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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 142
6010.55-M
NOVEMBER 9, 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: FISCAL YEAR (FY) 2012 REIMBURSEMENT UPDATE

CONREQ: 15613

PAGE CHANGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): This change provides FY 2012 annual updates to the TRM for Ambulatory Surgery Center (ASC) rates, Diagnosis Related Group (DRG) rates, Hospice rates, Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Rate and Wage Index to include updates for Extended Care Health Option (ECHO) Home Health Care (EHHC) reimbursement for inpatient mental health care, partial hospitalization care, and Residential Treatment Center (RTC) care to include 3.0% inpatient PPS market basket update factor.

EFFECTIVE DATE: As listed in the policy.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TPM, Change No. 150.

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

**ATTACHMENT(S): 140 PAGE(S)
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(Please reference daily rate chart below.) (For care provided on or after April 1, 2001, for Prime ADFMs, copayment is \$0.)

UNIFORMED SERVICES HOSPITAL DAILY CHARGE AMOUNTS

Use the daily charge (per diem rate) in effect for each day of the stay to calculate a cost-share for a stay which spans periods.

PERIOD	DAILY CHARGE
October 1, 1997 - September 30, 1998	\$10.20
October 1, 1998 - September 30, 1999	\$10.45
October 1, 1999 - September 30, 2000	\$10.85
October 1, 2000 - September 30, 2001	\$11.45
April 1, 2001 (for Prime ADFMs only)	\$0.00
October 1, 2001 - September 30, 2002 (for ADFMs not enrolled in Prime)	\$11.90
October 1, 2002 - September 30, 2003 (for ADFMs not enrolled in Prime)	\$12.72
October 1, 2003 - September 30, 2004 (for ADFMs not enrolled in Prime)	\$13.32
October 1, 2004 - September 30, 2005 (for ADFMs not enrolled in Prime)	\$13.90
October 1, 2005 - September 30, 2006 (for ADFMs not enrolled in Prime)	\$14.35
October 1, 2006 - September 30, 2007 (for ADFMs not enrolled in Prime)	\$14.80
October 1, 2007 - September 30, 2008 (for ADFMs not enrolled in Prime)	\$15.15
October 1, 2008 - September 30, 2009 (for ADFMs not enrolled in Prime)	\$15.65
October 1, 2009 - September 30, 2010 (for ADFMs not enrolled in Prime)	\$16.30
October 1, 2010 - September 30, 2011 (for ADFMs not enrolled in Prime)	\$16.85
October 1, 2011 - September 30, 2012 (for ADFMs not enrolled in Prime)	\$17.05

(2) Other Beneficiaries: For services exempt from the DRG-based payment system and the mental health per diem payment system and services provided by institutions other than hospitals (i.e., RTCs), the cost-share shall be 25% of the allowable charges.

c. Cost-Shares: Maternity.

(1) Determination. Maternity care cost-share shall be determined as follows:

(a) Inpatient cost-share formula applies to maternity care ending in childbirth in, or on the way to, a hospital inpatient childbirth unit, and for maternity care ending in a non-birth outcome not otherwise excluded.

NOTE: Inpatient cost-share formula applies to prenatal and postnatal care provided in the office of a civilian physician or certified nurse-midwife in connection with maternity care ending in childbirth or termination of pregnancy in, or on the way to, a military treatment facility inpatient childbirth unit. ADFMs pay a per diem charge (or a \$25.00 minimum charge) for an admission and there is no separate cost-share for them for separately billed professional charges or prenatal or postnatal care.

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(b) Ambulatory surgery cost-share formula applies to maternity care ending in childbirth in, or on the way to, a birthing center to which the beneficiary is admitted, and from which the beneficiary has received prenatal care, or a hospital-based outpatient birthing room.

(c) Outpatient cost-share formula applies to maternity care which terminates in a planned childbirth at home.

(d) Otherwise covered medical services and supplies directly related to "Complications of pregnancy", as defined in the Regulation, will be cost-shared on the same basis as the related maternity care for a period not to exceed 42 days following termination of the pregnancy and thereafter cost-shared on the basis of the inpatient or outpatient status of the beneficiary when medically necessary services and supplies are received.

(2) Otherwise authorized services and supplies related to maternity care, including maternity related prescription drugs, shall be cost-shared on the same basis as the termination of pregnancy.

(3) Claims for pregnancy testing are cost-shared on an outpatient basis when the delivery is on an inpatient basis.

(4) Where the beneficiary delivers in a professional office birthing suite located in the office of a physician or certified nurse-midwife (which is not otherwise a TRICARE-approved birthing center) the delivery is to be adjudicated as an at-home birth.

(5) Claims for prescription drugs provided on an outpatient basis during the maternity episode but not directly related to the maternity care are cost-shared on an outpatient basis.

(6) Newborn cost-share. Effective for all inpatient admissions occurring on or after October 1, 1987, separate claims must be submitted for the mother and newborn. The cost-share for inpatient claims for services rendered to an beneficiary newborn is determined as follows:

(a) IN A DRG HOSPITAL:

1 Same newborn date of birth and date of admission.

2 For ADFMs, there will be no cost-share during the period the newborn is deemed enrolled in Prime.

3 For newborn family members of other than active duty members, unless the newborn is deemed enrolled in Prime, the cost-share will be the lower of the number of hospital days minus three multiplied by the per diem amount, OR 25% of the total billed charges (less duplicates and DRG non-reimbursables such as hospital-based professional charges).

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4 Different newborn date of birth and date of admission. For family members of active duty members, there will be no cost-share during the period the newborn is deemed enrolled in Prime. For all other beneficiaries, the cost-share is applied to all days in the inpatient stay unless the newborn is deemed enrolled in Prime.

(b) IN DRG EXEMPT HOSPITAL:

1 Same newborn date of birth and date of admission.

2 For ADFMs, there will be no cost-share during the period the newborn is deemed enrolled in Prime.

3 For family members of other than active duty members, the cost-share will be calculated based on 25% of the total allowed charges unless the newborn is deemed enrolled in Prime.

4 Different newborn date of birth and date of admission.

5 For ADFMs, there will be no cost-share during the period the newborn is deemed enrolled in Prime.

6 For family members of other than active duty members, the cost-share will be calculated based on 25% of the total allowed charges unless the newborn is deemed enrolled in Prime.

(7) Maternity Related Care. Medically necessary treatment rendered to a pregnant woman for a non-obstetrical medical, anatomical, or physiological illness or condition shall be cost-shared as a part of the maternity episode when:

(a) The treatment is otherwise allowable as a benefit, and,

(b) Delay of the treatment until after the conclusion of the pregnancy is medically contraindicated, and,

(c) The illness or condition is, or increases the likelihood of, a threat to the life of the mother, or,

(d) The illness or condition will cause, or increase the likelihood of, a stillbirth or newborn injury or illness, or,

(e) The usual course of treatment must be altered or modified to minimize a defined risk of newborn injury or illness.

d. Cost-Shares: DRG-Based Payment System.

(1) General. These special cost-sharing procedures apply only to claims paid under the DRG-based payment system.

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(2) TRICARE Standard.

(a) Cost-shares for ADFMs.

1 Except in the case of mental health services, ADFMs or their sponsors are responsible for the payment of the first \$25 of the allowable institutional costs incurred with each covered inpatient admission to a hospital or other authorized institutional provider, or the amount the beneficiary or sponsor would have been charged had the inpatient care been provided in a Uniformed Service hospital, whichever is greater.

2 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.

(b) Cost-shares for beneficiaries other than ADFMs.

1 The cost-share will be the lesser of:

□ An amount based on a single, specific per diem amount which will not vary regardless of the DRG involved. The following is the DRG inpatient TRICARE Standard cost-sharing per diems for beneficiaries other than ADFMs.

For FY 2005, the daily rate is \$512.

For FY 2006, the daily rate is \$535.

For FY 2007, the daily rate is capped at the FY 2006 level of \$535, per Section 704 of NDAA FY 2007.

For FY 2008, FY 2009, FY 2010, and FY 2011, the daily rate is \$535.

For FY 2012, the daily rate is \$708.

(1) The per diem amount will be calculated as follows:

(a) Determine the total allowable DRG-based amounts for services subject to the DRG-based payment system and for beneficiaries other than ADFMs during the same database period used for determining the DRG weights and rates.

(b) Add in the allowance for capital and direct medical education which have been paid to hospitals during the same database period used for determining the DRG weights and rates.

(c) Divide this amount by the total number of patient days for these beneficiaries. This amount will be the average cost per day for these beneficiaries.

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(d) Multiply this amount by 0.25. In this way total cost-sharing amounts will continue to be 25% of the allowable amount.

(e) Determine any cost-sharing amounts which exceed 25% of the billed charge (see [paragraph I.C.3.d.\(2\)\(b\)1b](#)) and divide this amount by the total number of patient days in [paragraph I.C.3.d.\(2\)\(b\)1a](#). Add this amount to the amount in [paragraph I.C.3.d.\(2\)\(b\)1a](#). This is the per diem cost-share to be used for these beneficiaries.

(2) The per diem amount will be required for each actual day of the beneficiary's hospital stay which the DRG-based payment covers except for the day of discharge. When the payment ends on a specific day because eligibility ends on either a long-stay or short-stay outlier day, the last day of eligibility is to be counted for determining the per diem cost-sharing amount. For claims involving a same-day discharge which qualify as an inpatient stay (e.g., the patient was admitted with the expectation of a stay of several days, but died the same day) the cost-share is to be based on a one-day stay. (The number of hospital days must contain one day in this situation.) Where long-stay outlier days are subsequently determined to be not medically necessary by a PRO, no cost-share will be required for those days, since payment for such days will be the beneficiary's responsibility entirely.

b Twenty-five percent (25%) of the billed charge. The billed charge to be used includes all inpatient institutional line items billed by the hospital minus any duplicate charges and any charges which can be billed separately (e.g., hospital-based professional services, outpatient services, etc.). The net billed charges for the cost-share computation include comfort and convenience items.

2 Under no circumstances can the cost-share exceed the DRG-based amount.

3 Where the dates of service span different fiscal years, the per diem cost-share amount for each year is to be applied to the appropriate days of the stay.

(3) TRICARE Extra.

(a) Cost-shares for ADFMs. The cost-sharing provisions for ADFMs are the same as those for TRICARE Standard.

(b) Cost-shares for beneficiaries other than ADFMs. The cost-sharing provisions for beneficiaries other than ADFMs is the same as those for TRICARE Standard, except the per diem copayment is \$250.

(4) TRICARE Prime. Cost-shares for ADFMs. The cost-sharing provision for ADFMs is the first \$25 of the allowable institutional costs incurred with each covered inpatient admission to a hospital or other authorized institutional provider, or a per diem rate of \$11, whichever is greater. For care provided on or after April 1, 2001, for Prime ADFMs, cost-share is \$0. See attached Table 1 of this Policy for further information.

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(5) Maternity Services. See [paragraph I.C.3.c.](#), for the cost-sharing provisions for maternity services.

e. Cost-Shares: Inpatient Mental Health Per Diem Payment System.

(1) General. These special cost-sharing procedures apply only to claims paid under the inpatient mental health per diem payment system. For inpatient claims exempt from this system, the procedures in [paragraph I.C.3.b.](#) or [paragraph I.C.3.d.](#) are to be followed.

(2) Cost-shares for ADFMs. Effective for care on or after October 1, 1995 and care on or prior to March 31, 2001, 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 PHP providing mental health or substance use disorder rehabilitation services. For Prime ADFMs care provided on or after April 1, 2001, cost-share is \$0 per day. See Table 1 of this Policy for further information.

(3) Cost-shares for beneficiaries other than ADFMs.

(a) 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% of the hospital specific per diem amount.

(b) 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 [paragraph I.C.3.e.\(3\)\(b\)1](#) or [paragraph I.C.3.e.\(3\)\(b\)2](#):

1 A fixed daily amount multiplied by the number of covered days. The fixed daily amount shall be 25% of the per diem adjusted so that total beneficiary cost-shares will equal 25% of total payments under the 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 7, Section 1](#). 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.

a Fiscal Year 1998 - \$137 per day.

b Fiscal Year 1999 - \$140 per day.

c Fiscal Year 2000 - \$144 per day.

d Fiscal Year 2001 - \$149 per day.

e Fiscal Year 2002 - \$154 per day.

f Fiscal Year 2003 - \$159 per day.

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- g Fiscal Year 2004 - \$164 per day.
- h Fiscal Year 2005 - \$169 per day.
- i Fiscal Year 2006 - \$175 per day.
- j Fiscal Year 2007 - \$181 per day.
- k Fiscal Year 2008 - \$187 per day.
- l Fiscal Year 2009 - \$193 per day.
- m Fiscal Year 2010 - \$197 per day.
- n Fiscal Year 2011 - \$202 per day.
- o Fiscal Year 2012 - \$208 per day.

2 Twenty-five percent (25%) of the hospital's billed charges (less any duplicates).

(4) Claim which spans a period in which two separate per diems exist. A claim subject to the 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.

(5) 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.

(6) 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 cannot 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 an 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.

f. Cost-Shares: Partial Hospitalization.

Cost-sharing for partial hospitalization is on an inpatient basis. The inpatient cost-share also applies to the associated psychotherapy billed separately by the individual professional provider. These providers will have to identify on the claim form that the psychotherapy is related to a partial hospitalization stay so the proper inpatient cost-sharing can be applied. Effective for care on or after October 1, 1995 and on or prior to March 31, 2001, the cost-share for ADFMs for inpatient mental health services is \$20 per day for each day of the inpatient admission. For care provided on or after April 1, 2001, the cost-share for ADFMs enrolled in Prime for inpatient mental health services is \$0. For retirees and their family members, the cost-share is 25% of the allowed amount. Since inpatient cost-sharing is

being applied, no deductible is to be taken for partial hospitalization regardless of sponsor status. The cost-share for ADFMs is to be taken from the PHP claim.

g. Cost-Shares: Ambulatory Surgery.

For the basis of payment of ambulatory surgery, see [Chapter 9, Section 1](#).

(1) ADFMs or Authorized NATO Beneficiary. For all services reimbursed as ambulatory surgery, the cost-share will be \$25 and will be assessed on the facility claim. No cost-share is to be deducted from a claim for professional services related to ambulatory surgery. This applies whether the services are provided in a freestanding ASC, a hospital outpatient department or a hospital emergency room. So long as at least one procedure on the claim is reimbursed as ambulatory surgery, the claim is to be cost-shared as ambulatory surgery as required by this section-- that is, a \$25 cost-share is to be assessed to the claim for the facility charges, and no cost-share is to be taken from any claim for related professional services.

(2) Other Beneficiaries. Since the cost-share for other beneficiaries is based on a percentage rather than a set amount, it is to be taken from all ambulatory surgery claims. For professional services, the cost-share is 25% of the allowed amount. For the facility claim, the cost-share is the lesser of:

(a) Twenty-five percent (25%) of the applicable group payment rate (see [Chapter 9, Section 1](#)); or

(b) Twenty-five percent (25%) of the billed charges; or

(c) Twenty-five percent (25%) of the allowed amount as determined by the contractor.

(d) The special cost-sharing provisions for beneficiaries other than ADFMs will ensure that these beneficiaries are not disadvantaged by these procedures. In most cases, 25% of the group payment rate will be less, but because there is some variation within each group, 25% of billed charges could be less in some cases. This will ensure that the beneficiaries get the benefit of the group payment rates when they are more advantageous, but they will never be disadvantaged by them. If there is no group payment rate for a procedure, the cost-share will simply be 25% of the allowed amount.

h. Cost-Shares and Deductible: Former Spouses.

(1) Deductible. In accordance with the FY 1991 Appropriations and Authorization Acts, Sections 8064 and 712 respectively, beginning April 1, 1991, an eligible former spouse is responsible for payment of the first one hundred and fifty dollars (\$150.00) of the reasonable costs/charges for otherwise covered outpatient services and/or supplies provided in any one fiscal year. Although the law defines former spouses as family members of the member or former member, there is no legal familial relationship between the former spouse and the member or former member. Moreover, any TRICARE-eligible children of the former spouse will be included in the member's or former member's family deductible. Therefore, the former spouse cannot contribute to, nor benefit from, any family deductible of

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the member or former member to whom the former spouse was married or of that of any TRICARE-eligible children. In other words, a former spouse must independently meet the \$150.00 deductible in any fiscal year.

(2) Cost-Share. An eligible former spouse is responsible for payment of cost-sharing amounts identical to those required for beneficiaries other than ADFMs.

i. Cost-Share Amount: Under Discounted Rate Agreements. Under managed care, where there is a negotiated (discounted) rate agreed to by the network provider, the cost-share shall be based on the following:

(1) For noninstitutional providers providing outpatient care, and for institution-based professional providers rendering both inpatient and outpatient care; the cost-share (20% for outpatient care to ADFMs, (25% for care to all others) shall be applied to, (after duplicates and noncovered charges are eliminated), the lowest of the billed charge, the prevailing charge, the maximum allowable prevailing charge (the Medicare Economic Index (MEI) adjusted prevailing), or the negotiated (discounted) charge.

(2) For institutional providers subject to the DRG-based reimbursement methodology, the cost-share for beneficiaries other than ADFMs shall be the LOWER OF EITHER:

(a) The single, specific per diem supplied by TMA after the application of the agreed upon discount rate; OR,

(b) Twenty-five percent (25%) of the billed charge.

(3) For institutional providers subject to the Mental Health Per Diem Payment System (high volume hospitals and units), the cost-share for beneficiaries other than ADFMs shall be 25% of the hospital per diem amount after it has been adjusted by the discount.

(4) For institutional providers subject to the Mental Health per diem payment system (low volume hospitals and units), the cost-share for beneficiaries other than ADFMs shall be the LOWER OF EITHER:

(a) The fixed daily amount supplied by TMA after the application of the agreed upon discount rate; OR,

(b) Twenty-five percent (25%) of the billed charge.

(5) For Residential Treatment Centers (RTC), the cost-share for other than ADFMs shall be 25% of the TRICARE rate after it has been adjusted by the discount.

(6) For institutions and for institutional services being reimbursed on the basis of the TRICARE-determined reasonable costs, the cost-share for beneficiaries other than ADFMs shall be 25% of the allowable billed charges **after** it has been adjusted by the discount.

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NOTE: For all inpatient care for ADFMs, the cost-share shall continue to be either the daily charge or \$25 per stay, whichever is higher. There is no change to the requirement for the ADFM's cost-share to be applied to the institutional charges for inpatient services. If the contractor learns that the participating provider has billed a beneficiary for a greater cost-share amount, based on the provider's usual billed charges, the contractor shall notify the provider that such an action is a violation of the provider's signed agreement. (Also, see [paragraph I.C.3.d.](#)) For Prime ADFMs, the cost-share is \$0 for care provided on or after April 1, 2001.

j. Preventive Services.

