WAGE INDEXES FOR URBAN AREAS

The following Hospice Indexes for Urban Areas (by CBSA) are for care and services provided on or after October 1, 2010.

CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹
10180	Abilene, TX	0.8307	10900	Allentown-Bethlehem-Easton, PA-NJ	1.0048		Oconee, GA	
	Callahan, TX			Warren, NJ		12060	Atlanta-Sandy Springs-Marietta, GA	1.0027
	Jones, TX			Carbon, PA			Barrow, GA	
	Taylor, TX			Lehigh, PA			Bartow, GA	
10380	Aguadilla-Isabela-San Sebastian, PR	0.3981		Northampton, PA			Butts, GA	
	Aguada, PR		11020	Altoona, PA	0.9266		Carroll, GA	
	Aguadilla, PR			Blair, PA			Cherokee, GA	
	Anasco, PR		11100	Amarillo, TX	0.9084		Clayton, GA	
	Isabela, PR			Armstrong, TX			Cobb, GA	
	Lares, PR			Carson, TX			Coweta, GA	
	Moca, PR			Potter, TX			Dawson, GA	
	Rincon, PR			Randall, TX			DeKalb, GA	
	San Sebastian, PR		11180	Ames, IA	0.9924		Douglas, GA	
10420	Akron, OH	0.9252		Story, IA			Fayette, GA	
	Portage, OH		11260	Anchorage, AK	1.2559		Forsyth, GA	
	Summit, OH			Anchorage Municipality, AK			Fulton, GA	
10500	Albany, GA	0.9303		Matanuska-Susitna Borough, AK			Gwinnett, GA	
	Baker, GA		11300	Anderson, IN	0.9463		Haralson, GA	
	Dougherty, GA			Madison, IN			Heard, GA	
	Lee, GA		11340	Anderson, SC	0.9433		Henry, GA	
	Terrell, GA			Anderson, SC			Jasper, GA	
	Worth, GA		11460	Ann Arbor, MI	1.0761		Lamar, GA	
10580	Albany-Schenectady-Troy, NY	0.9176		Washtenaw, MI			Meriwether, GA	
	Albany, NY		11500	Anniston-Oxford, AL	0.8000		Newton, GA	
	Rensselaer, NY			Calhoun, AL			Paulding, GA	
	Saratoga, NY		11540	Appleton, WI	0.9711		Pickens, GA	
	Schenectady, NY			Calumet, WI			Pike GA	
	Schoharie, NY			Outagamie, WI			Rockdale, GA	
10740	Albuquerque, NM	0.9826	11700	Asheville, NC	0.9468		Spalding, GA	
	Bernalillo, NM			Buncombe, NC			Walton, GA	
	Sandoval, NM			Haywood, NC		12100	Atlantic City-Hammonton, NJ	1.2079
	Torrance, NM			Haywood, NC			Atlantic, NJ	
	Valencia, NM			Henderson, NC		12220	Auburn-Opelika, AL	0.8508
10780	Alexandria, LA	0.8376		Madison, NC			Lee, AL	
	Grant, LA		12020	Athens-Clarke, GA	0.9923	12260	Augusta-Richmond County, GA-SC	0.9836
	Rapides, LA			Clarke, GA				
				Madison, GA				

1 This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2011\)](#).

2 Wage index values are based on FY 2006 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The Budget Neutrality Adjustment Factor (BNAF) or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a BNAF. The hospice floor calculation is as follows: wage index values below 0.8 are adjusted to be the greater of (a) the 25% reduced BNAF OR (b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the FY 2011 hospice wage index, the BNAF was reduced by a total of 25%.

3 Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

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CHAPTER 11, ADDENDUM B (FY 2011)

HOSPICE RATE INFORMATION - FY 2011 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹
	Burke, GA			Montgomery, MD		14860	Bridgeport-Stamford-Norwalk, CT	1.3373
	Columbia, GA		13740	Billings, MT	0.9180		Fairfield, CT	
	McDuffie, GA			Carbon, MT		15180	Brownsville-Harlingen, TX	0.9430
	Richmond, GA			Yellowstone, MT			Cameron, TX	
	Aiken, SC		13780	Binghamton, NY	0.9179	15260	Brunswick, GA	0.9595
	Edgefield, SC			Broome, NY			Brantley, GA	
12420	Austin-Round Rock, TX	0.9950		Tioga, NY			Glynn, GA	
	Bastrop, TX		13820	Birmingham-Hoover, AL	0.8943		McIntosh, GA	
	Caldwell, TX			Bibb, AL		15380	Buffalo-Niagara Falls, NY	1.0182
	Hays, TX			Blount, AL			Erie, NY	
	Travis, TX			Chilton, AL			Niagara, NY	
	Williamson, TX			Jefferson, AL		15500	Burlington, NC	0.9146
12540	Bakersfield, CA	1.1742		St. Clair, AL			Alamance, NC	
	Kern, CA			Shelby, AL		15540	Burlington-South Burlington, VT	1.0565
12580	Baltimore-Towson, MD	1.0678		Walker, AL			Chittenden, VT	
	Anne Arundel, MD		13900	Bismarck, ND	0.8000		Franklin, VT	
	Baltimore, MD			Burleigh, ND			Grand Isle, VT	
	Baltimore City, MD			Morton, ND		15764	Cambridge-Newton-Framingham, MA	1.1790
	Carroll, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8775		Middlesex, MA	
	Harford, MD			Giles, VA		15804	Camden, NJ	1.0845
	Howard, MD			Montgomery, VA			Burlington, NJ	
	Queen Anne's, MD			Pulaski, VA			Camden, NJ	
	Baltimore City, MD			Radford City, VA			Gloucester, NJ	
12620	Bangor, ME	1.0615	14020	Bloomington, IN	0.9454	15940	Canton-Massillon, OH	0.9213
	Penobscot, ME			Greene, IN			Carroll, OH	
12700	Barnstable Town, MA	1.3191		Monroe, IN			Stark, OH	
	Barnstable, MA			Owen, IN		15980	Cape Coral-Fort Myers, FL	0.9488
12940	Baton Rouge, LA	0.8552	14060	Bloomington-Normal, IL	0.9804		Lee, FL	
	Ascension, LA			McLean, IL		16020	Cape Girardeau-Jackson, MO-IL	0.9458
	East Baton Rouge, LA		14260	Boise City-Nampa, ID	0.9741		Alexander, IL	
	East Feliciana, LA			Ada, ID			Bollinger, MO	
	Iberville, LA			Boise, ID			Cape Girardeau, MO	
	Livingston, LA			Canyon, ID		16180	Carson City, NV	1.1009
	Pointe Coupee, LA			Gem, ID			Carson City, NV	
	St. Helena, LA			Owyhee, ID		16220	Casper, WY	0.9952
	West Baton Rouge, LA		14484	Boston-Quincy, MA	1.2740		Natrona, WY	
	West Feliciana, LA			Norfolk, MA		16300	Cedar Rapids, IA	0.9392
12980	Battle Creek, MI	1.0454		Plymouth, MA			Benton, IA	
	Calhoun, MI			Suffolk, MA			Jones, IA	
13020	Bay City, MI	0.9688	14500	Boulder, CO	1.0732	16580	Champaign-Urbana, IL	1.0567
	Bay, MI			Boulder, CO			Champaign, IL	
13140	Beaumont-Port Arthur, TX	0.8764	14540	Bowling Green, KY	0.8854		Ford, IL	
	Hardin, TX			Edmonson, KY			Piatt, IL	
	Jefferson, TX			Warren, KY		16620	Charleston, WV	0.8511
	Orange, TX		14600	Bradenton-Sarasota-Venice, FL	1.0177		Boone, WV	
13380	Bellingham, WA	1.1913		Manatee, FL			Clay, WV	
	Whatcom, WA			Sarasota, FL			Kanawha, WV	
13460	Bend, OR	1.1966	14740	Bremerton-Silverdale, WA	1.1244		Lincoln, WV	
	Deschutes, OR			Kitsap, WA				
13644	Bethesda-Gaithersburg-Rockville, MD	1.0766						
	Frederick, MD							

- 1 This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2011\)](#).
- 2 Wage index values are based on FY 2006 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The Budget Neutrality Adjustment Factor (BNAF) or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a BNAF. The hospice floor calculation is as follows: wage index values below 0.8 are adjusted to be the greater of (a) the 25% reduced BNAF OR (b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the FY 2011 hospice wage index, the BNAF was reduced by a total of 25%.
- 3 Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

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CHAPTER 11, ADDENDUM B (FY 2011)

HOSPICE RATE INFORMATION - FY 2011 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹
16700	Putnam, WV Charleston-North Charleston-Summerville, SC Berkeley, SC Charleston, SC Dorchester, SC	0.9700		Pendleton, KY Brown, OH Butler, OH Clermont, OH Hamilton, OH Warren, OH			Madison, OH Morrow, OH Pickaway, OH Union, OH	
16740	Charlotte-Gastonia-Concord, NC-SC Anson, NC Cabarrus, NC Gaston, NC Mecklenburg, NC Rowan, NC Union, NC York, SC	0.9904	17300	Clarksville, TN-KY Christian, KY Trigg, KY Montgomery, TN Stewart, TN	0.8342	18580	Corpus Christi, TX Aransas, TX Nueces, TX San Patricio, TX	0.9088
16820	Charlottesville, VA Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA Charlottesville City, VA	0.9798	17420	Cleveland, TN Bradley, TN Polk, TN	0.8000	18700	Corvallis, OR Benton, OR	1.1502
16860	Chattanooga, TN-GA Catoosa, GA Dade, GA Walker, GA Hamilton, TN Marion, TN Sequatchie, TN	0.9232	17460	Cleveland-Elyria-Mentor, OH Cuyahoga, OH Geauga, OH Lake, OH Lorain, OH Medina, OH	0.9319	19060	Cumberland, MD-WV Allegany, MD Mineral, WV	0.8410
16940	Cheyenne, WY Laramie, WY	0.9768	17660	Coeur d'Alene, ID Kootenai, ID	0.9654	19140	Dalton, GA Murray, GA Whitfield, GA	0.9060
16974	Chicago-Naperville-Joliet, IL Cook, IL DeKalb, IL DuPage, IL Grundy, IL Kane, IL Kendall, IL McHenry, IL Will, IL	1.0947	17780	College Station-Bryan, TX Brazos, TX Burlison, TX Robertson, TX	0.9929	19180	Danville, IL Vermilion, IL	0.9135
17020	Chico, CA Butte, CA	1.1707	17820	Colorado Springs, CO El Paso, CO Teller, CO	1.0267	19260	Danville, VA Pittsylvania, VA Danville City, VA	0.8701
17140	Cincinnati-Middletown, OH-KY-IN Dearborn, IN Franklin, IN Ohio, IN Boone, KY Bracken, KY Campbell, KY Gallatin, KY Grant, KY Kenton, KY	0.9914	17860	Columbia, MO Boone, MO Howard, MO	0.9009	19340	Davenport-Moline-Rock Island, IA-IL Mercer, IL Henry, IL Rock Island, IL Scott, IA	0.8660
			17900	Columbia, SC Calhoun, SC Fairfield, SC Kershaw, SC Lexington, SC Richland, SC Saluda, SC	0.9188	19380	Dayton, OH Greene, OH Miami, OH Montgomery, OH Preble, OH	0.9629
			17980	Columbus, GA-AL Russell, AL Chattahoochee, GA Harris, GA Marion, GA Muscogee, GA	0.9120	19460	Decatur, AL Lawrence, AL Morgan, AL	0.8153
			18020	Columbus, IN Bartholomew, IN	0.9969	19500	Decatur, IL Macon, IL	0.8358
			18140	Columbus, OH Delaware, OH Fairfield, OH Franklin, OH Licking, OH	1.0560	19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia, FL	0.9268
						19740	Denver-Aurora-Broomfield, CO Adams, CO	1.1218

1 This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2011\)](#).

2 Wage index values are based on FY 2006 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The Budget Neutrality Adjustment Factor (BNAF) or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a BNAF. The hospice floor calculation is as follows: wage index values below 0.8 are adjusted to be the greater of (a) the 25% reduced BNAF OR (b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the FY 2011 hospice wage index, the BNAF was reduced by a total of 25%.

3 Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

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CHAPTER 11, ADDENDUM B (FY 2011)

HOSPICE RATE INFORMATION - FY 2011 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹	CBSA Code	Urban Area (constituent counties or county equivalents) ²	Wage Index ¹
	Arapahoe, CO		21340	El Paso, TX	0.8929		Franklin, AR	
	Broomfield, CO			El Paso, TX			Sebastian, AR	
	Clear Creek, CO		21500	Erie, PA	0.9178		Le Flore, OK	
	Denver, CO			Erie, PA			Sequoyah, OK	
	Douglas, CO		21660	Eugene-Springfield, OR	1.1535	23020	Fort Walton Beach-Crestview-Destin, FL	0.9156
	Elbert, CO			Lane, OR			Okaloosa, FL	
	Gilpin, CO		21780	Evansville, IN-KY	0.8909	23060	Fort Wayne, IN	0.9421
	Jefferson, CO			Gibson, IN			Allen, IN	
	Park, CO			Posey, IN			Wells, IN	
19780	Des Moines-West Des Moines, IA	1.0087		Vanderburgh, IN			Whitley, IN	
	Dallas, IA			Warrick, IN		23104	Forth Worth-Arlington, TX	0.9930
	Guthrie, IA			Henderson, KY			Johnson, TX	
	Madison, IA		21820	Webster, KY			Parker, TX	
	Polk, IA			Fairbanks, AK	1.1619		Tarrant, TX	
	Warren, IA			Fairbanks North Star, AK			Wise, TX	
19804	Detroit-Livonia-Dearborn, MI	1.0171	21940	Fajardo, PR	0.4359	23420	Fresno, CA	1.1779
	Wayne, MI			Ceiba, PR			Fresno, CA	
20020	Dothan, AL	0.8000		Fajardo, PR		23460	Gadsden, AL	0.8641
	Geneva, AL		22020	Luquillo, PR	0.8543		Etowah, AL	
	Henry, AL			Fargo, ND-MN		23540	Gainesville, FL	0.9386
	Houston, AL			Cass, ND			Alachua, FL	
20100	Dover, DE	1.0382	22140	Clay, MN	0.8247		Gilchrist, FL	
	Kent, DE			Farmington, NM		23580	Gainesville, GA	0.9537
20220	Dubuque, IA	0.9272		San Juan, NM			Hall, GA	
	Dubuque, IA		22180	Fayetteville, NC	0.9783	23844	Gary, IN	0.9710
20260	Duluth, MN-WI	1.0923		Cumberland, NC			Jasper, IN	
	Carlton, MN			Hoke, NC			Lake, IN	
	St. Louis, MN		22220	Fayetteville-Springdale-Rogers, AR-MO	0.9174		Newton, IN	
	Douglas, WI			Benton, AR			Porter, IN	
20500	Durham-Chapel Hill, NC	1.0055		Madison, AR		24020	Glens Falls, NY	0.8840
	Chatham, NC			Washington, AR			Warren, NY	
	Durham, NC			McDonald, MO			Washington, NY	
	Orange, NC		22380	Flagstaff, AZ	1.3042	24140	Goldsboro, NC	0.9467
	Person, NC			Coconino, AZ			Wayne, NC	
20740	Eau Claire, WI	1.0002	22420	Flint, MI	1.1744	24220	Grand Forks, ND-MN	0.8128
	Chippewa, WI			Genesee, MI			Polk, MN	
	Eau Claire, WI		22500	Florence, SC	0.8483		Grand Forks, ND	
20764	Edison-New Brunswick, NJ	1.1563		Darlington, SC		24300	Grand Junction, CO	1.0163
	Middlesex, NJ			Florence, SC			Mesa, CO	
	Monmouth, NJ		22520	Florence-Muscle Shoals, AL	0.8361	24340	Grand Rapids-Wyoming, MI	0.9595
	Ocean, NJ			Colbert, AL			Barry, MI	
	Somerset, NJ			Lauderdale, AL			Ionia, MI	
20940	El Centro, CA	0.9164	22540	Fond Du Lac, WI	1.0099		Kent, MI	
	Imperial, CA			Fond Du Lac, WI			Newaygo, MI	
21060	Elizabethtown, KY	0.8769	22660	Fort Collins-Loveland, CO	1.0637	24500	Great Falls, MT	0.8733
	Hardin, KY			Larimer, CO			Cascade, MT	
	Larue, KY		22744	Ft. Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0855	24540	Greeley, CO	1.0013
21140	Elkhart-Goshen, IN	0.9920		Broward, FL			Weld, CO	
	Elkhart, IN			Fort Smith, AR-OK	0.8218	24580	Green Bay, WI	1.0058
21300	Elmira, NY	0.8720	22900	Crawford, AR			Brown, WI	
	Chemung, NY						Kewaunee, WI	

- 1 This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2011\)](#).
- 2 Wage index values are based on FY 2006 hospital cost report data before reclassification. These data form the basis for the pre-floor, pre-reclassified hospital wage index. The Budget Neutrality Adjustment Factor (BNAF) or the hospice floor is then applied to the pre-floor, pre-reclassified hospital wage index to derive the hospice wage index. Wage index values greater than or equal to 0.8 are subject to a BNAF. The hospice floor calculation is as follows: wage index values below 0.8 are adjusted to be the greater of (a) the 25% reduced BNAF OR (b) the minimum of the pre-floor, pre-reclassified hospital wage index value x 1.15, or 0.8000. For the FY 2011 hospice wage index, the BNAF was reduced by a total of 25%.
- 3 Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

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(a) [Figure 12-4-10](#) provides the case-mix variables (i.e., selected skin conditions and other clinical factors) and scores used in assigning a NRS to one of the six severity levels in [Figure 12-4-9](#).

FIGURE 12-4-10 NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES

ITEM	DESCRIPTION	SCORE
SELECTED SKIN CONDITIONS:		
1	Primary diagnosis = Anal fissure, fistula and abscess	15
2	Other diagnosis = Anal fissure, fistula and abscess	13
3	Primary diagnosis = Cellulitis and abscess	14
4	Other diagnosis = Cellulitis and abscess	8
5	Primary diagnosis = Diabetic ulcers	20
6	Primary diagnosis = Gangrene	11
7	Other diagnosis = Gangrene	8
8	Primary diagnosis = Malignant neoplasms of skin	15
9	Other diagnosis = Malignant neoplasms of skin	4
10	Primary or Other diagnosis = Non-pressure and non-stasis ulcers	13
11	Primary diagnosis = Other infections of skin and subcutaneous tissue	16
12	Other diagnosis = Other infections of skin and subcutaneous tissue	7
13	Primary diagnosis = Post-operative Complications	23
14	Other diagnosis = Post-operative Complications	15
15	Primary diagnosis = Traumatic Wounds and Burns	19
16	Other diagnosis = Traumatic Wounds and Burns	8
17	Primary or other diagnosis = V code, Cystostomy care	16
18	Primary or other diagnosis = V code, Tracheostomy care	23
19	Primary or other diagnosis = V code, Urostomy care	24
20	OASIS M0450 = 1 or 2 pressure ulcers, stage 1	4
21	OASIS M0450 = 3+ pressure ulcers, stage 1	6
22	OASIS M0450 = 1 pressure ulcer, stage 2	14
23	OASIS M0450 = 2 pressure ulcers, stage 2	22
24	OASIS M0450 = 3 pressure ulcers, stage 2	29
25	OASIS M0450 = 4+ pressure ulcers, stage 2	35
26	OASIS M0450 = 1 pressure ulcer, stage 3	29
27	OASIS M0450 = 2 pressure ulcers, stage 3	41
28	OASIS M0450 = 3 pressure ulcers, stage 3	46
29	OASIS M0450 = 4+ pressure ulcers, stage 3	58
30	OASIS M0450 = 1 pressure ulcer, stage 4	48
31	OASIS M0450 = 2 pressure ulcers, stage 4	67
32	OASIS M0450 = 3+ pressure ulcers, stage 4	75
33	OASIS M0450e = 1(unobserved pressure ulcer(s))	17
34	OASIS M0470 = 2 (2 stasis ulcers)	6
35	OASIS M0470 = 3 (3 stasis ulcers)	12
36	OASIS M0470 = 4 (4+ stasis ulcers)	21