(1) Based upon the NDAA for FY 2009 (Public Law 110-417, Section 711), effective for dates of service on or after October 14, 2008, no copayments or authorizations are required for the following preventive services as described in the TPM, [Chapter 7, Sections 2.1 and 2.5](#):

- (a) Colorectal cancer screening.
- (b) Breast cancer screening.
- (c) Cervical cancer screening.
- (d) Prostate cancer screening.
- (e) Immunizations.
- (f) Well-child visits for children under six years of age.

(g) Visits for all other beneficiaries over age six when the purpose of the visit is for one or more of the covered benefits listed in [paragraph I.C.3.j.\(1\)\(a\)](#) through [\(e\)](#). If one or more of the procedure codes described in the TPM, [Chapter 7, Section 2.1](#) for those preventive services listed in [paragraph I.C.3.j.\(1\)\(a\)](#) through [\(e\)](#) is billed on a claim, then the cost-share is waived for the visit. However, services other than the covered benefits listed above that are provided during the same visit are subject to appropriate cost-sharing and deductibles.

(2) A beneficiary is not required to pay any portion of the cost of these preventive services even if the beneficiary has not satisfied the deductible for that year.

(3) This waiver does not apply to any TRICARE beneficiary who is a Medicare-eligible beneficiary.

(4) Appropriate cost-sharing and deductibles will apply for all other preventive services under TRICARE Standard. See [Chapter 7, Sections 2.1 and 2.5](#).

(5) The contractor shall process claims for reimbursement of copayments paid for those services exempted from copayments rendered from October 14, 2008 through the implementation date of this change as prescribed in the Underpayments provisions in the TOM. Contractors will add a message to the Explanation of Benefits (EOB) to advise the

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provider that this is a retroactive adjustment to the copayment to alert the provider regarding a refund to the beneficiary of the copayment amount.

D. TRICARE Extra.

1. For Extra deductibles and cost-shares, see [Chapter 2, Addendum A](#).

2. If non-enrolled TRICARE beneficiary receives care from a network provider out of the region of residence, and if the beneficiary has not met the Fiscal Year Catastrophic Cap, the beneficiary shall pay the Extra cost-share to the provider. The contractor for the beneficiary's residence shall process the claim under TRICARE Extra claims processing procedures if the TRICARE Encounter Provider Record (TEPRV) shows the provider to be contracted.

3. Preventive Services.

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- (1) Colorectal cancer screening.
- (2) Breast cancer screening.
- (3) Cervical cancer screening.
- (4) Prostate cancer screening.
- (5) Immunizations.
- (6) Well-child visits for children under six years of age.

(7) Visits for all other beneficiaries over age six when the purpose of the visit is for one or more of the covered benefits listed in [paragraph I.D.3.a.\(1\) through \(5\)](#). If one or more of the procedure codes described in the TPM, [Chapter 7, Section 2.1](#) for those preventive services listed in [paragraph I.D.3.a.\(1\) through \(5\)](#) is billed on a claim, then the cost-share is waived for the visit. However, services other than the covered benefits listed above that are provided during the same visit are subject to appropriate cost-sharing and deductibles.

b. A beneficiary is not required to pay any portion of the cost of these preventive services even if the beneficiary has not satisfied the deductible for that year.

c. This waiver does not apply to any TRICARE beneficiary who is a Medicare-eligible beneficiary.

d. Appropriate cost-sharing and deductibles will apply for all other preventive services under TRICARE Standard. See [Chapter 7, Sections 2.1 and 2.5](#).

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CHAPTER 2, SECTION 1

COST-SHARES AND DEDUCTIBLES

e. The contractor shall process claims for reimbursement of copayments paid for those services exempted from copayments rendered from October 14, 2008 through the implementation date of this change as prescribed in the Underpayments provisions in the TOM. Contractors shall add a message to the EOB to advise the provider that this is a retroactive adjustment to the copayment to alert the provider regarding a refund to the beneficiary of the copayment amount.

E. Cost-Shares: Ambulance Services.

For the basis of payment of ambulance services, see [Chapter 1, Section 14](#).

1. Outpatient. The following are beneficiary copayment/cost-sharing requirements for medically necessary ambulance services when paid on an outpatient basis:

a. TRICARE Prime:

(1) For care provided prior to April 1, 2001, for ADFMs in pay grades E-1 through E-4, \$10. For care provided on or after April 1, 2001, for ADFMs in pay grades E-1 through E-4, \$0. See [Chapter 2, Addendum A](#) for further information.

(2) For care provided prior to April 1, 2001, for ADFMs in pay grades E-5 and above, \$15. For care provided on or after April 1, 2001, for ADFMs in pay grades E-5 and above, \$0. See [Chapter 2, Addendum A](#) for further information.

(3) For retirees and their family members, \$20.

b. TRICARE Extra:

(1) A cost-share of 15% of the fee negotiated by the contractor for ADFMs.

(2) A cost-share of 20% of the fee negotiated by the contractor for retirees, their family members, and survivors.

c. TRICARE Standard:

(1) A cost-share of 20% of the allowable charge for ADFMs.

(2) A cost-share of 25% of the allowable charge for retirees, their family members, and survivors.

2. Inpatient: Non-Network Providers:

a. ADFMs: No cost-share is taken for ambulance services (transfers) rendered in conjunction with an inpatient stay.

b. Other Beneficiary: The cost-share applicable to inpatient care for beneficiaries other than ADFMs is 25% of the allowable amount.

DIAGNOSTIC RELATED GROUPS (DRGs)

SECTION	SUBJECT
1	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General)
2	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General Description Of System)
3	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Basis Of Payment)
4	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Applicability Of The DRG System)
5	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Determination Of Payment Amounts)
6	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (DRG Weighting Factors)
7	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjusted Standardized Amounts)
8	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjustments To Payment Amounts)
9	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Information Provided By TMA)
10	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Charges To Beneficiaries)
ADDENDUM A	Health Benefit Program Agreement
ADDENDUM B	(FY 2010) - Fiscal Year 2010 TRICARE/CHAMPUS Adjusted Standardized Amounts
	FIGURE 6-B-2010-1 - 68.8 Percent Labor Share/31.2 Percent Non-Labor Share If Wage Index Greater Than 1
	FIGURE 6-B-2010-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
ADDENDUM B	(FY 2011) - Fiscal Year 2011 TRICARE/CHAMPUS Adjusted Standardized Amounts
	FIGURE 6-B-2011-1 - 68.8 Percent Labor Share/31.2 Percent Non-Labor Share If Wage Index Greater Than 1

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CHAPTER 6 - DIAGNOSTIC RELATED GROUPS (DRGs)

SECTION	SUBJECT
	FIGURE 6-B-2011-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
ADDENDUM B	(FY 2012) - Fiscal Year 2012 TRICARE/CHAMPUS Adjusted Standardized Amounts
	FIGURE 6-B-2012-1 - 68.8 Percent Labor Share/31.2 Percent Non-Labor Share If Wage Index Greater Than 1
	FIGURE 6-B-2012-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
ADDENDUM C	(FY 2010) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2009)
ADDENDUM C	(FY 2011) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2010)
ADDENDUM C	(FY 2012) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2011)

HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM (ADJUSTED STANDARDIZED AMOUNTS)

ISSUE DATE: October 8, 1987

AUTHORITY: [32 CFR 199.14\(a\)\(1\)](#)

I. APPLICABILITY

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

II. ISSUE

What are the Adjusted Standardized Amounts (ASAs) under the TRICARE/CHAMPUS Diagnosis Related Group (DRG)-based payment system, and how are they used and calculated?

III. POLICY

A. General. The ASA represents the adjusted average operating cost for treating all TRICARE/CHAMPUS beneficiaries in all DRGs during the database period. During Fiscal Year (FY) 1988 the TRICARE/CHAMPUS DRG-based payment system used two ASAs--one for urban areas and one for rural areas. Beginning in FY 1989 (admissions on or after October 1, 1988), three ASAs are used--one for large urban areas, one for other urban areas, and one for rural areas. Effective October 1, 1994, rural hospitals will receive the same payment rate as other urban hospitals. Effective April 1, through September 30, 2003, and November 1, 2003 forward, hospitals located in other areas shall receive the same ASA payment rate as large urban hospitals.

B. Calculation of the ASA. The following procedures will be followed in calculating the TRICARE/CHAMPUS ASA.

1. Apply the Cost-To-Charge Ratio (CCR). In this step each charge is reduced to a representative cost by using the Medicare CCR. Effective FY 2010, the CCR is 0.3740. Effective FY 2011, the CCR is 0.3664. **Effective FY 2012, the CCR is 0.3460.**

2. Increase for bad debts. The base standardized amount will be increased by 0.01 in order to reimburse hospitals for bad debt expenses attributable to TRICARE/CHAMPUS

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HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM
(ADJUSTED STANDARDIZED AMOUNTS)

beneficiaries. The base standardized amount will be increased by 0.0060 for FY 2000, 0.0055 for FY 2001, and through July 14, 2001, and by 0.0070 as of July 15, 2001 and subsequent years.

3. Update for inflation. Each record in the database will be updated to FY 1988 using a factor equal to 1.07. Thereafter, any recalculation of the ASA will use an inflation factor equal to the hospital market basket index used by the Centers of Medicare and Medicaid Services (CMS) in their Prospective Payment System (PPS).

4. Preliminary non-teaching standardized amount. At this point indirect medical education costs have been removed through standardization in the weight methodology and direct medical education costs have been removed through the application of the Medicare CCR which does not include direct medical education costs. Therefore, a non-teaching standardized amount will be computed by dividing aggregate costs by the number of discharges in the database.

5. Preliminary teaching standardized amounts. A separate standardized amount will be calculated for each teaching hospital to reimburse for indirect medical education expenses. This will be done by multiplying the non-teaching standardized amount by 1.0 plus each hospital's indirect medical education factor.

6. System standardization. The preliminary standardized amounts will be further standardized using a factor which equals total DRG payments using the preliminary standardized amounts divided by the sum of all costs in the database (updated for inflation). To achieve standardization, each preliminary standardized amount will be divided by this factor. This step is necessary so that total DRG system outlays, given the same distribution among hospitals and diagnoses, are equal whether based on DRGs or on charges reduced to costs.

7. Labor-related and nonlabor-related portions of the ASA. The ASA shall be divided into labor-related and nonlabor-related portions according to the ratio of these amounts in the national ASA under the Medicare PPS. Since October 1, 1997, the labor-related portion of the ASA equals 71.1% and the non-labor portion equals 28.9%. Effective October 1, 2004, and subsequent years, for wage indexes less than or equal to 1.0 the labor related portion of the ASA shall equal 62%. Effective October 1, 2005, and subsequent years, for wage index values greater than 1.0, the labor related portion of the ASA shall equal 69.7%. Effective October 1, 2009 and subsequent years, for wage index values greater than 1.0, the labor related portion of the ASA shall equal 68.8%.

8. Updating the standardized amounts. For years subsequent to the initial year, the standardized amounts will be updated by the final published Medicare annual update factor, unless the standardized amounts are recalculated.

- END -

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(ADJUSTMENTS TO PAYMENT AMOUNTS)

LOS outliers must be identified by the contractor when the claims are processed, and necessary adjustments to the payment amounts must be made automatically.

(1) Short-stay outliers.

(a) Any discharge which has a LOS less than or equal to the greater of 1 or 1.94 standard deviations below the arithmetic mean LOS for that DRG shall be classified as a short-stay outlier. In determining the actual short-stay threshold, the calculation will be rounded down to the nearest whole number, and any stay equal to or less than the short-stay threshold will be considered a short-stay outlier.

(b) Short-stay outliers will be reimbursed at 200% of the per diem rate for the DRG for each covered day of the hospital stay, not to exceed the DRG amount. The per diem rate shall equal the wage-adjusted DRG amount divided by the arithmetic mean LOS for the DRG. The per diem rate is to be calculated before the DRG-based amount is adjusted for **IDME**. Cost outlier payments shall be paid on short stay outlier cases that qualify as a cost outlier.

(c) Any stay which qualifies as a short-stay outlier (a transfer cannot qualify as a short-stay outlier), even if payment is limited to the normal DRG amount, is to be considered and reported on the payment records as a short-stay outlier. This will ensure that outlier data is accurate and will prevent the beneficiary from paying an excessive cost-share in certain circumstances.

(2) Long-stay outliers.

(a) For admissions occurring on or after October 1, 1997, payment for long-stay outliers has been eliminated for all cases, except neonates and childrens' hospitals.

(b) For admissions occurring on or after October 1, 1998, payment for long-stay outliers has been eliminated for all neonates and childrens' hospitals.

e. Cost outliers.

(1) Any discharge which has standardized costs that exceed the thresholds outlined below, will be classified as a cost outlier.

(a) For admissions occurring prior to October 1, 1997, the standardized costs will be calculated by first subtracting the noncovered charges, multiplying the total charges (less lines 7, N, and X) by the CCR and adjusting this amount for **IDME** costs by dividing the amount by one (1) plus the hospital's **IDME** adjustment factor. For admissions occurring on or after October 1, 1997, the costs for **IDME** are no longer standardized.

(b) Cost outliers will be reimbursed the DRG-based amount plus 80% effective October 1, 1994 of the standardized costs exceeding the threshold.

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(ADJUSTMENTS TO PAYMENT AMOUNTS)

(c) For admissions occurring on or after October 1, 1997, the following steps shall be followed when calculating cost outlier payments for all cases other than neonates and children's hospitals:

$$\text{Standard Cost} = (\text{Billed Charges} \times \text{CCR})$$

$$\text{Outlier Payment} = 80\% \text{ of } (\text{Standard Cost} - \text{Threshold})$$

$$\text{Total Payments} = \text{Outlier Payments} + (\text{DRG Base Rate} \times (1 + \text{IDME}))$$

NOTE: Noncovered charges should continue to be subtracted from the billed charges prior to multiplying the billed charges by the CCR.

(d) The CCR for admissions occurring on or after October 1, 2009, is 0.3740. The CCR for admissions occurring on or after October 1, 2010, is 0.3664. **The CCR for admissions occurring on or after October 1, 2011, is 0.3460.**

(e) The National Operating Standard Cost as a Share of Total Costs (NOSCASTC) for calculating the cost-outlier threshold for FY 2010 is 0.923, for FY 2011 is 0.920, **and for FY 2012 is 0.919.**

(2) For FY 2010, a TRICARE fixed loss cost-outlier threshold is set at \$21,358. Effective October 1, 2009, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$21,358 (also wage-adjusted).

(3) For FY 2011, a TRICARE fixed loss cost-outlier threshold is set at \$21,229. Effective October 1, 2010, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$21,229 (also wage-adjusted).

(4) **For FY 2012, a TRICARE fixed loss cost-outlier threshold is set at \$21,482. Effective October 1, 2011, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$21,482 (also wage-adjusted).**

The cost-outlier threshold shall be calculated as follows:

$$\{[\text{Fixed Loss Threshold} \times ((\text{Labor-Related Share} \times \text{Applicable wage index}) + \text{Non-labor-related share}) \times \text{NOSCASTC}] + (\text{DRG Base Payment (wage-adjusted)} \times (1 + \text{IDME}))\}$$

EXAMPLE: Using FY 1999 figures $\{[10,129 \times ((0.7110 \times \text{Applicable wage index}) + 0.2890) \times 0.913] + (\text{DRG Based Payment (wage-adjusted)} \times (1 + \text{IDME}))\}$

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f. Burn outliers. Burn outliers generally will be subject to the same outlier policies applicable to the CHAMPUS DRG-based payment system except as indicated below. For admissions prior to October 1, 1998, there are six DRGs related to burn cases. They are:

- 456 - Burns, transferred to another acute care facility
- 457 - Extensive burns w/o O.R. procedure
- 458 - Non-extensive burns with skin graft
- 459 - Non-extensive burns with wound debridement or other O.R. procedure
- 460 - Non-extensive burns w/o O.R. procedure
- 472 - Extensive burns with O.R. procedure

Effective for admissions on or after October 1, 1998, the above listed DRGs are no longer valid.

For admissions on or after October 1, 1998, there are eight DRGs related to burn cases. They are:

- 504 - Extensive 3rd degree burn w skin graft
- 505 - Extensive 3rd degree burn w/o skin graft
- 506 - Full thick burn w sk graft or inhal inj w cc or sig tr
- 507 - Full thick burn w sk graft or inhal inj w/o cc or sig tr
- 508 - Full thick burn w/o sk graft or inhal inj w cc or sig tr
- 509 - Full thick burn w/o sk graft or inhal inj w/o cc or sig tr
- 510 - Non-extensive burns w cc or significant trauma
- 511 - Non-extensive burns w/o cc or significant trauma

Effective October 1, 2008, and thereafter, the DRGs for these descriptions can be found at <http://www.tricare.mil/drgrates/>.

(1) For burn cases with admissions occurring prior to October 1, 1988, there are no special procedures. The marginal cost factor for outliers for all such cases will be 60%.

(2) Burn cases which qualify as short-stay outliers, regardless of the date of admission, will be reimbursed according to the procedures for short-stay outliers.

(3) Burn cases with admissions occurring on or after October 1, 1988, which qualify as cost outliers will be reimbursed using a marginal cost factor of 90%.

(4) Burn cases which qualify as long-stay outliers will be reimbursed as follows.

(a) Admissions occurring from October 1, 1988, through September 30, 1990 will be reimbursed using a marginal cost factor of 90%.

(b) Admissions occurring on or after October 1, 1990, will be reimbursed using a marginal cost factor of 60%.

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(5) For admissions occurring on or after October 1, 1997, payment for long-stay outliers has been eliminated for all cases, except neonates and children's hospitals.

(6) For admissions occurring on or after October 1, 1998, payment for long-stay outliers has been eliminated for all neonates and children's hospitals.

(7) For a burn outlier in a children's hospital, the appropriate children's hospital outlier threshold is to be used (see below), but the marginal cost factor is to be either 60% or 90% according to the criteria above.

g. Children's hospital outliers. Children's hospitals will be subject to the same outlier policies applicable to other hospitals except that:

(1) For long-stay outliers the threshold shall be the lesser of 1.94 standard deviations or 17 days from the DRG's geometric mean LOS. (See the addenda to this chapter for the actual outlier thresholds and their effective dates.) For admissions occurring on or after October 1, 1998, payment for long-stay outliers has been eliminated.

(2) The following special provisions apply to cost outliers.

(a) The threshold shall be the greater of two times the DRG-based amount (wage-adjusted but prior to adjustment for IDME) or \$13,500.

(b) Effective October 1, 1998, the threshold shall be the same as that applied to other hospitals.

(c) Effective October 1, 2009, the CCR was 0.4047. Effective October 1, 2010, the CCR was 0.3974. **Effective October 1, 2011, the CCR was 0.3757.** (This is equivalent to the Medicare CCR increased to account for CAP/DME costs.)

(d) The marginal cost factor shall be 80%.

(e) For admissions occurring during FY 2010, the marginal cost factor shall be adjusted by 1.10. For admissions occurring during FY 2011, the marginal cost factor shall be adjusted by 1.00. **For admissions occurring during FY 2012, the marginal cost factor shall be adjusted by 1.02.**

(f) The NOSCASTC for calculating the cost-outlier threshold for FY 2010 is 0.923. The NOSCASTC for calculating the cost-outlier threshold for FY 2011 is 0.920. **The NOSCASTC for calculating the cost-outlier threshold for FY 2012 is 0.919.** The following calculation shall be used in determining cost outlier payments for children's hospitals and neonates:

STEP 1: Computation of Standardized Costs:

Billed Charges x CCR

(Non-covered charges shall be subtracted from the billed charges prior to multiplying the charges by the CCR.)

FISCAL YEAR 2012 TRICARE/CHAMPUS ADJUSTED STANDARDIZED AMOUNTS

These amounts are effective for admissions occurring on or after October 1, 2011 through September 30, 2012.

FIGURE 6-B-2012-1 68.8 PERCENT LABOR SHARE/31.2 PERCENT NON-LABOR SHARE IF WAGE INDEX GREATER THAN 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,588.55	\$1,627.37	\$5,215.92

FIGURE 6-B-2012-2 62 PERCENT LABOR SHARE/38 PERCENT NON-LABOR SHARE IF WAGE INDEX LESS THAN OR EQUAL TO 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,233.87	\$1,982.05	\$5,215.92

FY 2012 cost-share per diem for beneficiaries other than dependents of active duty member \$708.00.

- END -

CHAPTER 6
ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

The second column labeled "PAC XFER" indicates whether the DRG is subject to the post acute care transfer policy. The third column labeled "PAC PAY" indicates whether the DRG is subject to the post acute care special payment provision.

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
1	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	25.3823	39.1	29.7	5
2	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	12.5238	20.0	18.0	7
3	Yes	No	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	19.5904	37.7	28.7	6
4	Yes	No	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	12.1023	28.6	22.7	5
5	No	No	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	11.5308	23.1	15.9	3
6	No	No	LIVER TRANSPLANT W/O MCC	5.4189	10.9	8.1	2
7	No	No	LUNG TRANSPLANT	11.5846	22.4	16.5	3
8	No	No	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.5092*	11.7	10.1	7
10	No	No	PANCREAS TRANSPLANT	4.1992*	9.7	8.6	5
11	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	4.7145	13.0	11.2	3
12	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	3.2815	9.4	7.2	1
13	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	2.6885	7.3	6.3	2
14	No	No	ALLOGENEIC BONE MARROW TRANSPLANT	12.8826	36.2	25.5	3
15	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT	5.5725	18.8	16.8	6
20	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	8.9093	17.6	15.8	6
21	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	6.5751	14.4	12.7	4
22	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	4.3378	9.3	8.3	2
23	No	No	CRANIO W MAJOR DEV IMPL./ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	6.5113	13.3	9.2	1
24	No	No	CRANIO W MAJOR DEV IMPL./ACUTE COMPLEX CNS PDX W/O MCC	4.2771	10.2	6.7	1
25	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W MCC	4.6711	9.7	7.4	1
26	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W CC	3.1019	6.0	4.7	1
27	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W/O CC/MCC	2.5609	3.7	2.9	1
28	Yes	Yes	SPINAL PROCEDURES W MCC	4.8236	8.7	6.7	1
29	Yes	Yes	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	3.2920	5.7	4.1	1
30	Yes	Yes	SPINAL PROCEDURES W/O CC/MCC	1.9829	3.4	2.5	1
31	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W MCC	4.7668	13.5	9.7	1
32	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W CC	1.9328	5.1	3.6	1
33	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W/O CC/MCC	1.4864	3.0	2.0	1
34	No	No	CAROTID ARTERY STENT PROCEDURE W MCC	3.9119*	7.0	4.7	2
35	No	No	CAROTID ARTERY STENT PROCEDURE W CC	2.5844	2.9	1.9	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
36	No	No	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	2.0574	1.9	1.4	1
37	No	No	EXTRACRANIAL PROCEDURES W MCC	3.6395	6.7	4.4	1
38	No	No	EXTRACRANIAL PROCEDURES W CC	1.9728	3.5	2.4	1
39	No	No	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.2017	1.6	1.4	1
40	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.9935	10.5	7.3	1
41	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	1.9283	5.4	3.7	1
42	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.6866	2.5	1.9	1
52	No	No	SPINAL DISORDERS & INJURIES W CC/MCC	2.2852	10.1	5.5	1
53	No	No	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.7293	2.8	2.1	1
54	Yes	No	NERVOUS SYSTEM NEOPLASMS W MCC	1.5480	5.7	4.1	1
55	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0733	3.9	2.8	1
56	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.6042	8.7	5.9	1
57	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1134	5.3	3.6	1
58	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.3830	4.9	4.3	1
59	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.0089	4.4	3.7	1
60	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.8473	3.5	2.9	1
61	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	2.5349	6.0	4.3	1
62	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	2.1396	5.4	4.8	1
63	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.4879	2.6	2.3	1
64	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.3332	7.0	5.0	1
65	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	1.3357	4.4	3.6	1
66	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	1.0142	2.9	2.4	1
67	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.2752	3.3	3.0	1
68	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	1.0983	2.9	2.3	1
69	No	No	TRANSIENT ISCHEMIA	0.8274	2.2	1.8	1
70	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	2.6668	9.4	5.8	1
71	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.0971	4.7	3.4	1
72	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.8831	2.9	2.1	1
73	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	2.4019	9.1	4.9	1
74	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9380	3.6	2.8	1
75	No	No	VIRAL MENINGITIS W CC/MCC	1.1859	4.3	3.5	1
76	No	No	VIRAL MENINGITIS W/O CC/MCC	0.6387	2.9	2.4	1
77	No	No	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.5557	5.5	4.0	1
78	No	No	HYPERTENSIVE ENCEPHALOPATHY W CC	0.9252	2.8	2.4	1
79	No	No	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	1.0987	3.2	2.8	1
80	No	No	NONTRAUMATIC STUPOR & COMA W MCC	1.2587	3.2	2.8	1
81	No	No	NONTRAUMATIC STUPOR & COMA W/O MCC	0.7918	2.7	1.9	1
82	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.8355	7.5	4.8	1
83	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.4891	3.8	2.7	1
84	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.7787	2.4	1.9	1
85	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W MCC	2.3770	7.4	5.0	1
86	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.3150	4.2	3.1	1
87	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC/MCC	0.7635	2.2	1.8	1
88	No	No	CONCUSSION AGE >17 W MCC	1.8122	3.1	2.2	1
89	No	No	CONCUSSION AGE >17 W CC	1.0514	2.0	1.8	1
90	No	No	CONCUSSION AGE >17 W/O CC/MCC	0.8941	1.5	1.3	1
91	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.8320	6.5	3.9	1
92	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.9635	3.7	2.6	1
93	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.7885	2.4	2.0	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
94	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	4.5099	13.3	9.2	1
95	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	3.3418	7.3	5.9	1
96	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/ MCC	2.2474	5.8	4.5	1
97	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	2.8527	9.2	7.9	2
98	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	2.7084	10.0	6.4	1
99	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.1026	4.2	3.3	1
100	Yes	No	SEIZURES AGE >17 W MCC	1.5076	4.6	3.5	1
101	Yes	No	SEIZURES AGE >17 W/O MCC	0.7784	2.9	2.4	1
102	No	No	HEADACHES AGE >17 W MCC	1.3510	5.2	3.6	1
103	No	No	HEADACHES AGE >17 W/O MCC	0.7691	3.1	2.4	1
104	No	No	CRANIOTOMY, VENTRICULAR SHUNT & ENDOVASC INTRACRANIAL PROC AGE 0-17	2.8195	6.4	3.6	1
105	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.4963	1.9	1.5	1
106	No	No	CONCUSSION AGE 0-17	0.5547	1.3	1.2	1
107	No	No	SEIZURES & HEADACHES AGE 0-17	0.5367	2.4	1.9	1
108	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2.2347	9.6	3.8	1
109	No	No	OTHER DISORDERS OF THE EYE AGE 0-17	0.7063	4.0	2.3	1
110	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE 0-17	0.8043	2.3	1.7	1
111	No	No	SINUS & MASTOID PROCEDURES AGE 0-17	1.6771	6.8	4.2	1
112	No	No	OTITIS MEDIA & URI AGE 0-17	0.3193	2.1	1.8	1
113	No	No	ORBITAL PROCEDURES W CC/MCC	1.9387	3.8	2.8	1
114	No	No	ORBITAL PROCEDURES W/O CC/MCC	1.0342	2.2	1.7	1
115	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1.0459	3.6	2.6	1
116	No	No	INTRAOCULAR PROCEDURES W CC/MCC	1.4069*	4.4	3.0	2
117	No	No	INTRAOCULAR PROCEDURES W/O CC/MCC	0.8541	1.7	1.6	1
118	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.4446	2.4	2.0	1
119	No	No	DENTAL & ORAL DISEASES AGE 0-17	0.5353	2.9	2.3	1
120	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	1.7403	9.2	6.7	1
121	No	No	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.9050	4.0	3.1	1
122	No	No	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.5803	3.5	2.9	1
123	No	No	NEUROLOGICAL EYE DISORDERS	0.8563	2.7	2.2	1
124	No	No	OTHER DISORDERS OF THE EYE AGE >17 W MCC	0.8190#	2.1	2.3	2
125	No	No	OTHER DISORDERS OF THE EYE AGE >17 W/O MCC	0.6913	2.7	2.1	1
129	No	No	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	1.9658	3.5	2.6	1
130	No	No	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.2951	2.5	2.1	1
131	No	No	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.3984	3.9	2.9	1
132	No	No	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.3885	1.6	1.4	1
133	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W CC/ MCC	1.1496	3.4	2.5	1
134	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W/O CC/ MCC	0.9424	1.8	1.5	1
135	No	No	SINUS & MASTOID PROCEDURES AGE >17 W CC/MCC	2.1428	7.3	4.7	1
136	No	No	SINUS & MASTOID PROCEDURES AGE >17 W/O CC/MCC	1.1184	2.1	1.8	1
137	No	No	MOUTH PROCEDURES W CC/MCC	1.0520	3.4	3.0	1
138	No	No	MOUTH PROCEDURES W/O CC/MCC	0.7563	2.3	1.8	1
139	No	No	SALIVARY GLAND PROCEDURES	0.8963	1.5	1.4	1
140	No	No	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.4672	2.7	2.3	1
141	No	No	BRONCHITIS & ASTHMA AGE 0-17	0.4002	2.4	2.0	1
142	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	2.7449	8.1	3.4	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/ CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT- STAY THRESHOLD
143	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE 0-17	0.9589	4.1	3.0	1
144	No	No	HERNIA PROCEDURES AGE 0-17	0.6106	2.0	1.5	1
145	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.3994	2.5	1.9	1
146	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	1.3891	6.4	5.3	1
147	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.1795	6.0	4.6	1
148	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.8953*	3.3	2.4	3
149	No	No	DYSEQUILIBRIUM	0.7057	2.1	1.8	1
150	No	No	EPISTAXIS W MCC	1.4217*	5.0	3.7	2
151	No	No	EPISTAXIS W/O MCC	0.6255	2.3	1.9	1
152	No	No	OTITIS MEDIA & URI AGE >17 W MCC	0.7911	3.8	3.3	1
153	No	No	OTITIS MEDIA & URI AGE >17 W/O MCC	0.5345	2.5	2.1	1
154	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W MCC	0.9052	3.9	2.9	1
155	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W CC	0.6866	2.7	2.3	1
156	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W/O CC/MCC	0.5825	2.3	1.9	1
157	No	No	DENTAL & ORAL DISEASES AGE >17 W MCC	1.9074	6.0	4.3	1
158	No	No	DENTAL & ORAL DISEASES AGE >17 W CC	0.9269	3.6	2.7	1
159	No	No	DENTAL & ORAL DISEASES AGE >17 W/O CC/MCC	0.7379	2.6	2.0	1
160	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.5575	2.9	1.9	1
161	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.3546	3.1	2.4	1
162	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	0.9497	1.8	1.5	1
163	Yes	No	MAJOR CHEST PROCEDURES W MCC	4.5039	11.8	9.8	2
164	Yes	No	MAJOR CHEST PROCEDURES W CC	2.3144	6.3	5.3	1
165	Yes	No	MAJOR CHEST PROCEDURES W/O CC/MCC	1.6311	4.1	3.3	1
166	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.9375	11.4	8.3	1
167	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.1237	6.4	5.1	1
168	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2841	4.0	3.1	1
169	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE 0-17	0.4413	1.5	1.3	1
170	No	No	CELLULITIS AGE 0-17	0.4250	2.5	2.1	1
171	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.6266	1.7	1.5	1
172	No	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	0.3334	2.5	1.9	1
173	No	No	URETHRAL PROCEDURES AGE 0-17	0.7732#	3.0	2.6	2
174	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.4411	2.9	2.5	1
175	Yes	No	PULMONARY EMBOLISM W MCC	1.8252	6.6	5.4	1
176	Yes	No	PULMONARY EMBOLISM W/O MCC	0.9862	4.2	3.6	1
177	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W MCC	2.3630	9.3	7.1	1
178	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.6396	6.8	5.5	1
179	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC/MCC	1.1450	5.2	3.8	1
180	No	No	RESPIRATORY NEOPLASMS W MCC	2.1110	7.7	5.7	1
181	No	No	RESPIRATORY NEOPLASMS W CC	1.2831	5.4	4.0	1
182	No	No	RESPIRATORY NEOPLASMS W/O CC/MCC	1.0069	4.2	3.1	1
183	No	No	MAJOR CHEST TRAUMA W MCC	1.5871	5.3	3.9	1
184	No	No	MAJOR CHEST TRAUMA W CC	0.9189	3.3	2.7	1
185	No	No	MAJOR CHEST TRAUMA W/O CC/MCC	0.7393	2.0	1.7	1
186	Yes	No	PLEURAL EFFUSION W MCC	1.5473	6.2	4.5	1
187	Yes	No	PLEURAL EFFUSION W CC	1.1369	4.3	3.3	1
188	Yes	No	PLEURAL EFFUSION W/O CC/MCC	0.8518	3.1	2.5	1
189	No	No	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2201	4.9	3.8	1
190	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.2035	5.2	4.1	1
191	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	1.0258	4.3	3.5	1
192	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7596	3.4	2.8	1

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CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
193	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W MCC	1.5532	6.0	4.9	1
194	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.9976	4.2	3.5	1
195	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC/MCC	0.6650	3.0	2.6	1
196	Yes	No	INTERSTITIAL LUNG DISEASE W MCC	1.6919	7.0	5.6	1
197	Yes	No	INTERSTITIAL LUNG DISEASE W CC	1.1322	4.4	3.7	1
198	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC/MCC	1.0981	4.0	3.2	1
199	No	No	PNEUMOTHORAX W MCC	1.6490	6.1	5.0	1
200	No	No	PNEUMOTHORAX W CC	0.9180	3.8	3.1	1
201	No	No	PNEUMOTHORAX W/O CC/MCC	0.5965	3.1	2.5	1
202	No	No	BRONCHITIS & ASTHMA AGE >17 W CC/MCC	0.8868	4.0	3.1	1
203	No	No	BRONCHITIS & ASTHMA AGE >17 W/O CC/MCC	0.6032	2.8	2.4	1
204	No	No	RESPIRATORY SIGNS & SYMPTOMS	0.6465	2.3	1.8	1
205	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.2846	4.9	3.4	1
206	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.7694	2.5	1.9	1
207	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	5.9663	14.6	12.6	4
208	No	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	2.1737	5.7	4.2	1
209	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.3291	1.6	1.4	1
210	No	No	URETHRAL STRICTURE AGE 0-17	0.4968#	1.9	1.9	2
211	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.7937	4.2	3.2	1
212	No	No	TESTES PROCEDURES AGE 0-17	0.6958	1.7	1.4	1
213	No	No	SPLENECTOMY AGE 0-17	1.3016	2.9	2.7	1
214	No	No	RED BLOOD CELL DISORDERS AGE 0-17	0.5430	3.5	2.7	1
215	No	No	OTHER HEART ASSIST SYSTEM IMPLANT	13.9955*	12.2	6.9	6
216	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	11.8954	17.7	14.9	4
217	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	7.1227	9.7	8.8	3
218	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.5332	7.8	6.8	2
219	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7.3745	10.3	8.2	2
220	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	5.0798	6.7	6.0	2
221	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.5027	5.1	4.8	2
222	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.3613	10.4	8.7	2
223	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.7196	4.9	4.1	1
224	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	6.9256	8.1	6.8	2
225	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.9201	4.2	3.6	1
226	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6.9348	8.0	4.8	1
227	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	5.1170	2.7	1.9	1
228	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.3959	10.5	8.2	2
229	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W CC	4.3948	6.7	5.4	1
230	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.1630	4.3	3.6	1
231	No	No	CORONARY BYPASS W PTCA W MCC	7.6904	10.9	9.7	3
232	No	No	CORONARY BYPASS W PTCA W/O MCC	6.6250	8.4	8.0	4
233	Yes	No	CORONARY BYPASS W CARDIAC CATH W MCC	7.1526	11.5	10.2	3
234	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.0750	7.6	7.2	3
235	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.2944	8.2	7.5	3
236	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.9746	5.7	5.4	2