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FIGURE 12-4-10 NRS CASE-MIX ADJUSTMENT VARIABLES AND SCORES (CONTINUED)

ITEM	DESCRIPTION	SCORE
37	OASIS M0474 = 1 (unobservable stasis ulcers)	9
38	OASIS M0476 = 1 (status of most problematic stasis ulcer: fully granulating)	6
39	OASIS M0476 = 2 (status of most problematic stasis ulcer: early/partial granulation)	25
40	OASIS M0476 = 3 (status of most problematic stasis ulcer: not healing)	36
41	OASIS M0488 = 2 (status of most problematic surgical wound: early/partial granulation)	4
42	OASIS M0488 = 3 (status of most problematic surgical wound: not healing)	14
OTHER CLINICAL FACTORS:		
43	OASIS M0550 = 1 (ostomy not related to inpt stay/no regimen change)	27
44	OASIS M0550 = 2 (ostomy related to inpt stay/regimen change)	45
45	Any "Selected Skin Conditions" (rows 1-42 above) AND M0550 = 1 (ostomy not related to inpt stay/no regimen change)	14
46	Any "Selected Skin Conditions" (rows 1-42 above) AND M0550 = 2 (ostomy related to inpt stay/ regimen change)	11
47	OASIS M0250 (Therapy at home) = 1 (IV/Infusion)	5
48	OASIS M0520 = 2 (patient requires urinary catheter)	9
49	OASIS M0540 = 4 or 5 (bowel incontinence, daily or > daily)	10

Note: Points are additive; however, points may not be given for the same line item in the table more than once. Points are not assigned for a secondary diagnosis if points are already assigned for a primary diagnosis from the same diagnosis/condition group.

Please see Medicare Home Health Diagnosis Coding guidance at http://www.cms.hhs.gov/HomeHealthPPS/03_coding&billing.asp for definitions of primary and secondary diagnoses.

(b) The supply payment amounts derived from the above severity level matrix (Figure 12-4-9) will be included in the total payment returned by the HH Pricer. It will not be reflected separately on the claim. Supply amounts will not be calculated on LUPA claims.

(c) Refer to **Addendum O** for the ICD-9-CM diagnoses included in the diagnostic categories for the NRS case-mix adjustment model (Figure 12-4-10).

(d) NRS provided during an EOC are subject to consolidated billing. If the date of service for NRS falls within the dates of an EOC, payment for the NRS is denied. However, NRS claims may be submitted by suppliers on the professional claim format, which has both "from" and "to" dates on each item. Medicare has instructed suppliers to report the delivery date as the "from" date, and the date by which the supplies will be used in the "to" date. When this causes the "to" date on a supply line item subject to consolidated billing to overlap on EOC, the service may be denied incorrectly. Contractors shall ensure proper payment of NRS provided prior to the beginning of an EOC ("from" date prior to the beginning of an EOC), even if the "to" date overlaps the EOC.

3. Adjustment of HIPPS Code for Incorrect Episode Designation. The contractors' claims processing systems will perform re-coding of claims where the HIPPS code does not reflect the correct episode using the 18-position treatment authorization code (formally

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known as the claim-OASIS matching key code) reported in Form Locator (FL) 63 of the UB-04 (CMS Form 1450).

o. Following is the new format of the treatment authorization code for episodes beginning on or after January 1, 2008:

FIGURE 12-4-11 FORMAT FOR TREATMENT AUTHORIZATION CODE

POSITION	DEFINITION	FORMAT
1-2	M0030 (Start-of-care date) - 2 digit year	99
3-4	M0030 (Start-of-care date) - alpha code for Julian date	XX
5-6	M0090 (Date assessment completed) - 2 digit year	99
7-8	M0090 (Date assessment completed) - alpha code for Julian Date	XX
9	M0100 (Reason for assessment)	9
10	M0110 (Episode Timing) - Early=1, Late=2	9
11	Alpha code for Clinical severity points - under Equation 1	X
12	Alpha code for Functional severity points - under Equation 1	X
13	Alpha code for Clinical severity points - under Equation 2	X
14	Alpha code for Functional severity points - under Equation 2	X
15	Alpha code for Clinical severity points - under Equation 3	X
16	Alpha code for Functional severity points - under Equation 3	X
17	Alpha code for Clinical severity points - under Equation 4	X
18	Alpha code for Functional severity points - under Equation 4	X

(1) The Julian dates in positions 3-4 and 7-8 are converted from three position numeric values to two position alphabetic values using the code system in [Addendum P](#).

(2) The two position numeric scores in positions 11-18 are converted to a single alphabetic code using values in [Figure 12-4-12](#).

FIGURE 12-4-12 CONVERTING POINT VALUES TO LETTER CODES

POINTS	LETTER CODE						
0 or 1	A	8	H	15	O	22	V
2	B	9	I	16	P	23	W
3	C	10	J	17	Q	24	X
4	D	11	K	18	R	25	Y
5	E	12	L	19	S	26	Z
6	F	13	M	20	T		
7	G	14	N	21	U		

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b. [Figure 12-4-13](#) provides an example of a treatment authorization code that is created by the grouper software using the format outlined in [Figure 12-4-12](#).

FIGURE 12-4-13 EXAMPLE OF A TREATMENT AUTHORIZATION CODE

POSITION	DEFINITION	ACTUAL VALUE	RESULTING CODE
1-2	M0030 (Start-of-care date) - two digit year	2007	07
3-4	M0030 (Start-of-care date) - alpha code for Julian date	Julian date 245	JK
5-6	M0090 (Date assessment completed) - two digit year	2008	08
7-8	M0090 (Date assessment completed) - alpha code for Julian date	Julian date 001	AA
9	M0100 (Reason for assessment)	04	4
10	M0110 (Episode Timing) - Early = 1, Late = 2	01	1
11	Clinical severity points - under Equation 1	7	G
12	Functional severity points - under Equation 1	2	B
13	Clinical severity points - under Equation 2	13	M
14	Functional severity points - under Equation 2	4	D
15	Clinical severity points - under Equation 3	3	C
16	Functional severity points - under Equation 3	4	D
17	Clinical severity points - under Equation 4	12	L
18	Functional severity points - under Equation 4	7	G

The treatment authorization code that would appear on the claim would be, in this example: **07JK08AA41GBMDCDLG**

c. Episode adjustment process using authorization code.

(1) Contractor claims processing systems will validate the treatment authorization code except where condition code 21 is present on the claim. If the code is validated, the contractors will return claims to the provider if the treatment authorization code fails any of the following validation edits:

- (a) The first, second, fifth, sixth, and ninth positions of the treatment authorization codes must be numeric;
- (b) The third, fourth, seventh, and eighth positions of the code must be alphabetic;
- (c) The tenth position of the code must contain a value of one or two; and
- (d) The eleventh through 18th positions of the code must be alphabetic.

(2) The system shall read the home health episode history when a new episode is received and identify any HIPPS codes that represent an incorrect position in the sequence. The sequence of episodes are determined without regard to changes in the HHA.

The calculated 60-day episode end date will be used to measure breaks between episodes in all cases except for episodes subject to PEP adjustments. In the case of PEP episodes, the date of latest billing will be used.

(3) If the contractors' system identifies a HIPPS code that represents an incorrect position in the sequence of episodes it will be re-coded and adjusted using the last 9 positions of the treatment authorization code and the following re-coding logic:

(a) The last eight positions of the treatment authorization will contain codes representing the points for the clinical domain and the functional domain as calculated under each of the four equations of the refined HH PPS case mix system. The treatment authorization code, including these domain codes, will be calculated by the HH PPS Grouper software, so that providers can transfer this 18 position code to their claims.

(b) The input/output record for the HH Pricer will be modified to convert existing filler fields into new fields to facilitate recording. A new nine position field will be created to carry the clinical and functional severity point information. The last nine positions of the treatment authorization code will be extracted and placed into this new field in the input/output record. This will enable the HH Pricer to record claims using the point information.

(c) On incoming original RAPs and claims, the HH Pricer will disregard the code in this nine position field, since the submitted HIPPS code is being priced at face value. The code in this nine position field will be used in recording claims identified as misrepresenting the episode sequence. To enable the Pricer to distinguish these two cases, an additional one position numeric field will be added to the input/output record.

(d) On the original RAPs and claims, the system will populate the new one position field with a zero.

1 If a claim is submitted by the provider as a first or second episode and the claim is actually a third or later episode, the system will populate the new field with a 3 to indicate this.

2 If a claim is submitted by the provider as a third or later episode and the claim is actually a first or second episode, the system will populate the new field with a 1 to indicate this.

(e) When the new one position field is populated with a 1 or a 3, the HH Pricer will record the claim using the following steps:

STEP 1: The HH Pricer will determine, from the new episode sequence and the number of therapy visits on the claim, which equation of the HH PPS case-mix model applies to the claim.

STEP 2: The HH Pricer will find the two positions in the new nine position field that correspond to the equation identified in Step 1.

- STEP 3: The HH Pricer will convert the alphabetic codes in these positions to numeric point values.
- STEP 4: The HH Pricer will read the appropriate column on the case-mix scoring table to find the new clinical and functional severity levels that correspond to that point value (Figure 12-4-8).
- STEP 5: Using the severity levels identified in Step 4 and the HIPPS code structure shown in the above table, the HH Pricer will determine the new HIPPS code that applies to the claim.