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
237	No	No	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR	5.7349	9.7	6.7	1
238	No	No	MAJOR CARDIOVASC PROCEDURES W/O MCC	2.9933	4.2	3.2	1
239	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	5.3150	13.4	9.6	1
240	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.7470	10.1	8.8	3
241	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/ MCC	1.6240*	6.0	5.0	7
242	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	4.0598	6.2	4.9	1
243	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.0637	4.0	3.1	1
244	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.2038	2.3	2.0	1
245	No	No	AICD GENERATOR PROCEDURES	4.6619	3.6	2.3	1
246	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/ STENTS	3.6812	3.9	2.8	1
247	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.6203	2.1	1.8	1
248	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	3.3588	4.9	3.6	1
249	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	2.2823	2.4	2.0	1
250	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3.1904	5.9	4.1	1
251	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	2.6135	2.3	1.8	1
252	No	No	OTHER VASCULAR PROCEDURES W MCC	3.5574	7.2	4.8	1
253	No	No	OTHER VASCULAR PROCEDURES W CC	2.7635	5.0	3.7	1
254	No	No	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.9762	2.4	1.9	1
255	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.7798*	9.2	7.0	4
256	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.3836	5.5	4.1	1
257	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/ MCC	1.0823*	4.3	3.4	4
258	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	3.2057*	7.0	5.2	2
259	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.0351*	3.2	2.4	2
260	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	2.3078	6.6	6.0	2
261	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.8469	4.9	3.3	1
262	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/ MCC	1.1623	2.8	2.1	1
263	No	No	VEIN LIGATION & STRIPPING	1.5683	3.6	2.6	1
264	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.2683	10.7	6.7	1
265	No	No	AICD LEAD PROCEDURES	3.5814	2.7	2.1	1
266	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	5.5898	16.3	9.7	1
267	No	No	VIRAL ILLNESS & FEVER AGE 0-17	0.3647	2.3	2.0	1
268	No	No	SEPTICEMIA OR SEVERE SEPSIS AGE 0-17	1.2551	5.5	3.9	1
269	No	No	TRAUMATIC INJURY AGE 0-17	0.4184	1.4	1.3	1
270	No	No	ALLERGIC REACTIONS AGE 0-17	0.2586	1.5	1.3	1
271	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.3733	1.8	1.4	1
280	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	2.2712	6.5	4.7	1
281	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.3600	3.3	2.6	1
282	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	1.0568	2.0	1.7	1
283	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	2.2096	4.4	3.0	1
284	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.9866*	3.0	2.1	2
285	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.6340*	1.8	1.4	2
286	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.1289	5.5	4.0	1
287	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.2297	2.3	1.9	1
288	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W MCC	4.5787	12.9	9.7	1
289	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W CC	2.0526*	7.8	6.4	4

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
290	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.4384*	5.6	4.4	4
291	Yes	No	HEART FAILURE & SHOCK W MCC	1.6120	6.0	4.4	1
292	Yes	No	HEART FAILURE & SHOCK W CC	1.0280	4.3	3.5	1
293	Yes	No	HEART FAILURE & SHOCK W/O CC/MCC	0.7101	2.8	2.4	1
294	No	No	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	0.8088	6.0	4.2	1
295	No	No	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.7107*	4.0	3.4	3
296	No	No	CARDIAC ARREST, UNEXPLAINED W MCC	1.8271	3.6	2.0	1
297	No	No	CARDIAC ARREST, UNEXPLAINED W CC	1.3671	1.8	1.5	1
298	No	No	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4992*	1.2	1.1	2
299	Yes	No	PERIPHERAL VASCULAR DISORDERS W MCC	1.0973	4.6	3.7	1
300	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC	0.8596	4.0	3.3	1
301	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.6427	3.1	2.5	1
302	No	No	ATHEROSCLEROSIS W MCC	1.0562	3.0	2.3	1
303	No	No	ATHEROSCLEROSIS W/O MCC	0.6357	1.8	1.6	1
304	No	No	HYPERTENSION W MCC	1.1617	4.5	3.4	1
305	No	No	HYPERTENSION W/O MCC	0.6397	2.2	1.8	1
306	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W MCC	1.0348	5.0	3.9	1
307	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O MCC	0.8185	2.7	2.2	1
308	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.2481	4.7	3.6	1
309	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7581	2.8	2.2	1
310	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.5386	1.9	1.6	1
311	No	No	ANGINA PECTORIS	0.5799	1.7	1.5	1
312	No	No	SYNCOPE & COLLAPSE	0.7602	2.3	1.9	1
313	No	No	CHEST PAIN	0.6174	1.6	1.4	1
314	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.1470	7.5	5.5	1
315	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.0590	4.2	3.1	1
316	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.5950	2.1	1.8	1
326	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W MCC	5.6411	14.6	10.3	1
327	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC	2.5650	7.2	5.2	1
328	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W/O CC/MCC	1.5117	2.9	2.2	1
329	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	5.0604	14.0	10.7	2
330	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.4396	7.9	6.6	2
331	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6218	4.6	4.1	1
332	Yes	No	RECTAL RESECTION W MCC	7.5368	16.1	12.0	2
333	Yes	No	RECTAL RESECTION W CC	2.2769	6.5	5.7	2
334	Yes	No	RECTAL RESECTION W/O CC/MCC	1.7772	4.5	4.1	1
335	Yes	No	PERITONEAL ADHESIOLYSIS W MCC	3.7531	10.6	8.4	1
336	Yes	No	PERITONEAL ADHESIOLYSIS W CC	2.0781	7.0	5.6	1
337	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.3784	3.8	3.1	1
338	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	2.8156	8.1	6.7	1
339	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.9565	6.7	5.6	1
340	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.2818	3.5	3.0	1
341	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	1.6428	3.6	2.8	1
342	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2897	2.8	2.2	1
343	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.9932	1.6	1.4	1
344	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	2.8989	9.8	7.8	2
345	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.4233	5.8	4.9	1
346	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.1414	4.3	3.8	1
347	No	No	ANAL & STOMAL PROCEDURES W MCC	1.7875	6.1	4.7	1
348	No	No	ANAL & STOMAL PROCEDURES W CC	1.2010	4.0	3.0	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
349	No	No	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.8099	2.6	2.1	1
350	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W MCC	1.8753#	4.4	3.8	2
351	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.5769	3.5	2.7	1
352	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC/MCC	1.0882	2.0	1.7	1
353	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W MCC	3.1851	7.9	5.6	1
354	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.5813	4.1	3.4	1
355	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC/MCC	1.2460	2.6	2.2	1
356	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.6168	11.1	8.3	1
357	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.0852	6.3	4.8	1
358	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3122	3.5	2.9	1
368	No	No	MAJOR ESOPHAGEAL DISORDERS W MCC	2.0320	5.6	4.0	1
369	No	No	MAJOR ESOPHAGEAL DISORDERS W CC	0.7935	3.2	2.6	1
370	No	No	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.5991	2.2	1.9	1
371	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	2.2263	8.0	6.3	1
372	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.1336	5.3	4.2	1
373	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.7882	3.8	3.2	1
374	Yes	No	DIGESTIVE MALIGNANCY W MCC	2.6960	8.9	6.1	1
375	Yes	No	DIGESTIVE MALIGNANCY W CC	1.5774	5.6	4.1	1
376	Yes	No	DIGESTIVE MALIGNANCY W/O CC/MCC	0.8477	3.5	2.7	1
377	Yes	No	G.I. HEMORRHAGE W MCC	2.0022	6.1	4.3	1
378	Yes	No	G.I. HEMORRHAGE W CC	0.9653	3.5	2.9	1
379	Yes	No	G.I. HEMORRHAGE W/O CC/MCC	0.6773	2.4	2.1	1
380	Yes	No	COMPLICATED PEPTIC ULCER W MCC	1.4586	5.8	4.8	1
381	Yes	No	COMPLICATED PEPTIC ULCER W CC	1.1223	4.6	3.6	1
382	Yes	No	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7632	3.3	2.6	1
383	No	No	UNCOMPLICATED PEPTIC ULCER W MCC	1.4165	6.4	3.7	1
384	No	No	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.8924	3.2	2.5	1
385	No	No	INFLAMMATORY BOWEL DISEASE W MCC	1.7772	7.2	5.2	1
386	No	No	INFLAMMATORY BOWEL DISEASE W CC	1.0618	4.9	3.9	1
387	No	No	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.7778	3.6	3.1	1
388	Yes	No	G.I. OBSTRUCTION W MCC	1.7057	7.1	5.1	1
389	Yes	No	G.I. OBSTRUCTION W CC	0.8993	4.1	3.3	1
390	Yes	No	G.I. OBSTRUCTION W/O CC/MCC	0.5977	2.8	2.3	1
391	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W MCC	1.1536	4.5	3.4	1
392	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O MCC	0.7559	2.9	2.4	1
393	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W MCC	1.6041	6.3	4.5	1
394	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	0.9159	4.0	3.1	1
395	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC/MCC	0.7223	2.8	2.2	1
405	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	6.1788	15.8	10.8	1
406	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC	3.0704	7.4	6.2	1
407	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.8368	4.4	3.7	1
408	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	3.8154	10.0	8.3	2
409	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.2683	6.7	5.9	2
410	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.7087	5.8	5.2	2
411	No	No	CHOLECYSTECTOMY W C.D.E. W MCC	4.0868*	11.8	9.9	4
412	No	No	CHOLECYSTECTOMY W C.D.E. W CC	1.8713	5.9	4.5	1
413	No	No	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.4260	4.0	3.4	1

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(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
414	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.0202	8.6	7.4	2
415	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.0853	5.9	5.1	1
416	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3041	3.8	3.3	1
417	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	1.9923	5.0	4.0	1
418	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6894	4.0	3.2	1
419	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.2641	2.5	2.1	1
420	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	4.4135	16.6	10.6	1
421	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	2.5789	8.7	5.6	1
422	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.2179	3.7	3.4	1
423	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	5.9921	16.2	12.3	2
424	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.1920	6.7	5.4	1
425	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.8063*	5.7	4.4	7
432	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	2.0890	7.3	5.1	1
433	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	1.0872	5.3	4.0	1
434	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6829*	3.2	2.5	3
435	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	1.5301	5.5	4.2	1
436	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	1.2586	4.9	3.7	1
437	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	1.2584	4.7	3.3	1
438	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	2.2308	8.1	5.9	1
439	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	1.0707	4.9	3.9	1
440	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.7411	3.3	2.7	1
441	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	2.5374	8.5	5.7	1
442	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	1.1311	4.6	3.5	1
443	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.6564	3.0	2.5	1
444	No	No	DISORDERS OF THE BILIARY TRACT W MCC	1.4515	4.8	3.6	1
445	No	No	DISORDERS OF THE BILIARY TRACT W CC	0.9631	3.5	2.9	1
446	No	No	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.6916	2.3	1.9	1
453	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	11.3232	14.2	11.0	3
454	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7.2705	5.2	4.4	1
455	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.3617	3.1	2.6	1
456	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	7.6248	10.4	8.4	2
457	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	6.6520	6.2	5.5	2
458	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.8243	4.3	4.0	1
459	Yes	No	SPINAL FUSION EXCEPT CERVICAL W MCC	6.2512	7.1	6.2	2
460	Yes	No	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4.0602	3.1	2.7	1
461	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.4817*	8.2	6.7	3
462	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.3359	4.0	3.8	1
463	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	7.1312	20.8	13.6	2
464	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.4541	8.7	6.6	1
465	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.9088	4.3	3.4	1
466	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.4345	8.8	6.9	1
467	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.0888	4.0	3.6	1
468	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.5388	3.2	2.9	1
469	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	3.1526	6.1	5.2	1

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(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
470	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2.1474	3.1	2.9	1
471	No	No	CERVICAL SPINAL FUSION W MCC	4.0914	6.0	4.1	1
472	No	No	CERVICAL SPINAL FUSION W CC	2.6255	2.3	1.7	1
473	No	No	CERVICAL SPINAL FUSION W/O CC/MCC	2.0714	1.3	1.2	1
474	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.9748	13.8	11.1	2
475	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	1.8618	7.1	5.5	1
476	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.1273	2.9	2.2	1
477	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	4.2174	16.5	10.6	1
478	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.5175	6.9	4.9	1
479	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.7830	3.7	2.6	1
480	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W MCC	3.3865	7.2	5.9	1
481	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.2378	5.3	4.6	1
482	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC/MCC	1.5555	3.2	2.6	1
483	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	2.7277	3.0	2.5	1
484	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	1.9641	1.9	1.7	1
485	No	No	KNEE PROCEDURES W PDX OF INFECTION W MCC	2.6631	8.2	7.3	2
486	No	No	KNEE PROCEDURES W PDX OF INFECTION W CC	2.3673	7.3	5.9	1
487	No	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.2637	4.2	3.8	1
488	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.4872	3.1	2.8	1
489	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.2966	2.1	1.8	1
490	No	No	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	2.0928	3.1	2.2	1
491	No	No	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.1762	1.5	1.3	1
492	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W MCC	3.7089	8.5	6.5	1
493	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	2.1035	4.3	3.5	1
494	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC/MCC	1.4121	2.6	2.2	1
495	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	3.8876	9.8	5.2	1
496	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5981	4.0	3.1	1
497	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.1749	2.1	1.6	1
498	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	1.9931	4.8	3.5	1
499	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	0.9457	2.0	1.6	1
500	Yes	Yes	SOFT TISSUE PROCEDURES W MCC	3.1836	8.6	6.2	1
501	Yes	Yes	SOFT TISSUE PROCEDURES W CC	1.3571	4.3	3.2	1
502	Yes	Yes	SOFT TISSUE PROCEDURES W/O CC/MCC	1.1277	2.3	1.9	1
503	No	No	FOOT PROCEDURES W MCC	2.5318*	8.5	6.5	2
504	No	No	FOOT PROCEDURES W CC	1.8619	4.3	3.6	1
505	No	No	FOOT PROCEDURES W/O CC/MCC	1.2984	2.5	2.0	1
506	No	No	MAJOR THUMB OR JOINT PROCEDURES	1.1377	2.4	2.0	1
507	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.3731	3.6	3.3	1
508	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.3648	2.0	1.6	1
509	No	No	ARTHROSCOPY	1.4594*	3.5	2.3	1
510	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.4005	4.8	3.9	1
511	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.6780	2.6	2.2	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
512	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.1713	1.7	1.5	1
513	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.0886	2.7	2.1	1
514	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.9068	2.3	1.8	1
515	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	3.2624	8.7	5.1	1
516	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.3921	5.4	4.0	1
517	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.5681	2.7	2.2	1
533	Yes	No	FRACTURES OF FEMUR W MCC	1.7379*	6.5	4.9	2
534	Yes	No	FRACTURES OF FEMUR W/O MCC	0.5409	1.9	1.6	1
535	Yes	No	FRACTURES OF HIP & PELVIS W MCC	0.9346	3.9	3.1	1
536	Yes	No	FRACTURES OF HIP & PELVIS W/O MCC	0.6984	2.9	2.4	1
537	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.9185*	4.1	3.5	1
538	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.7157	2.0	1.6	1
539	Yes	No	OSTEOMYELITIS W MCC	2.0049	8.6	7.4	2
540	Yes	No	OSTEOMYELITIS W CC	1.4770	7.0	5.1	1
541	Yes	No	OSTEOMYELITIS W/O CC/MCC	0.7539	4.0	3.2	1
542	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	3.5084	12.1	8.2	1
543	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.4344	6.0	4.3	1
544	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.9903	3.7	2.9	1
545	Yes	No	CONNECTIVE TISSUE DISORDERS W MCC	3.7800	11.2	6.8	1
546	Yes	No	CONNECTIVE TISSUE DISORDERS W CC	1.2652	4.9	3.8	1
547	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.8528	3.3	2.5	1
548	No	No	SEPTIC ARTHRITIS W MCC	2.1809*	8.8	6.7	3
549	No	No	SEPTIC ARTHRITIS W CC	0.9696	4.8	4.0	1
550	No	No	SEPTIC ARTHRITIS W/O CC/MCC	0.6160	3.7	3.2	1
551	Yes	No	MEDICAL BACK PROBLEMS W MCC	1.6331	5.4	3.9	1
552	Yes	No	MEDICAL BACK PROBLEMS W/O MCC	0.7354	2.8	2.3	1
553	No	No	BONE DISEASES & ARTHROPATHIES W MCC	1.2604*	5.5	4.3	3
554	No	No	BONE DISEASES & ARTHROPATHIES W/O MCC	0.7529	2.9	2.4	1
555	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	0.8099	3.1	2.5	1
556	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.6979	2.7	2.0	1
557	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.1567	5.7	4.3	1
558	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.6780	3.3	2.6	1
559	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.5719	5.8	4.1	1
560	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	0.6897	3.6	2.6	1
561	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.6111	2.0	1.6	1
562	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W MCC	1.6984	6.0	4.1	1
563	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W/O MCC	0.7768	2.6	2.0	1
564	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	2.4093	7.7	4.3	1
565	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.9419	3.4	2.6	1
566	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.5162	2.0	1.7	1
573	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC	2.7862	11.4	8.4	1
574	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1.8453	7.7	5.9	1

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CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
575	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC	1.0051	4.1	3.4	1
576	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.3565*	13.0	9.1	2
577	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC	2.3029	6.4	4.7	1
578	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.4190	2.8	2.1	1
579	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.5010	8.4	6.3	1
580	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.5354	3.8	2.7	1
581	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.3973	2.3	1.9	1
582	No	No	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.7358	2.3	1.9	1
583	No	No	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	1.6393	1.9	1.7	1
584	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	1.8496	3.4	2.5	1
585	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.5306	2.2	1.8	1
592	Yes	No	SKIN ULCERS W MCC	1.1412	5.2	4.2	1
593	Yes	No	SKIN ULCERS W CC	0.9183	5.3	4.4	1
594	Yes	No	SKIN ULCERS W/O CC/MCC	0.7913	3.5	3.0	1
595	No	No	MAJOR SKIN DISORDERS W MCC	2.0746*	7.8	5.9	3
596	No	No	MAJOR SKIN DISORDERS W/O MCC	0.7335	4.0	3.0	1
597	No	No	MALIGNANT BREAST DISORDERS W MCC	1.3925	7.9	6.4	1
598	No	No	MALIGNANT BREAST DISORDERS W CC	0.8670	4.7	3.4	1
599	No	No	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6954*	3.2	2.5	3
600	No	No	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.8828	4.2	3.5	1
601	No	No	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.5032	2.9	2.5	1
602	No	No	CELLULITIS AGE >17 W MCC	1.3114	6.0	4.8	1
603	No	No	CELLULITIS AGE >17 W/O MCC	0.6995	3.7	3.1	1
604	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W MCC	1.1712	3.7	2.7	1
605	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O MCC	0.8092	1.9	1.5	1
606	No	No	MINOR SKIN DISORDERS W MCC	1.4776	6.5	3.9	1
607	No	No	MINOR SKIN DISORDERS W/O MCC	0.4558	2.8	2.3	1
608	No	No	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1.5275#	11.2	9.0	5
609	No	No	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	0.9060#	6.0	4.5	3
610	No	No	NEONATE, DIED W/IN ONE DAY OF BIRTH	0.1962	1.0	1.0	1
611	No	No	NEONATE, TRANSFERRED <5 DAYS OLD	0.2588	1.2	1.1	1
612	No	No	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	27.9016	95.8	78.3	16
613	No	No	NEONATE, BIRTHWT <750G, DIED	4.2947	9.7	3.3	1
614	No	No	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.0767	4.3	3.6	1
615	No	No	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.5796	2.8	2.5	1
616	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.9877*	15.6	12.4	4
617	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	2.2303	7.0	6.0	2
618	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.3327*	5.1	4.1	4
619	No	No	O.R. PROCEDURES FOR OBESITY W MCC	3.4812	4.8	3.8	1
620	No	No	O.R. PROCEDURES FOR OBESITY W CC	2.1568	2.8	2.3	1
621	No	No	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.7503	1.7	1.5	1
622	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.7924*	12.5	9.4	4
623	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.6711	6.0	5.2	1
624	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.1235*	4.7	3.8	4

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CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
625	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.5604	6.5	4.8	1
626	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.2444	2.0	1.7	1
627	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	0.9802	1.4	1.2	1
628	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	5.3336	11.9	7.0	1
629	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1.9506	7.0	5.6	1
630	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.7619	3.3	2.5	1
631	No	No	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	16.6234	74.3	66.6	23
632	No	No	NEONATE, BIRTHWT 750-999G, DIED	6.9116#	16.0	12.1	9
633	No	No	NEONATE, BIRTHWT 1000-1499G, W SIGNIF O.R. PROC, DISCHARGED ALIVE	18.0062	79.1	73.8	35
634	No	No	NEONATE, BIRTHWT 1000-1499G, W/O SIGNIF O.R. PROC, DISCHARGED ALIVE	7.9711	42.3	37.6	13
635	No	No	NEONATE, BIRTHWT 1000-1499G, DIED	5.5977	11.6	4.6	1
636	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	14.4921	51.4	39.7	8
637	Yes	No	DIABETES W MCC	1.6803	6.2	4.4	1
638	Yes	No	DIABETES W CC	0.7471	3.4	2.7	1
639	Yes	No	DIABETES W/O CC/MCC	0.4802	2.3	2.0	1
640	Yes	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W MCC	1.1553	4.7	3.4	1
641	Yes	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O MCC	0.6244	2.9	2.3	1
642	No	No	INBORN ERRORS OF METABOLISM	0.9953	3.9	2.7	1
643	Yes	No	ENDOCRINE DISORDERS W MCC	1.6949	6.2	4.7	1
644	Yes	No	ENDOCRINE DISORDERS W CC	0.9404	4.1	3.1	1
645	Yes	No	ENDOCRINE DISORDERS W/O CC/MCC	0.5704	2.4	2.0	1
646	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	5.0203#	26.7	23.6	13
647	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	5.8576	27.7	23.0	5
648	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MAJOR PROB	3.6052	21.8	19.0	6
649	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.7482	16.5	14.2	4
650	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W OTHER PROB	1.9593	14.3	11.0	2
651	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	6.6692	29.4	25.1	8
652	No	No	KIDNEY TRANSPLANT	3.0197	5.9	5.4	2
653	Yes	No	MAJOR BLADDER PROCEDURES W MCC	5.3633	13.5	11.5	3
654	Yes	No	MAJOR BLADDER PROCEDURES W CC	2.6525	7.8	6.7	2
655	Yes	No	MAJOR BLADDER PROCEDURES W/O CC/MCC	1.6319	4.5	3.7	1
656	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.7968	8.8	6.7	1
657	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	2.1092	4.7	4.2	1
658	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.5461	3.2	2.8	1
659	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.8432	9.1	6.7	1
660	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.5936	3.9	3.0	1
661	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.2810	2.2	1.9	1
662	No	No	MINOR BLADDER PROCEDURES W MCC	3.3475*	10.7	7.5	2
663	No	No	MINOR BLADDER PROCEDURES W CC	0.8818	2.5	2.1	1
664	No	No	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1477	1.6	1.4	1
665	No	No	PROSTATECTOMY W MCC	3.1805*	11.3	8.7	3
666	No	No	PROSTATECTOMY W CC	1.8248*	6.4	4.5	3
667	No	No	PROSTATECTOMY W/O CC/MCC	0.8546	1.7	1.5	1
668	No	No	TRANSURETHRAL PROCEDURES W MCC	2.1447	6.0	4.3	1
669	No	No	TRANSURETHRAL PROCEDURES W CC	1.1283	2.5	2.0	1
670	No	No	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8618	1.7	1.5	1
671	No	No	URETHRAL PROCEDURES AGE >17 W CC/MCC	1.2872#	3.3	3.1	2

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
672	No	No	URETHRAL PROCEDURES AGE >17 W/O CC/MCC	0.8452	1.7	1.4	1
673	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.5976	9.9	5.4	1
674	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.1493	6.1	4.1	1
675	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.5745	1.9	1.4	1
676	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	4.0160#	20.5	17.6	11
677	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	3.5567	17.0	13.3	3
678	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	1.9885	12.2	10.4	3
679	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.4745	10.5	8.0	1
680	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.9344	7.0	5.1	1
681	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	8.9744	30.8	20.5	3
682	Yes	No	RENAL FAILURE W MCC	1.8341	6.7	4.8	1
683	Yes	No	RENAL FAILURE W CC	0.9848	4.3	3.4	1
684	Yes	No	RENAL FAILURE W/O CC/MCC	0.6645	2.8	2.3	1
685	No	No	ADMIT FOR RENAL DIALYSIS	0.8841	3.6	2.8	1
686	No	No	KIDNEY & URINARY TRACT NEOPLASMS W MCC	2.3763	8.6	6.5	1
687	No	No	KIDNEY & URINARY TRACT NEOPLASMS W CC	0.9439	3.3	2.8	1
688	No	No	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.6350	2.3	1.8	1
689	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W MCC	1.1646	5.1	4.0	1
690	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O MCC	0.7020	3.2	2.6	1
691	No	No	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.1964	2.5	2.0	1
692	No	No	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.1111	1.8	1.5	1
693	No	No	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.1523	3.4	2.9	1
694	No	No	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.6611	1.9	1.6	1
695	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W MCC	0.8884#	3.2	3.2	2
696	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O MCC	0.7496	3.2	2.4	1
697	No	No	URETHRAL STRICTURE AGE >17	0.6383	2.3	1.8	1
698	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W MCC	1.7733	7.1	4.9	1
699	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.0091	4.1	3.2	1
700	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC/MCC	0.7272	2.5	2.0	1
707	No	No	MAJOR MALE PELVIC PROCEDURES W CC/MCC	1.9848	3.1	2.5	1
708	No	No	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.5846	1.6	1.4	1
709	No	No	PENIS PROCEDURES W CC/MCC	1.2562	2.8	1.9	1
710	No	No	PENIS PROCEDURES W/O CC/MCC	1.3823	1.7	1.4	1
711	No	No	TESTES PROCEDURES AGE >17 W CC/MCC	1.9352	4.9	4.1	1
712	No	No	TESTES PROCEDURES AGE >17 W/O CC/MCC	0.8316	1.5	1.3	1
713	No	No	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.0232	2.8	2.1	1
714	No	No	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.7768	1.5	1.4	1
715	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	1.9351*	6.0	4.1	1
716	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	1.2906	1.6	1.4	1
717	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.7913*	6.4	4.6	3
718	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.8929*	2.6	2.0	3
722	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.8749*	7.7	5.4	3
723	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.1311*	5.1	3.9	3
724	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6894*	2.7	2.1	3
725	No	No	BENIGN PROSTATIC HYPERTROPHY W MCC	1.4144*	6.1	4.7	2

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
839	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	1.1596	5.3	4.3	1
840	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	4.6953	14.7	10.1	1
841	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.9900	6.7	4.7	1
842	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.2723	4.2	2.8	1
843	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	2.4031	8.2	6.3	1
844	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.3085	5.5	3.8	1
845	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.8724	3.9	3.0	1
846	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	3.1127	9.7	6.7	1
847	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.0674	3.7	3.1	1
848	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	1.1092	3.5	2.8	1
849	No	No	RADIOTHERAPY	0.9861	5.1	2.7	1
853	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	6.5981	15.8	12.2	2
854	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	2.5605	8.2	6.9	2
855	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.3892	4.7	3.9	1
856	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	5.0426	14.1	9.4	1
857	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.8205	6.4	4.7	1
858	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.2496	4.4	3.6	1
862	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.5725	6.2	4.8	1
863	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.8251	3.9	3.2	1
864	No	No	FEVER AGE >17	0.8306	3.3	2.6	1
865	No	No	VIRAL ILLNESS AGE >17 W MCC	2.0599	5.5	4.1	1
866	No	No	VIRAL ILLNESS AGE >17 W/O MCC	0.7309	3.1	2.5	1
867	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.5722	8.3	6.3	1
868	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	0.8620	3.8	3.3	1
869	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.8912	3.5	2.9	1
870	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS AGE >17	7.0338	15.2	13.2	4
871	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W MCC	2.1547	6.7	5.0	1
872	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W/O MCC	1.0672	4.5	3.7	1
876	No	No	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3.1239*	12.7	8.1	5
880	No	No	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6997	3.2	2.2	1
881	No	No	DEPRESSIVE NEUROSES	0.3570	4.0	3.0	1
882	No	No	NEUROSES EXCEPT DEPRESSIVE	0.3894	4.2	2.9	1
883	No	No	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.0887	11.5	6.1	1
884	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.9649	7.8	3.4	1
885	No	No	PSYCHOSES	0.6334	7.0	5.1	1
886	No	No	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.7596	11.1	7.6	1
887	No	No	OTHER MENTAL DISORDER DIAGNOSES	1.2462	14.5	6.6	1
894	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3874	4.1	2.3	1
895	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.7557	16.0	12.5	2
896	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.5404	5.8	4.4	1
898	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE >21 W/O MCC	0.4312	5.1	3.6	1
899	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE <=21 W/O MCC	0.2981	5.8	3.8	1
901	No	No	WOUND DEBRIDEMENTS FOR INJURIES W MCC	5.1987	21.1	13.2	1
902	No	No	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.6457	5.9	4.2	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2011)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2010)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
903	No	No	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	1.2182	4.2	2.9	1
904	No	No	SKIN GRAFTS FOR INJURIES W CC/MCC	4.8632	14.7	7.1	1
905	No	No	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.2334	4.3	2.9	1
906	No	No	HAND PROCEDURES FOR INJURIES	1.2243	2.8	2.2	1
907	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W MCC	4.8845	11.8	8.0	1
908	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.9817	5.8	4.0	1
909	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1736	2.6	2.1	1
913	No	No	TRAUMATIC INJURY AGE >17 W MCC	1.2178#	4.0	3.5	2
914	No	No	TRAUMATIC INJURY AGE >17 W/O MCC	0.7616	2.0	1.7	1
915	No	No	ALLERGIC REACTIONS AGE >17 W MCC	1.4817	4.1	3.0	1
916	No	No	ALLERGIC REACTIONS AGE >17 W/O MCC	0.4701	2.0	1.6	1
917	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W MCC	1.4386	4.0	2.9	1
918	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O MCC	0.5248	2.0	1.6	1
919	No	No	COMPLICATIONS OF TREATMENT W MCC	1.4877	5.2	3.5	1
920	No	No	COMPLICATIONS OF TREATMENT W CC	0.8962	3.8	2.7	1
921	No	No	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.5403	2.4	1.9	1
922	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.9380	4.6	3.2	1
923	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.6915	2.2	1.5	1
927	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	14.7971	33.1	20.2	2
928	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	4.6496	15.4	10.9	2
929	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1.4761	6.3	4.0	1
933	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	2.4397*	5.1	2.3	3
934	No	No	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	0.8339	4.1	2.7	1
935	No	No	NON-EXTENSIVE BURNS	0.9042	3.6	2.4	1
939	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	6.4514	34.6	20.6	2
940	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	2.8806	11.3	5.6	1
941	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.7632	3.1	2.3	1
945	Yes	No	REHABILITATION W CC/MCC	1.6369	13.4	9.7	1
946	Yes	No	REHABILITATION W/O CC/MCC	0.7428	6.0	5.0	1
947	Yes	No	SIGNS & SYMPTOMS W MCC	1.1731	5.3	3.8	1
948	Yes	No	SIGNS & SYMPTOMS W/O MCC	0.6867	3.0	2.2	1
949	No	No	AFTERCARE W CC/MCC	1.9372	9.7	3.6	1
950	No	No	AFTERCARE W/O CC/MCC	1.5126	6.3	2.5	1
951	No	No	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3789	2.3	1.9	1
955	No	No	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	5.7663	9.1	6.1	1
956	Yes	No	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	5.6344	10.5	8.2	1
957	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.3915	14.1	9.2	1
958	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.2992	9.3	7.3	1
959	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.5209	5.0	4.2	1
963	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	3.1265	6.3	4.3	1
964	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.5877	5.1	4.1	1
965	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1.1512	3.5	2.8	1
969	No	No	HIV W EXTENSIVE O.R. PROCEDURE W MCC	6.1131*	17.1	12.0	8
970	No	No	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.9698*	8.6	6.3	8
974	No	No	HIV W MAJOR RELATED CONDITION W MCC	3.3267	11.1	8.9	2
975	No	No	HIV W MAJOR RELATED CONDITION W CC	2.0818	7.7	6.0	1

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(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

CHAPTER 6
 ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

The second column labeled "PAC XFER" indicates whether the DRG is subject to the post acute care transfer policy. The third column labeled "PAC PAY" indicates whether the DRG is subject to the post acute care special payment provision.

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
1	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	23.8227	35.5	26.2	5
2	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	14.1653	22.7	21.0	9
3	Yes	No	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	17.7953	35.7	27.1	6
4	Yes	No	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	12.7083	31.2	24.3	6
5	No	No	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	9.8649	18.9	14.2	3
6	No	No	LIVER TRANSPLANT W/O MCC	5.2323	7.9	7.4	3
7	No	No	LUNG TRANSPLANT	11.9422	19.1	16.3	5
8	No	No	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.6805*	12.0	10.1	3
10	No	No	PANCREAS TRANSPLANT	4.3179*	9.9	8.5	2
11	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	5.4244	16.2	13.4	4
12	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	2.6479	8.7	7.1	1
13	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/ MCC	2.1009	6.9	5.8	1
14	No	No	ALLOGENEIC BONE MARROW TRANSPLANT	11.8322	33.7	28.8	10
16	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	5.5424	19.6	17.7	6
17	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	4.1768	13.5	8.9	1
20	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	10.1552	16.7	13.7	3
21	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	6.5743	15.9	14.5	5
22	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	6.7975	13.0	10.9	2
23	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	6.2999	11.3	7.3	1
24	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	3.7964	6.8	4.3	1
25	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W MCC	4.7974	9.8	7.2	1
26	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W CC	3.2495	6.2	4.7	1
27	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W/O CC/MCC	2.4323	3.4	2.7	1
28	Yes	Yes	SPINAL PROCEDURES W MCC	5.3179	12.5	9.5	2
29	Yes	Yes	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	2.9689	5.3	3.9	1

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 (4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
30	Yes	Yes	SPINAL PROCEDURES W/O CC/MCC	1.9508	3.2	2.5	1
31	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W MCC	3.8322	14.2	7.4	1
32	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W CC	1.6015	3.7	2.8	1
33	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W/O CC/MCC	1.5260	2.6	1.9	1
34	No	No	CAROTID ARTERY STENT PROCEDURE W MCC	3.8853*	6.9	4.5	1
35	No	No	CAROTID ARTERY STENT PROCEDURE W CC	2.6219	3.6	2.2	1
36	No	No	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	2.0807	1.4	1.2	1
37	No	No	EXTRACRANIAL PROCEDURES W MCC	4.2306	9.5	6.7	1
38	No	No	EXTRACRANIAL PROCEDURES W CC	2.1466	3.8	2.7	1
39	No	No	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.3347	1.6	1.3	1
40	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.2505	10.1	6.6	1
41	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	1.8436	5.0	3.5	1
42	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.9560	3.1	2.0	1
52	No	No	SPINAL DISORDERS & INJURIES W CC/MCC	3.0387	14.0	5.6	1
53	No	No	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.9309	2.8	2.3	1
54	Yes	No	NERVOUS SYSTEM NEOPLASMS W MCC	1.2746	5.2	3.4	1
55	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0708	3.7	2.6	1
56	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	2.0624	6.5	4.7	1
57	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1177	5.3	3.6	1
58	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	3.5944	13.8	7.6	1
59	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.2926	4.6	3.8	1
60	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.8079	3.3	2.7	1
61	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	3.4352	9.0	5.9	1
62	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	2.4220	5.2	4.4	1
63	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.9858	2.9	2.5	1
64	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.0835	6.4	4.6	1
65	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	1.3524	4.6	3.7	1
66	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	1.0424	2.8	2.3	1
67	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.6856	4.8	3.5	1
68	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	1.0889	2.8	2.5	1
69	No	No	TRANSIENT ISCHEMIA	0.8491	2.1	1.8	1
70	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.6778	6.2	4.3	1
71	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.2539	4.7	3.3	1
72	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.7593	2.3	1.8	1
73	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	1.1944	5.5	4.5	1
74	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9537	3.5	2.8	1
75	No	No	VIRAL MENINGITIS W CC/MCC	1.1887	4.8	3.8	1
76	No	No	VIRAL MENINGITIS W/O CC/MCC	0.6173	2.7	2.4	1
77	No	No	HYPERTENSIVE ENCEPHALOPATHY W MCC	2.6480	9.0	7.3	2
78	No	No	HYPERTENSIVE ENCEPHALOPATHY W CC	1.3362	3.9	3.3	1
79	No	No	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.8012*	2.9	2.4	1
80	No	No	NONTRAUMATIC STUPOR & COMA W MCC	1.3659	5.5	3.0	1
81	No	No	NONTRAUMATIC STUPOR & COMA W/O MCC	0.7150	2.6	2.2	1
82	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.7337	6.3	3.9	1
83	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.0469	3.6	2.8	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
84	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.9003	2.6	1.9	1
85	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W MCC	2.3395	7.7	5.4	1
86	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.0581	3.5	2.8	1
87	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC/MCC	0.7020	2.1	1.7	1
88	No	No	CONCUSSION AGE >17 W MCC	1.3581	3.4	2.6	1
89	No	No	CONCUSSION AGE >17 W CC	1.0550	2.4	1.9	1
90	No	No	CONCUSSION AGE >17 W/O CC/MCC	0.7981	1.4	1.2	1
91	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.7212	6.7	4.1	1
92	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.8882	3.4	2.5	1
93	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.7034	2.3	1.9	1
94	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	3.9242	12.6	10.4	2
95	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	2.4297	7.3	6.0	1
96	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.1944	5.6	4.9	1
97	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	2.9578	8.9	6.4	1
98	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.9919	7.6	5.3	1
99	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.1069	4.2	3.3	1
100	Yes	No	SEIZURES AGE >17 W MCC	1.4414	5.1	3.7	1
101	Yes	No	SEIZURES AGE >17 W/O MCC	0.7762	2.8	2.3	1
102	No	No	HEADACHES AGE >17 W MCC	0.8403	3.3	2.6	1
103	No	No	HEADACHES AGE >17 W/O MCC	0.7545	2.9	2.2	1
104	No	No	CRANIOTOMY, VENTRICULAR SHUNT & ENDOVASC INTRACRANIAL PROC AGE 0-17	2.4070	5.6	3.4	1
105	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.4723	2.0	1.6	1
106	No	No	CONCUSSION AGE 0-17	0.5466	1.4	1.2	1
107	No	No	SEIZURES & HEADACHES AGE 0-17	0.5421	2.4	1.9	1
108	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	0.6972	2.4	2.1	1
109	No	No	OTHER DISORDERS OF THE EYE AGE 0-17	0.3481	2.1	1.8	1
110	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE 0-17	0.7506	2.1	1.6	1
111	No	No	SINUS & MASTOID PROCEDURES AGE 0-17	1.5915#	5.6	3.7	1
112	No	No	OTITIS MEDIA & URI AGE 0-17	0.3103	2.0	1.8	1
113	No	No	ORBITAL PROCEDURES W CC/MCC	2.2828	5.7	4.0	1
114	No	No	ORBITAL PROCEDURES W/O CC/MCC	1.0836	2.2	1.7	1
115	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	0.8840	3.3	2.6	1
116	No	No	INTRAOCULAR PROCEDURES W CC/MCC	1.4410*	4.5	3.0	1
117	No	No	INTRAOCULAR PROCEDURES W/O CC/MCC	0.9140	3.2	2.4	1
118	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.4711	2.3	1.9	1
119	No	No	DENTAL & ORAL DISEASES AGE 0-17	0.6166	2.4	1.9	1
120	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	1.8446	8.3	6.1	1
121	No	No	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.4114	3.4	2.9	1
122	No	No	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.4251	3.1	2.7	1
123	No	No	NEUROLOGICAL EYE DISORDERS	0.8529	2.8	2.4	1
124	No	No	OTHER DISORDERS OF THE EYE AGE >17 W MCC	0.8325#	3.4	2.6	1
125	No	No	OTHER DISORDERS OF THE EYE AGE >17 W/O MCC	0.7238	2.7	2.1	1
129	No	No	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.1762	4.6	3.4	1
130	No	No	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.3125	2.1	1.8	1