(f) The HH Pricer will use the new HIPPS code resulting from these steps to re-price the claim and will return the new code to the existing output HIPPS code field in the input/output record.

(g) When the first position of the HIPPS code is a five and the number of therapy services on the claim are less than 20, the HH Pricer will use the first position of the new nine position field to record the first position of the HIPPS code and complete the steps described above.

d. Adjustment of previously paid episodes.

(1) The contractor claims processing systems will initiate automatic adjustments for previously paid episodes when the receipt of earlier dated episodes change their position in a sequence of episodes. The system will re-code and re-price the automatic adjustments.

(2) The system will calculate a supply adjustment amount and add it to the otherwise re-priced episode amount.

e. Determining the gap between episodes (i.e., if the episodes are adjacent/contiguous.

(1) The 60-day period to determine a gap that will begin a new sequence of episodes will be counted in most instances from the calculated 60-day end date of the episode. The exception to this is for episodes that were subject to PEP adjustment.

(2) In PEP cases, the system will count 60 days from the date of the last billable home health visit provided in the PEP episode.

(3) Intervening stays in inpatient facilities will not create any special consideration in counting the 60-day gap.

(c) If an inpatient stay occurred within an episode, it would not be a part of the gap, as counting would not begin at Day 60, which in this case could be later than the inpatient discharge date.

(b) If an inpatient stay occurred within the period after the end of all HH episode and before the beginning of the next one, those days would be counted as part of the gap just as any other days would.

(4) If episodes are received after a particular claim is paid that change the sequence initially assigned to the paid episode (for example, by service dates falling earlier than those of the paid episode, or by falling within a gap between paid episodes), the system will initiate automatic adjustments to correct the payment of any necessary episodes as described above.

f. Refer to [Addendums R and S](#) for changes in input/output record layout and Pricer logic for 60-day episodes beginning on or after January 1, 2008.

F. Abbreviated Assessments for Establishment of Payments Under HHA PPS.

1. Medicare-certified HHAs will be required to conduct abbreviated assessments for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS. This will require the manual completion and scoring of a HHRG Worksheet (refer to [Chapter 12, Addendum I](#) for copy of worksheet). The HIPPS code generated from this scoring process will be submitted on the CMS 1450 UB-04 for pricing and payment. This abbreviated 23 item assessment (as opposed to the full 79 item comprehensive assessment) will provide the minimal amount of data necessary for reimbursement under the HHA PPS. This is preferable, from an integrity standpoint, to dummied up the missing data elements on the comprehensive assessment. HHAs will also be responsible for collecting the OASIS data element links necessary in reporting the claims-OASIS matching key (i.e., the 18 position code, containing the start of care date (eight positions, from OASIS item M0030), the date the assessment was completed (eight-positions, from OASIS item M0090), and the reason for assessment (two positions, from OASIS item M0100). The claims-OASIS matching key is reported in FL 44 of the CMS 1450 UB-04.

2. Use of Abbreviated Assessments for Episodes Beginning On or After January 1, 2008. Abbreviated assessments will continue to be used for TRICARE beneficiaries who are under the age of 18 or receiving maternity care for payment under the HHA PPS with the following modifications:

a. The first position of the HIPPS code - which assigns differing scores in the clinical, functional and services domains based on whether an episode is an early or later episode in a sequence of adjacent episodes and the number of visits incurred during that episode - will be reported by the HHA in accordance with the HIPPS coding structure outlined in [Figure 12-4-6](#) (i.e., numerical values 1 through 5 based on the EOC and number of visits).

b. The second, third, and fourth positions of the HIPPS code (alphabetical characters) will be assigned based on the scoring of the 23 OASIS items reflected in the HHRG Worksheet for episodes beginning on or after January 1, 2008 in [Addendum I](#). The OASIS items for use in this abbreviated assessment scoring will be available on the CMS web site (<http://www.cms.hhs.gov/HomeHealthQualityInits/>) as indicated in [Addendum G](#). However, since Clinical Severity Domain category "C0", Function Status Domain category "F0", and Service Utilization Domain category "S0" are no longer recognized as part of the

refined HIPPS coding structure they will default to “C1”, “F1”, and “S1”, respectively, in establishing reimbursement under the abbreviated assessment for TRICARE beneficiaries who are under the age of 18 or receiving maternity care.

c. The fifth position of the HIPPS code will be reported by the HHA using the HIPPS coding structure outlined in [Figure 12-4-6](#) based on the EOC and number of visits, along with whether or not supplies were actually provided during the episode of HHC; i.e., 1-6 in cases where NRSs are not associated with the first four positions of the HIPPS code and S-X where they are.

d. A treatment authorization code will not be required for the processing and payment of home health episodes under the abbreviated assessment process. As a result, the contractors will not have the responsibility of recoding claims and/or validating the 18-position treatment authorization code that is normally required for the processing and payment of home health claims subject to the full-blown OASIS assessment.

3. The following hierarchy will be adhered to in the placement and reimbursement of home health services for TRICARE eligible beneficiaries under the age of 18 or receiving maternity care. The MCSCs will adhere to this hierarchical placement through their role in establishing primary provider status under the HHA PPS (i.e., designating that HHA which may receive payment under the consolidated billing provisions for home health services provided under a POC.)

a. Authorization for care in and primary provider status designation for a Medicare certified HHA (i.e., in a HHA meeting all Medicare conditions of participation [Sections 1861(o) and 1891 of the Social Security Act and part 484 of the Medicare regulation (42 CFR 484)] will result in payment of home health services under the PPS. The HHA will be reimbursed a fixed case-mix and wage-adjusted 60-day episode payment amount based on the HIPPS code generated from the required abbreviated assessment. For example, if there are two HHAs within a given treatment area that can provide care for a TRICARE beneficiary under the age of 18, and one is Medicare certified and the other is not due to its targeted patient population (HHA specializing solely in the home health needs of patients under the age of 18), the contractor will authorize care in, and designate primary provider status to, the Medicare HHA.

b. If a Medicare-certified HHA is not available within the service area, the MCSC may authorize care in a non-Medicare certified HHA (e.g., a HHA which has not sought Medicare certification/approval due to the specialized beneficiary categories it services - patients receiving maternity care and/or patients under the age 18) that qualifies for corporate services provider status under TRICARE (refer to the TRICARE Policy Manual (TPM), [Chapter 11, Section 12.1](#), for the specific qualifying criteria for granting corporate services provider status under TRICARE.) The following payment provisions will apply to HHAs qualifying for coverage under the corporate services provider class:

(1) Otherwise covered professional services provided by TRICARE authorized individual providers employed by or under contract with a freestanding corporate entity will be paid under the TRICARE Maximum Allowable Charge (TMAC) reimbursement system, subject to any restrictions and limitations as may be prescribed under existing TRICARE policy.

(2) Payment will also be allowed for supplies used by a TRICARE authorized individual provider employed by or contracted with a corporate services provider in the direct treatment of a TRICARE eligible beneficiary. Allowable supplies will be reimbursed in accordance with TRICARE allowable charge methodology as described in [Chapter 5](#).

(3) Reimbursement of covered professional services and supplies will be made directly to the TRICARE authorized corporate services provider under its own tax identification number.

(4) There are also regulatory and contractual provisions currently in place that grant contractors the authority to establish alternative network reimbursement systems as long as they do not exceed what would have otherwise been allowed under Standard TRICARE payment methodologies.

G. Split Payments (Initial and Final Payments).

1. A split percentage approach has been taken in the payment of HHAs in order to minimize potential cash-flow problems.

a. A split percentage payment will be made for most episode periods. There will be two payments (initial and final) - the initial paid in response to a Request for Anticipated Payment (RAP), and the final in response to a claim. Added together, the initial and final payments equal 100% of the permissible reimbursement for the episode.

b. There will be a difference in the percentage split of initial and final payments for initial and subsequent episodes for patients in continuous care. For all initial episodes, the percentage split for the two payments will be 60% in response to the RAP, and 40% in response to the claim. For all subsequent episodes in periods of continuous care, each of the two percentage payments will equal 50% of the estimated case-mix adjusted episode payment. There is no set length required for a gap in services between episodes for a following episode to be considered initial rather than subsequent. If any gap occurs, the next episode will be considered initial for payment purposes.

c. The HHA may request and receive accelerated payment if the contractor fails to make timely payments. While a physician's signature is not required on the POC for initial payment, it is required prior to claim submission for final payment.

H. Calculation of Prospective Payment Amounts.

1. National 60-Day Episode Payment Amounts.

a. Medicare, in establishment of its prospective payment amount, included all costs of home health services derived from audited Medicare cost reports for a nationally representative sample of HHAs for Fiscal Year (FY) 1997. Base-year costs were adjusted using the latest available market basket increases between the cost reporting periods contained in the database and September 30, 2001. Total costs were divided by total visits in establishing an average cost per visit per discipline. The discipline specific cost per visit was then multiplied by the average number of visits per discipline provided within a 60-day EOC in

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the establishment of a home health prospective payment rate per discipline. The 60-day utilization rates were derived from Medicare home health claims data for FY 1997 and 1998. The prospective payment rates for all six disciplines were summed to arrive at a total non-standardized prospective payment amount per 60-day EOC.

b. [Figure 12-4-14](#) provides the calculations involved in the establishment of the non-standardized prospective payment amount per 60-day episode in FY 2001, along with adjustments for NRS, Part B therapies and OASIS implementation and ongoing costs.