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
131	No	No	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.1811	3.8	2.9	1
132	No	No	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.5298	1.8	1.5	1
133	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W CC/MCC	1.4535	3.2	2.3	1
134	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W/O CC/MCC	0.8817	1.7	1.4	1
135	No	No	SINUS & MASTOID PROCEDURES AGE >17 W CC/MCC	2.6940	5.3	3.8	1
136	No	No	SINUS & MASTOID PROCEDURES AGE >17 W/O CC/MCC	1.4012	2.3	1.7	1
137	No	No	MOUTH PROCEDURES W CC/MCC	1.1419	3.8	2.9	1
138	No	No	MOUTH PROCEDURES W/O CC/MCC	0.7514	2.7	2.1	1
139	No	No	SALIVARY GLAND PROCEDURES	1.0766	1.6	1.3	1
140	No	No	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.4580	2.7	2.3	1
141	No	No	BRONCHITIS & ASTHMA AGE 0-17	0.3857	2.4	2.0	1
142	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	0.4628	2.8	2.1	1
143	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE 0-17	1.2306	4.9	3.0	1
144	No	No	HERNIA PROCEDURES AGE 0-17	0.6865	1.7	1.4	1
145	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.4004	2.4	1.9	1
146	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	2.2943*	8.4	5.9	1
147	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	0.9580	4.7	3.4	1
148	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.8348*	3.2	2.2	1
149	No	No	DYSEQUILIBRIUM	0.7258	2.0	1.7	1
150	No	No	EPISTAXIS W MCC	1.4544*	5.2	3.8	1
151	No	No	EPISTAXIS W/O MCC	0.6576	2.5	2.1	1
152	No	No	OTITIS MEDIA & URI AGE >17 W MCC	0.8685	3.7	2.9	1
153	No	No	OTITIS MEDIA & URI AGE >17 W/O MCC	0.5864	2.5	2.0	1
154	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W MCC	1.3815	5.5	4.3	1
155	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W CC	0.9677	3.7	2.8	1
156	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W/O CC/MCC	0.4462	2.0	1.7	1
157	No	No	DENTAL & ORAL DISEASES AGE >17 W MCC	0.8474	3.4	3.0	1
158	No	No	DENTAL & ORAL DISEASES AGE >17 W CC	0.9077	3.7	2.7	1
159	No	No	DENTAL & ORAL DISEASES AGE >17 W/O CC/MCC	0.6051	2.1	1.8	1
160	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.5360	2.6	1.9	1
161	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.3680	2.8	2.3	1
162	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	0.8950	1.7	1.5	1
163	Yes	No	MAJOR CHEST PROCEDURES W MCC	4.7510	12.7	10.6	3
164	Yes	No	MAJOR CHEST PROCEDURES W CC	2.5199	6.3	5.3	1
165	Yes	No	MAJOR CHEST PROCEDURES W/O CC/MCC	1.6761	4.1	3.4	1
166	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.5991	11.1	8.8	2
167	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1.9582	5.9	4.7	1
168	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.4859	4.0	3.1	1
169	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE 0-17	0.4116	1.6	1.3	1
170	No	No	CELLULITIS AGE 0-17	0.3959	2.4	2.1	1
171	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.4456	1.4	1.3	1
172	No	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES 0-17	0.3238	2.5	1.9	1
173	No	No	URETHRAL PROCEDURES AGE 0-17	0.8866#	3.0	2.6	1
174	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.4086	2.9	2.4	1
175	Yes	No	PULMONARY EMBOLISM W MCC	1.6070	5.9	5.0	1
176	Yes	No	PULMONARY EMBOLISM W/O MCC	0.9493	3.9	3.3	1

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
177	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W MCC	2.4290	9.3	7.0	1
178	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.6802	6.5	5.2	1
179	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC/MCC	1.1225	5.1	3.8	1
180	No	No	RESPIRATORY NEOPLASMS W MCC	1.7652	6.7	5.2	1
181	No	No	RESPIRATORY NEOPLASMS W CC	1.2112	4.6	3.5	1
182	No	No	RESPIRATORY NEOPLASMS W/O CC/MCC	0.9674	3.2	2.5	1
183	No	No	MAJOR CHEST TRAUMA W MCC	1.4775	4.8	3.6	1
184	No	No	MAJOR CHEST TRAUMA W CC	1.0666	3.4	2.6	1
185	No	No	MAJOR CHEST TRAUMA W/O CC/MCC	0.9122	2.7	2.0	1
186	Yes	No	PLEURAL EFFUSION W MCC	1.5998	5.5	4.2	1
187	Yes	No	PLEURAL EFFUSION W CC	1.1116	4.5	3.4	1
188	Yes	No	PLEURAL EFFUSION W/O CC/MCC	0.5957	2.5	2.0	1
189	No	No	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2253	4.7	3.7	1
190	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1323	4.9	4.0	1
191	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9804	4.1	3.4	1
192	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7324	3.2	2.7	1
193	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W MCC	1.4819	6.0	4.8	1
194	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.9475	4.0	3.3	1
195	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC/MCC	0.6832	3.0	2.6	1
196	Yes	No	INTERSTITIAL LUNG DISEASE W MCC	1.6261	5.8	4.6	1
197	Yes	No	INTERSTITIAL LUNG DISEASE W CC	1.2211	5.0	3.8	1
198	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7877	3.2	2.8	1
199	No	No	PNEUMOTHORAX W MCC	1.4782	6.1	4.5	1
200	No	No	PNEUMOTHORAX W CC	0.7952	3.2	2.5	1
201	No	No	PNEUMOTHORAX W/O CC/MCC	0.5359	3.2	2.6	1
202	No	No	BRONCHITIS & ASTHMA AGE >17 W CC/MCC	0.8306	3.8	3.0	1
203	No	No	BRONCHITIS & ASTHMA AGE >17 W/O CC/MCC	0.5775	2.7	2.2	1
204	No	No	RESPIRATORY SIGNS & SYMPTOMS	0.6672	2.3	1.8	1
205	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.5850	6.2	4.3	1
206	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.6968	2.5	2.0	1
207	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	6.5742	15.4	13.0	4
208	No	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	2.1684	5.7	4.0	1
209	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.3964	1.9	1.6	1
210	No	No	URETHRAL STRICTURE AGE 0-17	0.4563#	1.9	1.9	1
211	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.8763	4.1	2.9	1
212	No	No	TESTES PROCEDURES AGE 0-17	0.5431	1.2	1.1	1
213	No	No	SPLENECTOMY AGE 0-17	1.1304	2.1	1.8	1
214	No	No	RED BLOOD CELL DISORDERS AGE 0-17	0.4808	3.2	2.4	1
215	No	No	OTHER HEART ASSIST SYSTEM IMPLANT	15.2768*	13.4	7.5	2
216	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	12.3916	19.5	13.6	2
217	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	7.0912	9.4	8.4	3
218	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	6.6175	7.5	6.7	2
219	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	8.0103	10.6	8.8	2
220	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	4.9121	6.1	5.6	2

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
221	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.8681	5.1	4.6	1
222	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.9072	11.5	9.6	2
223	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.8676	5.4	4.2	1
224	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7.6928	8.9	7.9	2
225	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	6.1660	4.4	3.7	1
226	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	7.1987	7.8	5.7	1
227	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	4.9254	2.5	1.8	1
228	No	No	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.0091	9.9	7.7	1
229	No	No	OTHER CARDIOTHORACIC PROCEDURES W CC	4.6120	6.5	5.6	1
230	No	No	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.5782	5.0	4.2	1
231	No	No	CORONARY BYPASS W PTCA W MCC	8.8519	10.7	9.0	2
232	No	No	CORONARY BYPASS W PTCA W/O MCC	6.4527	8.5	7.7	3
233	Yes	No	CORONARY BYPASS W CARDIAC CATH W MCC	7.3508	11.3	10.0	3
234	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.3718	7.5	7.1	3
235	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.7651	8.4	7.5	3
236	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.8689	5.7	5.3	2
237	No	No	MAJOR CARDIOVASC PROCEDURES W MCC	5.3623	9.0	6.4	1
238	No	No	MAJOR CARDIOVASC PROCEDURES W/O MCC	3.0060	4.1	3.0	1
239	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	5.5361	16.9	13.8	3
240	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.6796	8.8	7.7	2
241	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.6582*	5.8	4.8	3
242	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3.9480	6.9	5.0	1
243	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.8996	4.3	3.3	1
244	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.2448	2.6	2.1	1
245	No	No	AICD GENERATOR PROCEDURES	3.9156	5.2	2.3	1
246	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	3.5100	3.8	2.9	1
247	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.5891	2.2	1.9	1
248	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	3.2468	4.2	3.4	1
249	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	2.3135	2.5	2.2	1
250	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3.1963	5.4	4.1	1
251	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	2.6169	2.3	1.8	1
252	No	No	OTHER VASCULAR PROCEDURES W MCC	3.2677	7.3	5.1	1
253	No	No	OTHER VASCULAR PROCEDURES W CC	2.8110	5.0	3.7	1
254	No	No	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.9918	2.5	1.9	1
255	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.7963*	9.0	6.7	2
256	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.5585	6.8	5.3	1
257	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	1.0069*	4.1	3.1	2
258	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	3.2983*	7.0	5.3	1
259	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.0221*	3.3	2.5	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
260	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	3.8694	11.4	8.5	1
261	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.4811	3.9	3.0	1
262	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.3262	2.5	2.0	1
263	No	No	VEIN LIGATION & STRIPPING	2.3671	9.0	5.3	1
264	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.5696	7.9	4.8	1
265	No	No	AICD LEAD PROCEDURES	2.9943	3.6	2.2	1
266	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	2.9251	12.4	8.5	1
267	No	No	VIRAL ILLNESS & FEVER AGE 0-17	0.3516	2.3	2.0	1
268	No	No	SEPTICEMIA OR SEVERE SEPSIS AGE 0-17	1.4010	6.0	4.1	1
269	No	No	TRAUMATIC INJURY AGE 0-17	0.3744	1.6	1.4	1
270	No	No	ALLERGIC REACTIONS AGE 0-17	0.2750	1.5	1.3	1
271	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.4544	2.0	1.5	1
280	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	2.1751	5.8	4.4	1
281	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.2440	2.9	2.4	1
282	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	1.0197	2.0	1.7	1
283	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	2.0023	3.3	2.4	1
284	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.9324*	2.8	2.0	1
285	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5995*	1.7	1.4	1
286	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.2174	5.7	4.2	1
287	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.2482	2.4	2.0	1
288	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W MCC	3.2641	13.1	9.5	1
289	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.2581	6.0	4.5	1
290	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.2367*	5.0	4.1	2
291	Yes	No	HEART FAILURE & SHOCK W MCC	1.4721	5.7	4.4	1
292	Yes	No	HEART FAILURE & SHOCK W CC	1.0257	4.4	3.5	1
293	Yes	No	HEART FAILURE & SHOCK W/O CC/MCC	0.6709	2.7	2.3	1
294	No	No	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	1.1007*	5.3	4.4	1
295	No	No	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.7761*	4.1	3.5	1
296	No	No	CARDIAC ARREST, UNEXPLAINED W MCC	1.4924	2.6	1.8	1
297	No	No	CARDIAC ARREST, UNEXPLAINED W CC	0.7297*	1.6	1.3	1
298	No	No	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4493*	1.1	1.1	1
299	Yes	No	PERIPHERAL VASCULAR DISORDERS W MCC	1.1111	4.7	3.7	1
300	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC	0.8396	3.8	3.1	1
301	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.6637	3.3	2.6	1
302	No	No	ATHEROSCLEROSIS W MCC	1.9480	5.4	3.5	1
303	No	No	ATHEROSCLEROSIS W/O MCC	0.6807	1.9	1.6	1
304	No	No	HYPERTENSION W MCC	0.7176	3.3	2.5	1
305	No	No	HYPERTENSION W/O MCC	0.6339	2.1	1.8	1
306	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W MCC	1.0033#	3.9	2.9	1
307	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O MCC	0.7684	2.6	2.1	1
308	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.3427	4.7	3.6	1
309	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7354	2.8	2.3	1
310	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.5237	1.9	1.6	1
311	No	No	ANGINA PECTORIS	0.5706	1.7	1.4	1
312	No	No	SYNCOPE & COLLAPSE	0.7412	2.1	1.8	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
313	No	No	CHEST PAIN	0.6183	1.6	1.4	1
314	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.1568	7.4	5.5	1
315	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.0696	4.0	3.1	1
316	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.6259	2.1	1.7	1
326	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W MCC	5.1867	13.1	10.0	2
327	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC	2.5229	6.4	4.6	1
328	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W/O CC/MCC	1.5279	2.7	2.1	1
329	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	4.9239	13.9	10.7	2
330	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.4623	7.6	6.4	2
331	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6940	4.7	4.1	1
332	Yes	No	RECTAL RESECTION W MCC	3.8086	12.8	11.7	5
333	Yes	No	RECTAL RESECTION W CC	2.1022	5.7	5.0	1
334	Yes	No	RECTAL RESECTION W/O CC/MCC	1.8624	4.7	4.2	1
335	Yes	No	PERITONEAL ADHESIOLYSIS W MCC	5.3958	13.5	10.3	2
336	Yes	No	PERITONEAL ADHESIOLYSIS W CC	2.2189	7.3	5.8	1
337	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.4412	4.0	3.1	1
338	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	3.5214	9.3	7.7	2
339	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.7963	5.8	5.0	1
340	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.2277	3.6	3.1	1
341	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	2.2014	4.4	3.1	1
342	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.3709	2.7	2.1	1
343	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.9957	1.5	1.3	1
344	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	4.6799	11.5	9.3	2
345	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.3474	5.3	4.6	1
346	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.0678	3.9	3.5	1
347	No	No	ANAL & STOMAL PROCEDURES W MCC	2.3137	7.6	5.2	1
348	No	No	ANAL & STOMAL PROCEDURES W CC	1.4189	4.3	3.5	1
349	No	No	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.7772	2.3	1.9	1
350	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W MCC	1.9346#	4.5	3.3	1
351	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.5870	3.4	2.6	1
352	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC/MCC	0.8873	1.8	1.6	1
353	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W MCC	2.4607	6.9	5.0	1
354	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.6644	4.4	3.6	1
355	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC/MCC	1.2599	2.5	2.1	1
356	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.6216	10.7	7.8	1
357	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.0310	6.7	5.1	1
358	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3171	3.8	3.0	1
368	No	No	MAJOR ESOPHAGEAL DISORDERS W MCC	1.5818	5.0	3.6	1
369	No	No	MAJOR ESOPHAGEAL DISORDERS W CC	0.8556	3.1	2.7	1
370	No	No	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.8621	3.0	2.4	1
371	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.8124	7.5	5.7	1
372	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.0320	4.7	3.9	1
373	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.7254	3.6	3.1	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
374	Yes	No	DIGESTIVE MALIGNANCY W MCC	2.5812	8.8	6.5	1
375	Yes	No	DIGESTIVE MALIGNANCY W CC	1.2739	6.1	4.2	1
376	Yes	No	DIGESTIVE MALIGNANCY W/O CC/MCC	0.6889	2.9	2.3	1
377	Yes	No	G.I. HEMORRHAGE W MCC	1.7289	5.9	4.2	1
378	Yes	No	G.I. HEMORRHAGE W CC	0.9132	3.3	2.7	1
379	Yes	No	G.I. HEMORRHAGE W/O CC/MCC	0.6462	2.2	1.9	1
380	Yes	No	COMPLICATED PEPTIC ULCER W MCC	1.6486	6.4	5.2	1
381	Yes	No	COMPLICATED PEPTIC ULCER W CC	0.9760	3.8	3.2	1
382	Yes	No	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.8249	3.0	2.5	1
383	No	No	UNCOMPLICATED PEPTIC ULCER W MCC	1.1130	4.3	3.7	1
384	No	No	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.9084	3.1	2.6	1
385	No	No	INFLAMMATORY BOWEL DISEASE W MCC	1.4773	6.5	5.3	1
386	No	No	INFLAMMATORY BOWEL DISEASE W CC	1.0420	4.9	3.9	1
387	No	No	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.7645	3.8	3.2	1
388	Yes	No	G.I. OBSTRUCTION W MCC	1.4915	6.8	4.8	1
389	Yes	No	G.I. OBSTRUCTION W CC	0.8318	3.9	3.1	1
390	Yes	No	G.I. OBSTRUCTION W/O CC/MCC	0.5542	2.6	2.2	1
391	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W MCC	1.2084	4.7	3.6	1
392	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O MCC	0.7206	2.9	2.3	1
393	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W MCC	1.6914	6.1	4.1	1
394	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	0.9171	4.0	3.1	1
395	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC/MCC	0.6942	2.7	2.2	1
405	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	5.2204	15.6	10.8	2
406	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.6777	7.2	5.6	1
407	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.8255	4.5	3.8	1
408	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	4.7293	13.4	11.3	3
409	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.7906	8.6	7.4	2
410	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.6070	5.0	4.3	1
411	No	No	CHOLECYSTECTOMY W C.D.E. W MCC	3.0776	8.2	7.1	2
412	No	No	CHOLECYSTECTOMY W C.D.E. W CC	2.0561	5.2	4.0	1
413	No	No	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.0898	3.0	2.5	1
414	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	4.5550	11.9	9.0	2
415	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	1.8995	5.9	5.2	2
416	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.4118	3.6	3.1	1
417	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	2.0561	5.2	4.2	1
418	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6116	3.7	3.1	1
419	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.2407	2.4	2.0	1
420	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	16.4016	33.1	8.2	1
421	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	3.2263	9.9	4.9	1
422	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.3680*	3.7	2.9	2
423	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	6.2218	15.2	10.7	1
424	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.5383	9.5	5.7	1
425	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.8897*	5.0	3.7	2
432	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	2.1079	6.9	5.0	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
433	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	0.9642	4.2	3.3	1
434	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6121	3.8	3.3	1
435	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	1.8940	6.9	5.2	1
436	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	1.3604	5.3	4.0	1
437	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	0.9689	3.0	2.4	1
438	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	2.2665	8.3	5.9	1
439	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	1.0574	4.8	3.8	1
440	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.7190	3.3	2.8	1
441	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W MCC	2.2052	7.7	5.3	1
442	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W CC	1.0564	4.4	3.2	1
443	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W/O CC/MCC	0.6777	3.1	2.5	1
444	No	No	DISORDERS OF THE BILIARY TRACT W MCC	1.6240	5.4	4.1	1
445	No	No	DISORDERS OF THE BILIARY TRACT W CC	0.9698	3.5	2.8	1
446	No	No	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.7281	2.3	1.9	1
453	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	11.7668	12.0	8.5	1
454	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7.3366	4.9	4.3	1
455	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.5906	3.1	2.6	1
456	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	8.8908	10.0	8.3	2
457	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	7.0567	6.0	5.4	2
458	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.1879	4.4	4.0	1
459	Yes	No	SPINAL FUSION EXCEPT CERVICAL W MCC	6.2479	8.1	6.6	1
460	Yes	No	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4.0243	3.0	2.6	1
461	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.9923*	8.6	6.7	2
462	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.4111	4.0	3.7	1
463	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	6.0409	16.0	11.9	2
464	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.0452	7.8	5.8	1
465	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.9407	4.8	3.5	1
466	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W MCC	4.3593	6.7	5.6	1
467	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.2237	3.9	3.5	1
468	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.6151	3.1	2.9	1
469	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	3.4337	6.5	5.4	1
470	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2.1160	3.0	2.8	1
471	No	No	CERVICAL SPINAL FUSION W MCC	3.9709	5.9	4.3	1
472	No	No	CERVICAL SPINAL FUSION W CC	2.6593	2.1	1.7	1
473	No	No	CERVICAL SPINAL FUSION W/O CC/MCC	2.1239	1.3	1.2	1
474	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	4.0058*	11.8	8.9	2
475	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	1.4533	6.1	4.8	1
476	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.0544	3.7	2.9	1
477	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	2.7658	10.3	7.5	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
478	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.5072	6.5	4.6	1
479	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.8635	3.5	2.4	1
480	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W MCC	3.4088	8.2	6.6	1
481	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.1362	5.1	4.5	1
482	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC/MCC	1.6633	3.0	2.5	1
483	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	2.2904	2.4	2.1	1
484	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	1.9672	1.9	1.7	1
485	No	No	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.4882*	10.7	8.7	3
486	No	No	KNEE PROCEDURES W PDX OF INFECTION W CC	2.0990	8.6	6.3	1
487	No	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.3656	4.0	3.5	1
488	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.7205	3.8	3.0	1
489	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.4210	2.3	1.9	1
490	No	No	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	2.1308	2.9	2.1	1
491	No	No	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.2507	1.6	1.3	1
492	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W MCC	3.9465	9.4	6.8	1
493	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	2.2452	4.6	3.6	1
494	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC/MCC	1.4279	2.5	2.1	1
495	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	4.1698	10.4	5.3	1
496	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5930	4.2	3.2	1
497	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.1118	2.1	1.6	1
498	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	1.5932	6.0	3.5	1
499	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	0.9784	2.1	1.6	1
500	Yes	Yes	SOFT TISSUE PROCEDURES W MCC	2.8792	7.4	5.7	1
501	Yes	Yes	SOFT TISSUE PROCEDURES W CC	1.7493	5.7	4.0	1
502	Yes	Yes	SOFT TISSUE PROCEDURES W/O CC/MCC	1.1552	2.5	1.9	1
503	No	No	FOOT PROCEDURES W MCC	3.9925	9.4	7.1	1
504	No	No	FOOT PROCEDURES W CC	1.7496	5.4	4.1	1
505	No	No	FOOT PROCEDURES W/O CC/MCC	1.1685	2.3	1.9	1
506	No	No	MAJOR THUMB OR JOINT PROCEDURES	1.0308	2.6	2.3	1
507	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.8532	4.0	3.1	1
508	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.2293	1.7	1.4	1
509	No	No	ARTHROSCOPY	1.3125	3.3	2.6	1
510	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.4085	5.5	4.8	1
511	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.7906	3.2	2.6	1
512	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.1322	1.6	1.5	1
513	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.3815	3.9	2.7	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
514	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/ O CC/MCC	0.9095	1.9	1.6	1
515	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	2.9347	8.7	7.2	2
516	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.4691	5.1	3.9	1
517	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/ MCC	1.6266	2.5	2.0	1
533	Yes	No	FRACTURES OF FEMUR W MCC	1.7924*	6.3	4.6	1
534	Yes	No	FRACTURES OF FEMUR W/O MCC	0.5306	1.9	1.6	1
535	Yes	No	FRACTURES OF HIP & PELVIS W MCC	0.9896	4.8	4.1	1
536	Yes	No	FRACTURES OF HIP & PELVIS W/O MCC	0.7938	3.7	2.8	1
537	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/ MCC	0.9348*	4.0	3.4	1
538	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.6960*	3.1	2.6	1
539	Yes	No	OSTEOMYELITIS W MCC	1.7751	9.0	6.4	1
540	Yes	No	OSTEOMYELITIS W CC	1.0645	5.9	4.1	1
541	Yes	No	OSTEOMYELITIS W/O CC/MCC	0.7929	3.4	2.9	1
542	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	3.4657	12.9	8.9	1
543	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.3769	6.3	4.5	1
544	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.9603	3.1	2.6	1
545	Yes	No	CONNECTIVE TISSUE DISORDERS W MCC	3.5397	9.4	6.3	1
546	Yes	No	CONNECTIVE TISSUE DISORDERS W CC	1.4341	5.3	4.1	1
547	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.8735	3.4	2.7	1
548	No	No	SEPTIC ARTHRITIS W MCC	2.0936*	8.2	6.5	1
549	No	No	SEPTIC ARTHRITIS W CC	1.0882	5.6	4.3	1
550	No	No	SEPTIC ARTHRITIS W/O CC/MCC	0.7240	3.2	2.9	1
551	Yes	No	MEDICAL BACK PROBLEMS W MCC	1.4189	5.0	4.1	1
552	Yes	No	MEDICAL BACK PROBLEMS W/O MCC	0.7391	2.8	2.2	1
553	No	No	BONE DISEASES & ARTHROPATHIES W MCC	1.3212*	5.5	4.4	1
554	No	No	BONE DISEASES & ARTHROPATHIES W/O MCC	0.6618	3.0	2.3	1
555	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.1478	3.8	2.8	1
556	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.7679	2.7	2.1	1
557	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.6483	6.7	5.2	1
558	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.5977	3.1	2.5	1
559	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.3852	5.3	3.7	1
560	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.0471	5.8	4.1	1
561	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.6445	2.5	2.0	1
562	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W MCC	1.2673	5.0	3.7	1
563	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W/O MCC	0.6983	2.3	1.8	1
564	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.2224	4.2	3.8	1
565	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.8870	4.2	2.9	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
566	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.5476	2.1	1.8	1
570	Yes	No	SKIN DEBRIDEMENT W MCC	4.5104	13.5	11.1	2
571	Yes	No	SKIN DEBRIDEMENT W CC	1.6072	6.0	4.9	1
572	Yes	No	SKIN DEBRIDEMENT W/O CC/MCC	0.9430	3.7	3.1	1
573	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	3.5384	16.0	11.3	2
574	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	1.9895	10.5	6.7	1
575	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.4225	4.1	3.5	1
576	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	3.8779*	10.7	7.1	1
577	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	2.6513	7.0	4.4	1
578	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.7871	3.4	2.4	1
579	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.5644	7.5	5.6	1
580	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.4865	3.7	2.7	1
581	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.4874	2.4	1.9	1
582	No	No	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.5892	2.2	1.7	1
583	No	No	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	1.7476	2.0	1.7	1
584	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	2.4794	4.4	3.4	1
585	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.6717	2.2	1.8	1
592	Yes	No	SKIN ULCERS W MCC	1.5229	8.3	6.5	1
593	Yes	No	SKIN ULCERS W CC	0.8367	4.9	4.1	1
594	Yes	No	SKIN ULCERS W/O CC/MCC	0.7749*	4.1	3.3	2
595	No	No	MAJOR SKIN DISORDERS W MCC	2.1796*	7.9	5.7	1
596	No	No	MAJOR SKIN DISORDERS W/O MCC	0.7716	3.8	3.1	1
597	No	No	MALIGNANT BREAST DISORDERS W MCC	1.8415*	7.5	5.5	1
598	No	No	MALIGNANT BREAST DISORDERS W CC	0.9353	4.4	3.4	1
599	No	No	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.7546*	3.4	2.4	1
600	No	No	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.8632	4.0	3.5	1
601	No	No	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.5595	3.3	2.8	1
602	Yes	No	CELLULITIS AGE >17 W MCC	1.2838	6.1	4.8	1
603	Yes	No	CELLULITIS AGE >17 W/O MCC	0.6733	3.6	3.0	1
604	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W MCC	1.4735	3.2	2.4	1
605	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O MCC	0.7723	1.9	1.6	1
606	No	No	MINOR SKIN DISORDERS W MCC	1.0713	5.9	4.0	1
607	No	No	MINOR SKIN DISORDERS W/O MCC	0.4495	2.7	2.2	1
608	No	No	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	3.6403	14.9	6.6	1
609	No	No	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	1.0143#	6.9	3.8	1
610	No	No	NEONATE, DIED W/IN ONE DAY OF BIRTH	0.1946	1.0	1.0	1
611	No	No	NEONATE, TRANSFERRED <5 DAYS OLD	0.2569	1.2	1.1	1
612	No	No	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	23.0815	82.6	60.6	7
613	No	No	NEONATE, BIRTHWT <750G, DIED	5.1910	10.5	4.6	1
614	No	No	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.0626	4.5	3.6	1
615	No	No	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.4709	2.7	2.2	1
616	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.4464	15.8	13.6	4
617	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	2.0936	7.5	6.3	1
618	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.2894*	4.9	3.6	2

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
619	No	No	O.R. PROCEDURES FOR OBESITY W MCC	4.5083	8.5	5.2	1
620	No	No	O.R. PROCEDURES FOR OBESITY W CC	2.1007	2.6	2.2	1
621	No	No	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.7638	1.7	1.6	1
622	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	4.2556*	13.9	10.0	2
623	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	2.2461	6.5	5.7	2
624	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.1061*	4.3	3.5	2
625	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.1519	4.4	3.3	1
626	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.4244	2.2	1.7	1
627	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	1.0244	1.4	1.2	1
628	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	4.5542	10.3	7.5	1
629	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2.0963	6.4	4.9	1
630	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	2.1302	5.0	3.2	1
631	No	No	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	17.4874	73.4	63.2	17
632	No	No	NEONATE, BIRTHWT 750-999G, DIED	3.9052	9.3	4.8	1
633	No	No	NEONATE, BIRTHWT 1000-1499G, W SIGNIF O.R. PROC, DISCHARGED ALIVE	18.2726	70.1	62.8	22
634	No	No	NEONATE, BIRTHWT 1000-1499G, W/O SIGNIF O.R. PROC, DISCHARGED ALIVE	8.7058	45.2	40.9	16
635	No	No	NEONATE, BIRTHWT 1000-1499G, DIED	4.9719#	14.0	5.3	1
636	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	11.9885	46.1	35.8	6
637	Yes	No	DIABETES W MCC	1.5272	5.0	4.0	1
638	Yes	No	DIABETES W CC	0.7207	3.1	2.7	1
639	Yes	No	DIABETES W/O CC/MCC	0.4617	2.2	1.9	1
640	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W MCC	1.0558	4.1	3.1	1
641	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W/O MCC	0.6250	2.8	2.2	1
642	No	No	INBORN AND OTHER DISORDERS OF METABOLISM	0.8473	4.3	3.2	1
643	Yes	No	ENDOCRINE DISORDERS W MCC	1.3968	6.0	4.4	1
644	Yes	No	ENDOCRINE DISORDERS W CC	0.8736	4.0	3.0	1
645	Yes	No	ENDOCRINE DISORDERS W/O CC/MCC	0.5931	2.2	1.9	1
646	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	9.2612#	34.3	31.3	20
647	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	5.8852	28.5	24.3	7
648	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MAJOR PROB	3.7550	21.8	19.1	6
649	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MINOR PROB	2.7208	17.1	12.7	2
650	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W OTHER PROB	1.9976	14.5	11.6	2
651	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	8.2969	35.7	26.6	4
652	No	No	KIDNEY TRANSPLANT	3.0991	6.2	5.6	2
653	Yes	No	MAJOR BLADDER PROCEDURES W MCC	6.5766*	16.1	13.3	3
654	Yes	No	MAJOR BLADDER PROCEDURES W CC	2.6859	8.3	7.0	2
655	Yes	No	MAJOR BLADDER PROCEDURES W/O CC/MCC	2.0177	4.9	3.9	1
656	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	4.1438	8.7	6.5	1
657	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	2.2140	4.6	4.0	1

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
658	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.6984	2.9	2.6	1
659	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	3.1785	9.6	7.2	1
660	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.5093	3.7	2.9	1
661	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.2660	2.2	1.9	1
662	No	No	MINOR BLADDER PROCEDURES W MCC	3.3004*	10.2	7.6	1
663	No	No	MINOR BLADDER PROCEDURES W CC	1.7437	5.0	3.2	1
664	No	No	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1037	1.4	1.3	1
665	No	No	PROSTATECTOMY W MCC	3.7490*	12.2	9.5	1
666	No	No	PROSTATECTOMY W CC	1.7653*	6.3	4.4	1
667	No	No	PROSTATECTOMY W/O CC/MCC	0.9141	2.0	1.7	1
668	No	No	TRANSURETHRAL PROCEDURES W MCC	2.8049	5.6	3.9	1
669	No	No	TRANSURETHRAL PROCEDURES W CC	1.1192	2.3	1.9	1
670	No	No	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8657	1.9	1.6	1
671	No	No	URETHRAL PROCEDURES AGE >17 W CC/MCC	1.4161	3.8	2.5	1
672	No	No	URETHRAL PROCEDURES AGE >17 W/O CC/MCC	1.1310	2.1	1.8	1
673	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.7961	11.4	6.5	1
674	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.4200	7.7	4.9	1
675	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.7094	2.5	1.9	1
676	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	4.6698#	22.3	18.6	6
677	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	4.0653	17.2	13.5	3
678	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	2.2353	12.8	10.7	3
679	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.6875	11.5	8.1	1
680	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.9510	6.9	5.0	1
681	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	10.7061	35.1	23.1	3
682	Yes	No	RENAL FAILURE W MCC	1.7935	6.3	4.7	1
683	Yes	No	RENAL FAILURE W CC	1.0169	4.1	3.3	1
684	Yes	No	RENAL FAILURE W/O CC/MCC	0.5624	2.5	2.1	1
685	No	No	ADMIT FOR RENAL DIALYSIS	0.9724	4.6	3.6	1
686	No	No	KIDNEY & URINARY TRACT NEOPLASMS W MCC	2.3339	10.3	7.4	1
687	No	No	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.4087	5.2	3.4	1
688	No	No	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.4946	1.9	1.7	1
689	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W MCC	1.2596	5.3	4.2	1
690	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O MCC	0.6965	3.0	2.5	1
691	No	No	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.4508	2.6	2.0	1
692	No	No	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.0087	1.9	1.6	1
693	No	No	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.4039	4.6	3.7	1
694	No	No	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.6527	1.8	1.6	1
695	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W MCC	0.8312#	3.7	3.0	1
696	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O MCC	0.6303	2.9	2.3	1
697	No	No	URETHRAL STRICTURE AGE >17	0.7435#	2.6	2.0	1
698	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W MCC	2.1303	7.3	5.3	1
699	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	0.8886	3.4	2.7	1
700	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC/MCC	0.5962	2.4	2.0	1
707	No	No	MAJOR MALE PELVIC PROCEDURES W CC/MCC	2.0401	3.5	2.6	1

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
708	No	No	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.7090	1.6	1.4	1
709	No	No	PENIS PROCEDURES W CC/MCC	2.8113	3.0	2.2	1
710	No	No	PENIS PROCEDURES W/O CC/MCC	1.4397	1.5	1.3	1
711	No	No	TESTES PROCEDURES AGE >17 W CC/MCC	1.6325#	5.5	3.7	1
712	No	No	TESTES PROCEDURES AGE >17 W/O CC/MCC	0.8967	1.9	1.5	1
713	No	No	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.1268	3.4	2.6	1
714	No	No	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.8092	1.5	1.4	1
715	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	1.9487*	5.9	4.0	1
716	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	0.9879	1.5	1.3	1
717	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.8146*	6.1	4.4	1
718	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.9042*	2.5	2.0	1
722	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.7465*	7.1	5.2	1
723	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.1298*	5.0	3.9	1
724	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.7464*	2.8	2.1	1
725	No	No	BENIGN PROSTATIC HYPERTROPHY W MCC	1.3827*	6.0	4.6	1
726	No	No	BENIGN PROSTATIC HYPERTROPHY W/O MCC	1.1403	3.8	2.8	1
727	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.2615	5.3	4.7	1
728	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.6455	3.2	2.7	1
729	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	1.2102*	5.0	3.6	1
730	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.4601	1.9	1.5	1
734	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.2389	5.1	4.2	1
735	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.4941	2.2	1.7	1
736	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	4.1564	9.5	7.4	1
737	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	1.9632	5.8	4.7	1
738	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.3545	2.8	2.6	1
739	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	2.3475	5.6	4.6	1
740	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.6268	3.0	2.4	1
741	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.2663	1.8	1.6	1
742	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.4565	2.9	2.5	1
743	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	1.1147	1.8	1.6	1
744	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.3606	3.4	2.6	1
745	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	0.9128	2.0	1.7	1
746	No	No	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.2684	2.8	2.2	1
747	No	No	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	0.9931	1.6	1.4	1
748	No	No	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.1329	1.5	1.3	1
749	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.1365	5.5	4.2	1
750	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.0876	2.8	2.3	1
754	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	3.1199	11.7	7.2	1