FIGURE 12-4-14 CALCULATION OF NATIONAL 60-DAY EPISODE PAYMENT AMOUNTS

DISCIPLINES	TOTAL COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	AVER. # VISITS PER 60-DAYS	HOME HEALTH PROSPECTIVE PAYMENT RATE
Home Health Aide Services	\$5,915,395,602	141,682,907	\$ 41.75	13.40	\$559.45
Medical Social Services	458,571,353	2,985,588	153.59	0.32	49.15
Occupational Therapy	444,691,130	4,244,901	104.76	0.53	55.52
Physical Therapy	2,456,109,303	23,605,011	104.05	3.05	317.35
Skilled Nursing Services	12,108,884,714	127,515,950	94.96	14.08	1,337.04
Speech Pathology Service	223,173,331	1,970,399	113.26	0.18	20.39
Total Non-Standardized Prospective Payment Amount Per 60-Day Episode for FY 2001: \$2,338.90					
ADJUSTMENTS:					
1) Average cost per episode for NRS included in the home health benefit and reported as costs on the cost report					\$43.54
2) Average payment per episode for NRS possibly unbundled and billed separately for Part B					\$6.08
3) Average payment per episode for Part B therapies					\$17.76
4) Average payment per episode for OASIS one time adjustment for form changes					\$5.50
5) Average payment per episode for ongoing OASIS adjustment costs					\$4.32
Total Non-Standardized Prospective Payment Amount for 60-Day Episode for FY 2001 Plus Medical Supplies, Part B Therapies and OASIS					\$2,416.01

c. The adjusted non-standardized prospective payment amount per 60-day episode for FY 2001 was adjusted as follows in [Figure 12-4-15](#) for case-mix, budget neutrality and outliers in the establishment of a final standardized and budget neutral payment amount per 60-day episode for FY 2001.

FIGURE 12-4-15 STANDARDIZATION FOR CASE-MIX AND WAGE INDEX

NON-STANDARDIZED PROSPECTIVE PAYMENT AMOUNT PER 60-DAYS	STANDARDIZATION FACTOR FOR WAGE INDEX AND CASE-MIX	BUDGET NEUTRALITY FACTOR	OUTLIER ADJUSTMENT FACTOR	STANDARDIZED PROSPECTIVE PAYMENT AMOUNT PER 60-DAYS
\$2,416.01	0.96184	0.88423	1.05	\$2,115.30

(1) The above 60-day episode payment calculations were derived using base-year costs and utilization rates and subsequently adjusted by annual inflationary update factors, the last three iterations of which can be found in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), and [L \(CY 2011\)](#).

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(2) The standardized prospective payment amount per 60-day EOC is case-mix and wage-adjusted in determining payment to a specific HHA for a specific beneficiary. The wage adjustment is made to the labor portion (0.77668) of the standardized prospective payment amount after being multiplied by the beneficiary's designated HHRG case-mix weight. For example, a HHA serves a TRICARE beneficiary in Denver, CO. The HHA determines the patient is in HHRG C2F1S2 with a case-mix weight of 1.8496. The following steps are used in calculating the case-mix and wage-adjusted 60-day episode payment amount:

STEP 1: Multiply the standard 60-day prospective payment amount by the applicable case-mix weight.

$$(1.8496 \times \$2,115.30) = \$3,912.46$$

STEP 2: Divide the case-mix adjustment episode payment into its labor and non-labor portions.

$$\text{Labor Portion} = (0.77668 \times \$3,912.46) = \$3,038.73$$

$$\text{Non-Labor Portion} = (0.22332 \times \$3,912.46) = \$873.73$$

STEP 3: Adjust the labor portion by multiplying by the wage index factor for Denver, CO.

$$(1.0190 \times \$3,038.73) = \$3,096.47$$

STEP 4: Add the wage-adjusted labor portion to the non-labor portion to calculate the total case-mix and wage-adjusted episode payment.

$$(\$873.73 + \$3,096.47) = \boxed{\$3,970.20}$$

d. Since the initial methodology used in calculating the case-mix and wage-adjusted 60-day episode payment amounts has not changed, the above example is still applicable using the updated wage indices and 60-day episode payment amounts (both the all-inclusive payment amount and per-discipline payment amount) contained in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), [L \(CY 2011\)](#), [M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#).

e. Annual Updating of HHA PPS Rates and Wage Indexes.

(1) In subsequent fiscal years, HHA PPS rates (i.e., both the national 60-day episode amount and per-visit rates) will be increased by the applicable home health market basket index change.

(2) Three iterations of these rates will be maintained in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), and [L \(CY 2011\)](#). These rate adjustments are also integral data elements used in updating the Pricer.

(3) Three iterations of wage indexes will also be maintained in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), [L \(CY 2011\)](#), [M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#) for computation of individual HHA payment amounts. These hospital wage indexes will lag behind by a full year in their application.

2. Calculation of Reduced Payments.

a. Under certain circumstances, payment will be less than the full 60-day episode rate to accommodate changes of events during the beneficiary's care. The start and end dates of each event will be used in the apportionment of the full-episode rate. These reduced payment amounts are referred to as: 1) PEP adjustments; 2) SCIC adjustments; 3) LUPAs; and 4) therapy threshold adjustments. Each of these payment reduction methodologies will be discussed in greater detail below.

NOTE: Since the basic methodology used in calculating HHA PPS adjustments (i.e., payment reductions for PEPs, SCICs, LUPAs, and therapy thresholds) has not changed, the following examples are still applicable using the updated wage indices and 60-day episode payment amounts in [Addendums L \(CY 2009\)](#), [L \(CY 2010\)](#), [L \(CY 2011\)](#), [M \(CY 2009\)](#), [M \(CY 2010\)](#), and [M \(CY 2011\)](#).

(1) PEP Adjustment. The PEP adjustment is used to accommodate payment for EOCs less than 60 days resulting from one of the following intervening events: 1) beneficiary elected a transfer prior to the end of the 60-day EOC; or 2) beneficiary discharged after meeting all treatment goals in the original POC and subsequently readmitted to the same HHA before the end of the 60-day EOC. The PEP adjustment is based on the span of days over which the beneficiary received treatment prior to the intervening event; i.e., the days, including the start-of-care date/first billable service date through and including the last billable service date, before the intervening event. The original POC must be terminated with no anticipated need for additional home health services. A new 60-day EOC would have to be initiated upon return to a HHA, requiring a physician's recertification of the POC, a new OASIS assessment, and authorization by the contractor. The PEP adjustment is calculated by multiplying the proportion of the 60-day episode during which the beneficiary was receiving care prior to the intervening event by the beneficiary's assigned 60-day episode payment. The PEP adjustment is only applicable for beneficiaries having more than four billable home health visits. Transfers of beneficiaries between HHAs of common ownership are only applicable when the agencies are located in different metropolitan statistical areas. Also, PEP adjustments do not apply in situations where a patient dies during a 60-day EOC. Full episode payments are made in these particular cases. For example, a beneficiary assigned to HHRG C2F1S2 and receiving care in Denver, CO was discharged from a HHA on Day 28 of a 60-day EOC and subsequently returned to the same HHA on Day 40. However, the first billable visit (i.e., a physician ordered visit under a new POC) did not occur until Day 42. The beneficiary met the requirements for a PEP adjustment, in that the treatment goals of the original POC were accomplished and there was no anticipated need for home care during the balance of the 60-day episode. Since the last visit was furnished on Day 28 of the initial 60-day episode, the PEP adjustment would be equal to the assigned 60-day episode payment times 28/60, representing the proportion of the 60 days that the patient

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was in treatment. Day 42 of the original episode becomes Day 1 of the new certified 60-day episode. The following steps are used in calculating the PEP adjustment:

STEP 1: Calculate the proportion of the 60 days that the beneficiary was under treatment.

$$(28/60) = 0.4667$$

STEP 2: Multiply the beneficiary assigned 60-day episode payment amount by the proportion of days that the beneficiary was under treatment.

$$(\$3,970.20 \times 0.4667) = \boxed{\$1,852.90}$$

(2) SCIC Payment Adjustment.

For Episodes Beginning On Or After January 1, 2008. The refined HH PPS no longer contains a policy to allow for adjustments reflecting SCICs. Episodes paid under the refined HH PPS will be paid based on a single HIPPS code. Claims submitted with additional HIPPS codes reflecting SCICs will be returned to the provider; i.e., claims for episodes beginning on or after January 1, 2008, that contain more than one revenue code 0023 line.

(3) LUPA.

(a) For Episodes Beginning Prior To January 1, 2008.

1 The LUPA reduces the 60-day episode payments, or PEP amounts, for those beneficiaries receiving less than five home health visits during a 60-day EOC. Payment for low-utilization episodes are made on a per-visit basis using the cost-per-visit rates by discipline calculated in [Figure 12-4-1](#) plus additional amounts for: 1) NRS paid under a home health POC; 2) NRS possibly unbundled to Part B; 3) per-visit ongoing OASIS reporting adjustment; and 4) one-time OASIS scheduling implementation change. These cost-per-visit rates are standardized for wage index and adjusted for outliers to come up with final wage standardized and budget neutral per-visit payment amounts for 60-day episodes as reflected in [Figure 12-4-16](#).

FIGURE 12-4-16 PER VISIT PAYMENT AMOUNTS FOR LUPAS

Home health discipline type	Average cost per visit from the PPS audit sample	Average cost per visit for NRS*	Average cost per visit for ongoing OASIS adjustment costs	Average cost per visit for one-time OASIS scheduling change	Standardization factor for wage index	Outlier adjustment factor	Per-visit payment amounts per 60-day episode for FY 2001
Home Health Aide	\$41.75	\$1.94	\$0.12	\$0.21	0.96674	1.05	\$43.37
Medical Social	153.59	1.94	0.12	0.21	0.96674	1.05	153.55
Physical Therapy	104.05	1.94	0.12	0.21	0.96674	1.05	104.74

* Combined average cost per-visit amounts for NRS reported as costs on the cost report and those which could have been unbundled and billed separately to Part B.

FIGURE 12-4-16 PER VISIT PAYMENT AMOUNTS FOR LUPAS

Home health discipline type	Average cost per visit from the PPS audit sample	Average cost per visit for NRS*	Average cost per visit for ongoing OASIS adjustment costs	Average cost per visit for one-time OASIS scheduling change	Standardization factor for wage index	Outlier adjustment factor	Per-visit payment amounts per 60-day episode for FY 2001
Skilled Nursing	94.96	1.94	0.12	0.21	0.96674	1.05	95.79
Speech Pathology	113.26	1.94	0.12	0.21	0.96674	1.05	113.81
Occupational Therapy	104.76	1.94	0.12	0.21	0.96674	1.05	105.44

* Combined average cost per-visit amounts for NRS reported as costs on the cost report and those which could have been unbundled and billed separately to Part B.

2 The per-visit rates per discipline are wage-adjusted but not case-mix adjusted in determining the LUPA. For example, a beneficiary assigned to HHRG C2L1S2 and receiving care in a Denver, CO, HHA has one skilled nursing visit, one physical therapy visit and two home health visits. The per-visit payment amount (obtained from Figure 12-4-16) is multiplied by the number of visits for each discipline and summed to obtain an unadjusted low-utilization payment amount. This amount is then wage-adjusted to come up with the final LUPA. The following steps are used in calculating the LUPA:

NOTE: Since the basic methodology used in calculating HHA PPS outliers has not changed, the following example is still applicable using the updated wage indices, 60-day episode payment amounts and Fixed Dollar Loss (FDL) amounts in , Addendums L (CY 2009), L (CY 2010), L (CY 2011), M (CY 2009), M (CY 2010), and M (CY 2011).

STEP 1: Multiple the per-visit rate per discipline by the number of visits and add them together to get the total unadjusted low-utilization payment amount.

Skilled nursing visits (1 x \$95.79)	=	\$ 95.79
Physical therapy visits (1 x \$104.74)	=	\$104.74
Home health aide visits (2 x \$43.37)	=	\$ 86.74
<u>Total unadjusted payment amount</u>		<u>\$287.27</u>

STEP 2: Multiply the unadjusted payment amount by its labor and non-labor related percentages to get the labor and non-labor portion of the payment amount.

Labor Portion	=	(\$287.27 x 0.77668)	=	\$223.12
Non-labor Portion	=	(\$287.27 x 0.22332)	=	\$64.15

STEP 3: Multiply the labor portion of the payment amount by the wage index for Denver, CO.

$$(\$223.12 \times 1.0190) = \$227.36$$

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STEP 4: Add the labor and non-labor portions together to arrive at the LUPA.

$$(\$227.36 + \$64.15) = \boxed{\$291.51}$$

(b) For Episodes Beginning On Or After January 1, 2008. LUPA may be subject to an additional payment adjustment. If the LUPA episode is the first episode in a sequence of adjacent episodes or is the only EOC the beneficiary received and the Source of Referral and Admission or Visit Code is not "B" (Transfer From Another HHA) or "C" (Readmission to Same HHA), an additional add-on payment will be made. A lump-sum established in regulation and updated annually will be added to these claims. The additional amount for CY 2008 is \$87.93.

(4) Therapy Threshold Adjustment.

(c) For Episodes Beginning Prior To January 1, 2008. There is a downward adjustment in the 60-day episode payment amount if the number of therapy services delivered during an episode does not meet the threshold. The total case-mix adjusted episode payment is based on the OASIS assessment and the therapy hours provided over the course of the episode. The number of therapy hours projected on the OASIS assessment at the start of the episode, entered in OASIS, is confirmed by the visit information submitted in line-item detail on the claim for the episode. If therapy use is below the utilization threshold (i.e., the projected range of hours for physical, occupational or speech therapy combined), there is an automatic downward adjustment in the 60-day episode payment amount.

(b) For Episodes Beginning On Or After January 1, 2008.

1 The refined HH PPS adjusts Medicare payment based on whether one of three therapy thresholds (6, 14, or 20 visits) is met. As a result of these multiple thresholds, and since meeting a threshold can change the payment equation that applies to a particular episode, a simple "fallback" coding structure is no longer possible. Also, additional therapy visits may change the score in the services domain of the HIPPS code.

2 Due to this increased complexity of the payment system regarding therapies, the Pricer software in the claims processing system will re-code all claims based on the actual number of therapy services provided. The re-coding will be performed without regard to whether the number of therapies delivered increased or decreased compared to the number of expected therapies reported on the OASIS assessment and used to base RAP payment. As in the original HH PPS, the remittance advice will show both the HIPPS code submitted on the claim and the HIPPS code that was used for payment, so adjustments can be clearly identified.

3. Calculation of Outlier Payments.

a. A methodology has been established under the HHA PPS to allow for outlier payments in addition to regular 60-day episode payments for beneficiaries generating excessively large treatment costs. The outlier payments under this methodology are made for

those episodes whose estimated imputed costs exceed the predetermined outlier thresholds established for each HHRG. Outlier payments are not restricted solely to standard 60-day EOCs. They may also be extended for atypically costly beneficiaries who qualify for SCIC or PEP payment adjustments under the HHA PPS. The outlier threshold amount for each HHRG is calculated by adding a FDL amount, which is the same for all case-mix groups (HHRGs), to the HHRG's 60-day episode payment amount. A FDL amount is also added to the PEP and SCIC adjustment payments in the establishment of PEP and SCIC outlier thresholds.

b. The outlier payment amount is a proportion of the wage-adjusted estimated imputed costs beyond the wage-adjusted threshold. The loss-sharing ratio is the proportion of additional costs paid as an outlier payment. The loss-sharing ratio, along with the FDL amount, is used to constrain outlier costs to five percent of total episode payments. The estimated imputed costs are derived from those home health visits actually ordered and received during the 60-day episode. The total visits per discipline are multiplied by their national average per-visit amounts (refer to [Figure 12-4-4](#) for the calculation of national average per-visit amounts) and are wage-adjusted. The wage-adjusted imputed costs for each discipline are summed to get the total estimated wage-adjusted imputed costs for the 60-day EOC. The outlier threshold is then subtracted from the total wage-adjusted imputed per visit costs for the 60-day episode to come up with the imputed costs in excess of the outlier threshold. The amount in excess of the outlier threshold is multiplied by 80% (i.e., the loss share ratio) to obtain the outlier payment. The HHA receives both the 60-day episode and outlier payment. For example, a beneficiary assigned to HHRG C2L2S2 [case-mix weight of 1.9532 and receiving HHA care in Missoula, MT (wage index of 0.9086)], has physician orders for and received 54 skilled nursing visits, 48 home health aide visits, and six physical therapy visits. The following steps are used in calculating the outlier payment:

(1) Calculation of Case-Mix and Wage-Adjusted Episode Payment.

STEP 1: Multiply the case-mix weight for HHRG C2L2S2 by the standard 60-day prospective episode payment amount.

$$(1.9532 \times \$2,115.30) = \$4,131.60$$

STEP 2: Divide the case-mix-adjusted episode payment amount into its labor and non-labor portions.

Labor Portion	=	(0.77668 × \$4,131.60)	=	\$3,208.93
Non-labor Portion	=	(0.22332 × \$4,131.60)	=	\$922.67

STEP 3: Multiply the labor portion of the case-mix adjusted episode payment by the wage index factor for Missoula, MT.

$$(0.9086 \times \$3,208.93) = \$2,915.63$$

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STEP 4: Add the wage-adjusted labor portion to the non-labor portion to get the total case-mix and wage-adjusted 60-day episode payment amount.

$$(\$2,915.63 + \$922.67) = \boxed{\$3,838.30}$$

(2) Calculation of the Wage-Adjusted Outlier Threshold.

STEP 1: Multiply the 60-day episode payment amount by the FDL ratio (1.13) to come up with the FDL amount.

$$(\$2,115.30 \times 1.13) = \$2,390.29$$

STEP 2: Divide the FDL amount into its labor and non-labor portions.

$$\begin{aligned} \text{Labor Portion} &= (0.77668 \times \$2,390.29) = \$1,856.49 \\ \text{Non-labor Portion} &= (0.22332 \times \$2,390.29) = \$533.80 \end{aligned}$$

STEP 3: Multiply the labor portion of the FDL amount by the wage index for Missoula, MT (0.9086).

$$(0.9086 \times \$1,856.49) = \$1,686.81$$

STEP 4: Add back the non-labor portion to the wage-adjusted labor portion to get the total wage-adjusted FDL amount.

$$(\$1,686.81 + \$533.80) = \$2,220.61$$

STEP 5: Add the case-mix and wage-adjusted 60-day episode payment amount to the wage-adjusted fixed dollar amount to obtain the wage-adjusted outlier threshold.

$$(\$3,838.32 + \$2,220.60) = \boxed{\$6,058.92}$$

(3) Calculation of Wage-Adjusted Imputed Cost of 60-Day Episode.

STEP 1: Multiply the total number of visits by the national average cost per visit for each discipline to arrive at the imputed costs per discipline over the 60-day episode.

$$\begin{aligned} \text{Skilled Nursing Visits} & (54 \times \$95.79) = \$5,172.66 \\ \text{Home Health Aide Visits} & (48 \times \$43.37) = \$2,081.76 \\ \text{Physical Therapy Visits} & (6 \times \$104.74) = \$628.44 \end{aligned}$$

STEP 2: Calculate the wage-adjusted imputed costs by dividing the total imputed cost per discipline into their labor and non-labor portions and multiplying the labor portions by the wage index for Missoula, MT (0.9086) and adding back the non-labor portions to arrive at the total wage-adjusted imputed costs per discipline.

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1 Skilled Nursing Visits

portions.

a Divide total imputed costs into their labor and non-labor

$$\begin{aligned} \text{Labor Portion} &= (0.77668 \times \$5,172.66) = \$4,017.50 \\ \text{Non-labor Portion} &= (0.22332 \times \$5,172.66) = \$1,155.16 \end{aligned}$$

b Wage-adjusted labor portion of imputed costs.

$$(\$4,017.50 \times 0.9086) = \$3,650.30$$

c Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for skilled nursing visits.

$$(\$3,650.30 + \$1,155.16) = \$4,805.46$$

2 Home Health Aide Visits

portions.

a Divide total imputed costs into their labor and non-labor

$$\begin{aligned} \text{Labor Portion} &= (0.77668 \times \$2,081.76) = \$1,616.86 \\ \text{Non-labor Portion} &= (0.22332 \times \$2,081.76) = \$464.90 \end{aligned}$$

b Wage-adjusted labor portion of imputed costs.

$$(\$1,616.86 \times 0.9086) = \$1,469.08$$

c Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for home health aide visits.

$$(\$1,469.08 + \$464.90) = \$1,933.98$$

3 Physical Therapy Visits

portions.

a Divide total imputed costs into their labor and non-labor

$$\begin{aligned} \text{Labor Portion} &= (0.77668 \times \$628.44) = \$488.10 \\ \text{Non-labor Portion} &= (0.22332 \times \$628.44) = \$140.34 \end{aligned}$$

b Wage-adjusted labor portion of imputed costs.

$$(\$488.10 \times 0.9086) = \$443.49$$

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c Add back non-labor portion to wage-adjusted labor portion of imputed costs to come up with the total wage-adjusted imputed costs for home health aide visits.

$$(\$443.49 + \$140.34) = \boxed{\$583.83}$$

STEP 3: Add together the wage-adjusted imputed costs for the skilled nursing, home health aide and physical therapy visits to obtain the total wage-adjusted imputed costs of the 60-day episode.

$$(\$4,805.46 + \$1,933.98 + \$583.83) = \boxed{\$7,323.27}$$

(4) Calculation of Outlier Payment.

STEP 1: Subtract the outlier threshold amount from the total wage-adjusted imputed costs to arrive at the costs in excess of the outlier threshold.

$$(\$7,323.27 - \$6,058.92) = \$1,264.35$$

STEP 2: Multiply the imputed cost amount in excess of the HHRG threshold amount by the loss sharing ratio (80%) to arrive at the outlier payment.

$$(\$1,264.35 \times 0.80) = \boxed{\$1,011.48}$$

(5) Calculation of Total Payment to HHA.

(c) Add the outlier payment amount to the case-mix and wage-adjusted 60-day episode payment amount to obtain the total payment to the HHA.

$$(\$3,838.30 + \$1,011.48) = \boxed{\$4,849.78}$$

l. Other Health Insurance (OHI) Under HHA PPS.

Payment under the HHA PPS is dependent upon the PPS-specific information submitted by the provider with the TRICARE Claim (see [Chapter 12, Section 6](#)). However, if the beneficiary has OHI which has processed the claim as primary payer, it is likely that the information necessary to determine the TRICARE PPS payment amount will not be available. Therefore, special procedures have been established for processing HHA claims involving OHI. These claims will not be processed as PPS claims. Such claims will be allowed as billed unless there is a provider discount agreement. The only exception to this is cases when there is evidence on the face of the claim that the beneficiary's liability is limited to less than the billed charge (e.g., the OHI has a discount agreement with the provider under which the provider agrees to accept a percentage of the billed charge as payment in full). In such cases, the TRICARE payment is to be the difference between the limited amount established by the OHI and the OHI payment.

- END -

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	Lamar, GA			Calhoun, MI	
	Meriwether, GA		13020	Bay City, MI.....	0.9267
	Newton, GA			Bay, MI	
	Paulding, GA		13140	Beaumont-Port Arthur, TX	0.8383
	Pickens, GA			Hardin, TX	
	Pike, GA			Jefferson, TX	
	Rockdale, GA			Orange, TX	
	Spalding, GA		13380	Bellingham, WA	1.1395
	Walton, GA			Whatcom, WA	
12100	Atlantic City, NJ.....	1.1554	13460	Bend, OR	1.1446
	Atlantic, NJ			Deschutes, OR	
12220	Auburn-Opelika, AL.....	0.8138	13644	Bethesda-Frederick-Gaithersburg, MD.....	1.0298
	Lee, AL			Frederick, MD	
12260	Augusta-Richmond, GA-SC	0.9409		Montgomery, MD	
	Burke, GA		13740	Billings, MT	0.8781
	Columbia, GA			Carbon, MT	
	McDuffie, GA			Yellowstone, MT	
	Richmond, GA		13780	Binghamton, NY.....	0.8780
	Aiken, SC			Broome, NY	
	Edgefield, SC			Tioga, NY	
12420	Austin-Round Rock, TX.....	0.9518	13820	Birmingham-Hoover, AL.....	0.8554
	Bastrop, TX			Bibb, AL	
	Caldwell, TX			Blount, AL	
	Hays, TX			Chilton, AL	
	Travis, TX			Jefferson, AL	
	Williamson, TX			St. Clair, AL	
12540	Bakersfield, CA.....	1.1232		Shelby, AL	
	Kern, CA			Walker, AL	
12580	Baltimore-Towson, MD	1.0214	13900	Bismarck, ND.....	0.7637
	Anne Arundel, MD			Burleigh, ND	
	Baltimore, MD			Morton, ND	
	Carroll, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8394
	Harford, MD			Giles, VA	
	Howard, MD			Montgomery, VA	
	Queen Anne's, MD			Pulaski, VA	
	Baltimore City, MD			Radford City, VA	
12620	Bangor, ME.....	1.0154			
	Penobscot, ME		14020	Bloomington, IN.....	0.9043
12700	Barnstable Town, MA.....	1.2618		Greene, IN	
	Barnstable, MA			Monroe, IN	
12940	Baton Rouge, LA	0.8180		Owen, IN	
	Ascension, LA		14060	Bloomington-Normal, IL	0.9378
	East Baton Rouge, LA			McLean, IL	
	East Feliciana, LA		14260	Boise City-Nampa, ID	0.9318
	Iberville, LA			Ada, ID	
	Livingston, LA			Boise, ID	
	Pointe Coupee, LA			Canyon, ID	
	St. Helena, LA			Gem, ID	
	West Baton Rouge, LA			Owyhee, ID	
	West Feliciana, LA		14484	Boston-Quincy, MA	1.2186
12980	Battle Creek, MI.....	1.0000			

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14500	Norfolk, MA Plymouth, MA Suffolk, MA	1.0266	16580	Benton, IA Jones, IA Linn, IA	1.0108
14540	Boulder, CO.....	0.8469	16620	Champaign-Urbana, IL	0.8141
14600	Boulder, CO Bowling Green, KY	0.9735	16700	Champaign, IL Ford, IL Piatt, IL	0.9279
14740	Edmonson, KY Warren, KY	1.0755	16740	Charleston, WV	0.9474
14860	Bradenton-Sarasota-Venice, FL	1.2792	16820	Boone, WV Clay, WV Kanawha, WV	0.9372
15180	Manatee, FL Sarasota, FL	0.9020	16860	Lincoln, WV Putnam, WV	0.8831
15260	Bremerton-Silverdale, WA	0.9178	16940	Charleston-North Charleston, SC...	0.9344
15380	Kitsap, WA	0.9740	16974	Berkeley, SC Charleston, SC Dorchester, SC	1.0471
15500	Bridgeport-Stamford-Norwalk, CT Fairfield, CT	0.8749	17020	Charlotte-Gastonia-Concord, NC-SC	1.1198
15540	Brownsville-Harlingen, TX.....	1.0106		Anson, NC Cabarrus, NC Gaston, NC Mecklenburg, NC Union, NC York, SC	
15764	Cameron, TX	1.1278		Charlottesville, VA	
15804	Brunswick, GA	1.0374		Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA Charlottesville City, VA	
15940	Brantley, GA Glynn, GA McIntosh, GA	0.8813		Chattanooga, TN-GA	
15980	Buffalo-Niagara Falls, NY	0.9076		Catoosa, GA Dade, GA Walker, GA Hamilton, TN Marion, TN Sequatchie, TN	
16020	Erie, NY Niagara, NY	0.9047		Cheyenne, WY	
16180	Burlington, NC	1.0531		Laramie, WY	
16220	Alamance, NC	0.9520		Chicago-Naperville-Joliet, IL	
16300	Burlington-South Burlington, VT ...	0.8984		Cook, IL DeKalb, IL DuPage, IL Grundy, IL Kane, IL Kendall, IL McHenry, IL Will, IL	
	Chittenden, VT Franklin, VT Grand Isle, VT			Chico, CA	
	Camden, NJ.....			Butte, CA	
	Burlington, NJ Camden, NJ Gloucester, NJ				
	Canton-Massillon, OH.....				
	Carroll, OH Stark, OH				
	Cape Coral-Fort Myers, FL				
	Lee, FL				
	Cape Girardeau-Jackson, MO-IL				
	Alexander, IL Bollinger, MO Cape Girardeau, MO				

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22520	Florence, SC Florence-Muscle Shoals, AL	0.7998	24300	Grand Forks, ND Grand Junction, CO	0.9721
22540	Colbert, AL Lauderdale, AL Fond du Lac, WI.....	0.9660	24340	Mesa, CO Grand Rapids-Wyoming, MI.....	0.9178
22660	Fond du Lac, WI Fort Collins-Loveland, CO.....	1.0175	24500	Barry, MI Ionia, MI Kent, MI Newaygo, MI	0.8354
22744	Larimer, CO Fort Lauderdale-Pompano Beach- Deerfield	1.0383	24540	Great Falls, MT	0.9578
22900	Beach, FL. Broward, FL Fort Smith, AR-OK.....	0.7861	24580	Cascade, MT Greeley, CO	0.9621
23020	Crawford, AR Franklin, AR Sebastian, AR Le Flore, OK Sequoyah, OK		24660	Weld, CO Green Bay, WI.....	0.9062
23060	Fort Walton Beach-Crestview- Destin, FL	0.8758	24780	Brown, WI Kewaunee, WI Oconto, WI Greensboro-High Point, NC	0.9401
23104	Okaloosa, FL Fort Wayne, IN	0.9012	24860	Guilford, NC Randolph, NC Rockingham, NC Greenville, NC.....	0.9980
23420	Allen, IN Wells, IN Whitley, IN Fort Worth-Arlington, TX	0.9499	25020	Greene, NC Pitt, NC Greenville, SC	0.3537
23460	Johnson, TX Parker, TX Tarrant, TX Wise, TX		25060	Greenville, SC Laurens, SC Pickens, SC Guayama, PR.....	0.8783
23540	Fresno, CA.....	1.1267	25180	Arroyo, PR Guayama, PR Patillas, PR Gulfport-Biloxi, MS.....	0.8965
23580	Fresno, CA Gadsden, AL	0.8266	25260	Hancock, MS Harrison, MS Stone, MS Hagerstown-Martinsburg, MD- WV	0.8965
23844	Etowah, AL Gainesville, FL.....	0.8978	25420	Washington, MD Berkeley, WV Morgan, WV Hanford-Corcoran, CA.....	1.1010
24020	Alachua, FL Gilchrist, FL Gainesville, GA.....	0.9123	25420	Kings, CA Harrisburg-Carlisle, PA.....	0.9286
24140	Hall, GA Gary, IN	0.9288	25500	Cumberland, PA Dauphin, PA Perry, PA Harrisonburg, VA.....	0.9025
24220	Jasper, IN Lake, IN Newton, IN Porter, IN Glens Falls, NY	0.8456	25540	Rockingham, VA Harrisonburg City, VA Hartford-West Hartford-East Hartford, CT	1.1194
	Warren, NY Washington, NY Goldsboro, NC.....	0.9056			
	Wayne, NC Grand Forks, ND-MN	0.7775			
	Polk, MN				

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25620	Hartford, CT	0.7664	26980	Brown, IN	0.9548
	Litchfield, CT			Hamilton, IN	
	Middlesex, CT			Hancock, IN	
	Tolland, CT			Hendricks, IN	
	Hattiesburg, MS.....			Johnson, IN	
25860	Forrest, MS	0.9000	27060	Marion, IN	1.0112
	Lamar, MS			Morgan, IN	
	Perry, MS			Putnam, IN	
	Hickory-Lenoir-Morganton, NC.....			Shelby, IN	
	Alexander, NC			Iowa City, IA.....	
25980 ¹	Burke, NC	0.9028	27100	Washington, IA	0.8720
	Caldwell, NC			Jackson, MI.....	
	Catawba, NC			Jackson, MI	
26100	Hinesville-Fort Stewart, GA.....	0.8696	27140	Jackson, MS.....	0.8186
	Liberty, GA			Copiah, MS	
26180	Long, GA	1.1662	27180	Hinds, MS	0.8581
	Holland-Grand Haven, MI.....			Madison, MS	
26300	Ottawa, MI	0.9004	27260	Rankin, MS	0.9105
	Honolulu, HI.....			Simpson, MS	
26380	Honolulu, HI	0.7875	27340	Jackson, TN.....	0.8026
	Hot Springs, AR.....			Chester, TN	
26420	Garland, AR	0.9841	27500	Madison, TN	0.9201
	Houma-Bayou Cane-Thibodaux, LA.....			Jacksonville, FL.....	
	Lafourche, LA			Baker, FL	
	Terrebonne, LA			Clay, FL	
	Houston-Baytown-Sugar Land, TX			Duval, FL	
	Austin, TX			Nassau, FL	
	Brazoria, TX			St. Johns, FL	
	Chambers, TX			Jacksonville, NC.....	
	Fort Bend, TX			Onslow, NC	
	Galveston, TX			Janesville, WI.....	
26580	Harris, TX	0.9097	27620	Rock, WI	0.8709
	Liberty, TX			Jefferson City, MO.....	
	Montgomery, TX			Callaway, MO	
	San Jacinto, TX			Cole, MO	
	Waller, TX			Moniteau, MO	
26620	Huntington-Ashland, WV-KY-OH.	0.9064	27740	Osage, MO	0.7722
	Boyd, KY			Johnson City, TN.....	
	Greenup, KY			Carter, TN	
	Lawrence, OH			Unicoi, TN	
	Cabell, WV			Washington, TN	
26820	Wayne, WV	0.9436	27780	Johnstown, PA.....	0.8233
	Huntsville, AL.....			Cambria, PA	
	Limestone, AL			Jonesboro, AR.....	
26900	Madison, AL	0.9742	27900	Craighead, AR	0.8285
	Idaho Falls, ID.....			Poinsett, AR	
	Bonneville, ID			Joplin, MO.....	
	Jefferson, ID			Jasper, MO	
	Indianapolis, IN.....				
	Boone, IN				

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38900	Portland-Vancouver-Beaverton, OR-WA.....	1.1498		Caroline, VA	
	Clackamas, OR			Charles City, VA	
	Columbia, OR			Chesterfield, VA	
	Multnomah, OR			Cumberland, VA	
	Washington, OR			Dinwiddie, VA	
	Yamhill, OR			Goochland, VA	
	Clark, WA			Hanover, VA	
	Skamania, WA			Henrico, VA	
38940	Port St. Lucie-Fort Pierce, FL.....	0.9896		King and Queen, VA	
	Martin, FL			King William, VA	
	St. Lucie, FL			Louisa, VA	
39100	Poughkeepsie-Newburgh-Middletown, NY	1.1216		New Kent, VA	
	Dutchess, NY			Powhatan, VA	
	Orange, NY			Prince George, VA	
39140	Prescott, AZ.....	1.0121		Sussex, VA	
	Yavapai, AZ			Colonial Heights City, VA	
39300	Providence-New Bedford-Fall River, RI-MA	1.0782		Hopewell City, VA	
	Bristol, MA		40140	Petersburg City, VA	
	Bristol, RI			Richmond City, VA	
	Kent, RI			Riverside-San Bernardino-Ontario, CA	1.1285
	Newport, RI			Riverside, CA	
	Providence, RI		40220	San Bernardino, CA	
	Washington, RI			Roanoke, VA	0.8671
39340	Provo-Orem, UT	0.9548		Botetourt, VA	
	Juab, UT			Craig, VA	
	Utah, UT			Franklin, VA	
39380	Pueblo, CO	0.8570		Roanoke, VA	
	Pueblo, CO			Roanoke City, VA	
39460	Punta Gorda, FL	0.8774	40340	Salem City, VA	
	Charlotte, FL			Rochester, MN	1.1136
39540	Racine, WI	0.9373		Dodge, MN	
	Racine, WI			Olmsted, MN	
39580	Raleigh-Cary, NC	0.9663	40380	Wabasha, MN	
	Franklin, NC			Rochester, NY	0.8724
	Johnston, NC			Livingston, NY	
	Wake, NC			Monroe, NY	
39660	Rapid City, SD.....	1.0046		Ontario, NY	
	Meade, SD			Orleans, NY	
	Pennington, SD		40420	Wayne, NY	
39740	Reading, PA	0.9263		Rockford, IL	1.0152
	Berks, PA			Boone, IL	
39820	Redding, CA	1.4039	40484	Winnebago, IL	
	Shasta, CA			Rockingham County-Strafford, NH	1.0125
39900	Reno-Sparks, NV	1.0285		Rockingham, NH	
	Storey, NV		40580	Strafford, NH	
	Washoe, NV			Rocky Mount, NC	0.8845
40060	Richmond, VA.....	0.9521		Edgecombe, NC	
	Amelia, VA		40660	Nash, NC	
				Rome, GA	0.8915
				Floyd, GA	

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40900	Sacramento--Arden-Arcade--Roseville, CA	1.4073	41700	Tom Green, TX	
	El Dorado, CA			San Antonio, TX	0.8857
	Placer, CA			Atascosa, TX	
	Sacramento, CA			Bandera, TX	
	Yolo, CA			Bexar, TX	
40980	Saginaw-Saginaw Township North, MI.....	0.9122		Comal, TX	
	Saginaw, MI			Guadalupe, TX	
41060	St. Cloud, MN.....	1.1107		Kendall, TX	
	Benton, MN		41740	Medina, TX	
	Stearns, MN			Wilson, TX	
41100	St. George, UT.....	0.9236		San Diego-Carlsbad-San Marcos, CA	1.1752
	Washington, UT		41780	San Diego, CA	
41140	St. Joseph, MO-KS.....	1.0189		Sandusky, OH.....	0.8888
	Doniphan, KS		41884	Erie, OH	
	Andrew, MO			San Francisco-San Mateo-Redwood City, CA	1.5874
	Buchanan, MO			Marin, CA	
	DeKalb, MO			San Francisco, CA	
41180	St. Louis, MO-IL	0.9102		San Mateo, CA	
	Bond, IL		41900	San German-Cabo Rojo, PR.....	0.4740
	Calhoun, IL			Cabo Rojo, PR	
	Clinton, IL			Lajas, PR	
	Jersey, IL			Sabana Grande, PR	
	Macoupin, IL		41940	San German, PR	
	Madison, IL			San Jose-Sunnyvale-Santa Clara, CA	1.6404
	Monroe, IL			San Benito, CA	
	St. Clair, IL		41980	Santa Clara, CA	
	Crawford, MO			San Juan-Caguas-Guaynabo, PR....	0.4363
	Franklin, MO			Aguas Buenas, PR	
	Jefferson, MO			Aibonito, PR	
	Lincoln, MO			Arecibo, PR	
	St. Charles, MO			Barceloneta, PR	
	St. Louis, MO			Barranquitas, PR	
	Warren, MO			Bayamon, PR	
	Washington, MO			Caguas, PR	
	St. Louis City, MO			Camuy, PR	
41420	Salem, OR.....	1.0974		Canovanas, PR	
	Marion, OR			Carolina, PR	
	Polk, OR			Catano, PR	
41500	Salinas, CA	1.5207		Cayey, PR	
	Monterey, CA			Ciales, PR	
41540	Salisbury, MD.....	0.9110		Cidra, PR	
	Somerset, MD			Comerio, PR	
	Wicomico, MD			Corozal, PR	
41620	Salt Lake City, UT.....	0.9378		Dorado, PR	
	Salt Lake, UT			Florida, PR	
	Summit, UT			Guaynabo, PR	
	Tooele, UT			Gurabo, PR	
41660	San Angelo, TX.....	0.7914		Hatillo, PR	
	Irion, TX				