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GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
755	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.0999	4.7	3.2	1
756	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6884*	3.0	2.2	1
757	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.7299*	7.4	5.9	1
758	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	0.8822	3.9	3.2	1
759	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5936	2.7	2.4	1
760	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.7240	2.7	2.1	1
761	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.5156	1.8	1.6	1
765	No	No	CESAREAN SECTION W CC/MCC	0.8779	4.3	3.6	1
766	No	No	CESAREAN SECTION W/O CC/MCC	0.6835	3.0	2.8	1
767	No	No	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7157	2.5	2.2	1
768	No	No	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.8228	3.5	2.6	1
769	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.8782	4.2	2.7	1
770	No	No	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.6290	1.5	1.3	1
774	No	No	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4989	2.7	2.4	1
775	No	No	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.4056	2.1	2.0	1
776	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5003	2.7	2.2	1
777	No	No	ECTOPIC PREGNANCY	0.9249	1.8	1.5	1
778	No	No	THREATENED ABORTION	0.4523	3.7	2.4	1
779	No	No	ABORTION W/O D&C	0.3667	1.5	1.3	1
780	No	No	FALSE LABOR	0.1793	1.5	1.2	1
781	No	No	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5243	3.2	2.2	1
782	No	No	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.3725	2.8	1.8	1
787	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	1.8199	7.7	4.8	1
788	No	No	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROCEDURE	0.6668	2.4	2.2	1
789	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	2.4964	9.9	6.6	1
790	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	0.8259	4.8	3.6	1
791	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	0.3854	3.0	2.5	1
792	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.2198	2.6	2.3	1
793	No	No	NEONATAL AFTERCARE FOR WEIGHT GAIN	0.4179#	6.9	6.4	5
794	No	No	NEONATAL DIAGNOSIS, AGE > 28 DAYS	2.7102	13.3	6.2	1
795	No	No	NORMAL NEWBORN	0.1130	2.0	1.9	1
796	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W CC/MCC	2.0840#	8.8	4.9	2
797	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W/O CC/MCC	0.6160#	4.7	3.5	2
799	No	No	SPLENECTOMY AGE >17 W MCC	3.5970	9.3	6.2	1
800	No	No	SPLENECTOMY AGE >17 W CC	2.4782	5.5	4.4	1
801	No	No	SPLENECTOMY AGE >17 W/O CC/MCC	1.4484	2.9	2.5	1
802	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	5.7864	18.5	11.2	2
803	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	2.5906	7.6	5.4	1
804	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.2884	3.1	2.2	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
808	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	2.4673	8.0	6.0	1
809	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.1544	4.8	3.7	1
810	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.7233	3.1	2.6	1
811	No	No	RED BLOOD CELL DISORDERS AGE >17 W MCC	1.3786	6.0	4.2	1
812	No	No	RED BLOOD CELL DISORDERS AGE >17 W/O MCC	0.7498	3.2	2.4	1
813	No	No	COAGULATION DISORDERS	1.1790	3.3	2.4	1
814	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	1.7489	5.3	4.4	1
815	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.9952	4.4	3.3	1
816	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.5780	2.7	2.3	1
820	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	8.3975	17.2	12.0	2
821	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.8856	6.1	3.8	1
822	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.1926	2.5	1.9	1
823	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	4.9073	13.1	9.8	2
824	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.6329	6.5	4.9	1
825	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.4036	3.4	2.6	1
826	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	6.8411	17.6	12.7	2
827	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.3960	5.8	4.5	1
828	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.9601	3.8	3.1	1
829	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	3.0690	9.8	6.3	1
830	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.2894*	3.1	2.3	2
834	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W MCC	8.3374	26.1	18.3	2
835	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	4.2455	15.5	10.1	1
836	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC/MCC	2.1312	7.4	4.5	1
837	No	No	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	5.2315	21.0	14.6	2
838	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	3.0984	9.9	6.9	1
839	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	0.9286	4.2	3.7	1
840	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	5.8036	17.9	11.6	1
841	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2.1499	7.7	5.6	1
842	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.2767	3.9	3.0	1
843	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	2.7390	8.8	6.4	1
844	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.2285	5.5	4.2	1
845	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.9801	3.7	3.0	1
846	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	2.5476	8.3	5.9	1
847	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.1016	3.7	3.1	1
848	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.7304	2.5	2.0	1
849	No	No	RADIOTHERAPY	1.0386	3.8	2.9	1
853	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	6.2013	16.0	11.5	2

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
854	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	2.6111	7.7	5.8	1
855	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.5068	4.9	3.8	1
856	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	4.3517	12.1	8.9	1
857	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.7265	5.7	4.5	1
858	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.2619	4.4	3.5	1
862	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.5190	6.0	4.3	1
863	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.8260	3.9	3.1	1
864	No	No	FEVER AGE > 17	0.7599	3.2	2.6	1
865	No	No	VIRAL ILLNESS AGE >17 W MCC	2.4624	6.6	5.0	1
866	No	No	VIRAL ILLNESS AGE >17 W/O MCC	0.7082	3.2	2.5	1
867	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.8008	8.0	5.9	1
868	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	0.8353	3.9	3.2	1
869	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	1.0525	3.3	2.6	1
870	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS AGE >17	7.3004	15.4	13.2	4
871	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W MCC	2.1280	6.7	5.0	1
872	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W/O MCC	1.0181	4.3	3.6	1
876	No	No	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3.1434*	12.3	7.6	2
880	No	No	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6715	3.4	2.3	1
881	No	No	DEPRESSIVE NEUROSES	0.3728	4.1	3.0	1
882	No	No	NEUROSES EXCEPT DEPRESSIVE	0.4073	4.4	3.1	1
883	No	No	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.1213	12.5	7.1	1
884	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.6942	3.7	2.5	1
885	No	No	PSYCHOSES	0.5920	6.3	4.7	1
886	No	No	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.6834	8.6	6.0	1
887	No	No	OTHER MENTAL DISORDER DIAGNOSES	1.1705	11.8	5.1	1
894	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3239	3.4	2.1	1
895	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.8849	17.2	12.9	2
896	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.3759	5.5	3.9	1
898	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE >21 W/O MCC	0.4656	4.6	3.3	1
899	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE <=21 W/O MCC	0.3239	3.8	2.9	1
901	No	No	WOUND DEBRIDEMENTS FOR INJURIES W MCC	6.1262	14.6	12.1	3
902	No	No	WOUND DEBRIDEMENTS FOR INJURIES W CC	2.5387	11.4	5.7	1
903	No	No	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	1.0069	3.2	2.4	1
904	No	No	SKIN GRAFTS FOR INJURIES W CC/MCC	4.6193	12.2	8.1	1
905	No	No	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.3148	4.4	3.5	1
906	No	No	HAND PROCEDURES FOR INJURIES	1.0918	2.4	1.9	1
907	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W MCC	4.3444	11.7	7.7	1
908	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.8206	5.2	3.7	1
909	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1220	2.7	2.1	1
913	No	No	TRAUMATIC INJURY AGE >17 W MCC	1.2962#	4.5	3.0	1
914	No	No	TRAUMATIC INJURY AGE >17 W/O MCC	0.6998	2.5	2.0	1
915	No	No	ALLERGIC REACTIONS AGE >17 W MCC	1.2266	3.0	2.3	1

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CHAPTER 6, ADDENDUM C (FY 2012)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
916	No	No	ALLERGIC REACTIONS AGE >17 W/O MCC	0.4403	2.0	1.6	1
917	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W MCC	1.3910	4.2	3.0	1
918	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O MCC	0.5246	2.1	1.7	1
919	No	No	COMPLICATIONS OF TREATMENT W MCC	1.6427	5.9	3.9	1
920	No	No	COMPLICATIONS OF TREATMENT W CC	0.8671	3.5	2.7	1
921	No	No	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.5828	2.3	1.9	1
922	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	2.0358	6.6	4.6	1
923	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.5754	2.1	1.6	1
927	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	14.4636	28.2	17.2	1
928	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	3.3560	10.3	7.3	1
929	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1.6960	6.0	4.0	1
933	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	2.5364*	5.4	2.6	1
934	No	No	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	0.8463	3.8	2.7	1
935	No	No	NON-EXTENSIVE BURNS	0.7984	3.6	2.2	1
939	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	4.1370	21.3	15.2	2
940	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	1.9205	6.3	3.6	1
941	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.5540	2.4	1.9	1
945	Yes	No	REHABILITATION W CC/MCC	1.7003	13.5	10.2	2
946	Yes	No	REHABILITATION W/O CC/MCC	0.7659	7.1	5.9	1
947	Yes	No	SIGNS & SYMPTOMS W MCC	1.1085	4.5	3.1	1
948	Yes	No	SIGNS & SYMPTOMS W/O MCC	0.6717	2.8	2.2	1
949	No	No	AFTERCARE W CC/MCC	1.4623	7.1	2.8	1
950	No	No	AFTERCARE W/O CC/MCC	0.5744*	3.3	2.3	2
951	No	No	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3282	2.1	1.8	1
955	No	No	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.8483	13.3	9.7	1
956	Yes	No	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	5.1394	10.5	8.3	2
957	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.2509	15.0	10.9	1
958	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.2884	9.0	6.9	1
959	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	3.3039	6.8	5.5	1
963	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	2.8375	8.6	4.8	1
964	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.5082	4.9	3.9	1
965	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1.1027	3.2	2.7	1
969	No	No	HIV W EXTENSIVE O.R. PROCEDURE W MCC	6.2335*	17.2	12.8	2
970	No	No	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.6257*	8.3	5.8	2
974	No	No	HIV W MAJOR RELATED CONDITION W MCC	4.1817	13.9	8.7	1
975	No	No	HIV W MAJOR RELATED CONDITION W CC	1.5295	7.0	5.2	1
976	No	No	HIV W MAJOR RELATED CONDITION W/O CC/MCC	1.1418	4.9	3.1	1
977	No	No	HIV W OR W/O OTHER RELATED CONDITION	1.2334	4.2	3.2	1
981	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	5.0000	14.1	9.8	1
982	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.6422	6.4	4.6	1
983	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.2883	3.0	2.3	1

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(3) w CC = with Complications or Comorbidities.
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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2011)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
984	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.9176*	13.9	10.8	2
985	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.3576*	8.7	6.4	2
986	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.2188*	3.8	2.6	2
987	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.4713	11.6	7.9	1
988	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.5720	5.6	4.1	1
989	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.0496	2.5	1.8	1
998	No	No	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	0.0000*	0.0	0.0	1
999	No	No	UNGROUPABLE	0.0000*	0.0	0.0	1

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(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

- END -

MENTAL HEALTH

SECTION	SUBJECT
1	Hospital Reimbursement - TRICARE/CHAMPUS Inpatient Mental Health Per Diem Payment System
2	Psychiatric Partial Hospitalization Program (PHP) Reimbursement
3	Substance Use Disorder Rehabilitation Facilities (SUDRFs) Reimbursement
4	Residential Treatment Center (RTC) Reimbursement
ADDENDUM A	Table Of Regional Specific Rates For Psychiatric Hospitals And Units With Low TRICARE Volume (FY 2010 - FY 2012)
ADDENDUM B	Table Of Maximum Rates For Freestanding Psychiatric Partial Hospitalization Programs (PHPs) Reimbursement (FY 2010 - FY 2012)
ADDENDUM C	Participation Agreement For Substance Use Disorder Rehabilitation Facility (SUDRF) Services For TRICARE/CHAMPUS Beneficiaries
ADDENDUM D	TRICARE/CHAMPUS Standards For Inpatient Rehabilitation And Partial Hospitalization For The Treatment Of Substance Use Disorders (SUDRFs)
ADDENDUM E	Participation Agreement For Residential Treatment Center (RTC)
ADDENDUM F	Guidelines For The Calculation Of Individual Residential Treatment Center (RTC) Per Diem Rates
ADDENDUM G	(FY 2010) - TRICARE-Authorized Residential Treatment Centers - For Payment Of Services Provided On Or After 10/01/2009
ADDENDUM G	(FY 2011) - TRICARE-Authorized Residential Treatment Centers - For Payment Of Services Provided On Or After 10/01/2010
ADDENDUM G	(FY 2012) - TRICARE-Authorized Residential Treatment Centers - For Payment Of Services Provided On Or After 10/01/2011
ADDENDUM H	TRICARE/CHAMPUS Standards For Residential Treatment Centers (RTCs) Serving Children And Adolescents
ADDENDUM I	Participation Agreement For Freestanding Psychiatric Partial Hospitalization Program Services

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CHAPTER 7, SECTION 1

HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS INPATIENT MENTAL HEALTH
PER DIEM PAYMENT SYSTEM

CAP PER DIEM AMOUNT	FOR SERVICES RENDERED
679	10/01/1999 through 09/30/2000
702	10/01/2000 through 09/30/2001
725	10/01/2001 through 09/30/2002
750	10/01/2002 through 09/30/2003
776	10/01/2003 through 09/30/2004
802	10/01/2004 through 09/30/2005
832	10/01/2005 through 09/30/2006
860	10/01/2006 through 09/30/2007
889	10/01/2007 through 09/30/2008
917	10/01/2008 through 09/30/2009
936	10/01/2009 through 09/30/2010
960	10/01/2010 through 09/30/2011
989	10/01/2011 through 09/30/2012

3. Request for Recalculation of Per Diem Amount. Any psychiatric hospital or unit which has determined TMA calculated a hospital-specific per diem which differs by more than five dollars from that calculated by the hospital or unit, may apply to the appropriate contractor for a recalculation unless the calculated rate has exceeded the cap amount described in the previous paragraph. The recalculation does not constitute an appeal, as the per diem rates are not appealable. Unless the provider can prove that the contractor calculation is incorrect, the contractor's calculation is final. The burden of proof shall be on the hospital or unit.

D. Regional Per Diems for Lower Volume Psychiatric Hospitals and Units.

1. Regional Per Diem. Hospitals and units with a lower volume of TRICARE patients shall be paid on the basis of a regional per diem amount, adjusted for area wages and IDME. Base period regional per diems shall be calculated based upon all TRICARE/ lower volume hospitals' and units' claims paid (processed) during the base period. Each regional per diem amount shall be the quotient of all covered charges (without consideration of other health insurance payments) divided by all covered days of care, reported on all TRICARE claims from lower volume hospitals and units in the region paid (processed) during the base period, after having been standardized for IDME costs, and area wage indexes. Direct medical education costs shall be subtracted from the calculation. The regions shall be the same as the federal census regions. See [Chapter 7, Addendum A](#), for the regional per diems used for hospitals and units with a lower volume of TRICARE patients.

2. Adjustments to Regional Per Diem Rates. Two adjustments shall be made to the regional per diem rates when applicable.

o. Wage Portion or Labor-Related Share. The wage portion or labor-related share is adjusted by the DRG-based area wage adjustment. See [Chapter 7, Addendum A](#), for area

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wage adjustment rates. The calculated adjusted regional per diem is not to be rounded up to the next whole dollar.

b. IDME Adjustment. The IDME adjustment factors shall be calculated for teaching hospitals in the same manner as in the DRG-based payment system and applied to the applicable regional per diem rate for each day of the admission. For an exempt psychiatric unit in a teaching hospital, there should be a separate IDME adjustment factor for the unit (separate from the rest of the hospital) when medical education applies to the unit.

3. Reimbursement of Direct Medical Education Costs. In addition to payments made to lower volume hospitals and units, the government shall annually reimburse hospitals for actual direct medical education costs associated with TRICARE beneficiaries. This reimbursement shall be done pursuant to the same procedures as are applicable to the DRG-based payment system.

NOTE: No additional payment is to be made for capital costs. Such costs have been covered in the regional per diem rates which are based on charges.

E. Base Period and Update Factors.

1. Hospital-Specific Per Diem Calculated Using Date of Payment. The base period for calculating the hospital-specific and regional per diems, as described above is federal Fiscal Year (FY) 1988. The base period calculations shall be based on actual claims paid (processed) during the period July 1, 1987 through May 31, 1988, trended forward to September 30, 1988, using a factor of 1.1%.

2. Hospital-Specific Per Diem Calculated Using Date of Discharge. Upon application by a higher volume hospital or unit to the appropriate contractor, the hospital or unit may have its hospital-specific base period calculations based on TRICARE claims with a date of discharge (rather than date of payment) between July 1, 1987 through May 31, 1988, if it has generally experienced unusual delays in TRICARE claims payments and if the use of such an alternative data base would result in a difference in the per diem amount of at least \$5.00 with the revised per diem not exceeding the cap amount. For this purpose, the unusual delays mean that the hospital's or unit's average time period between date of discharge and date of payment is more than two standard deviations (204 days) longer than the national average (94 days). The burden of proof shall be on the hospital.

3. Updating Hospital-Specific and Regional Per Diems. The hospital-specific per diems and the regional per diems calculated for the base period shall be in effect for admissions on or after January 1, 1989; there will be no additional update for FY 1989. For subsequent fiscal years, each per diem shall be updated by the Medicare update factor for hospitals and units exempt from the Medicare DRG payment system. In accordance with the final rule published March 7, 1995, in the **Federal Register**, all per diems in effect at the end of FY 1995 shall remain frozen through FY 1997. For FY 1998 and thereafter the per diems shall be updated by the Medicare update factor. Hospitals and units with hospital-specific rates will be notified of their respective rates prior to the beginning of each federal fiscal year by the contractors. New hospitals shall be notified by the contractor at such time as the hospital

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rate is determined. The actual amounts of each regional per diem that will apply in any federal fiscal year shall be published in the **Federal Register**. For FY 2007, Medicare has determined a market basket and subsequent update factor specific to psychiatric facilities.

FISCAL YEAR	UPDATE FACTOR	FISCAL YEAR	UPDATE FACTOR
1992	4.7%	2003	3.5%
1993	4.2%	2004	3.4%
1994	4.3%	2005	3.3%
1995	3.7%	2006	3.8%
1996	0%	2007	3.4%
1997	0%	2008	3.4%
1998	0%	2009	3.2%
1999	2.4%	2010	2.1%
2000	2.9%	2011	2.6%
2001	3.4%	2012	3.0%
2002	3.3%		

F. Higher Volume Hospitals and Units.

1. Higher Volume of TRICARE Mental Health Discharges During the Base Period.

a. Any hospital or unit that had an annual rate of 25 or more TRICARE mental health discharges during the period July 1, 1987 through May 31, 1988, shall be considered a higher volume hospital or unit during federal FY 1989 and all subsequent fiscal years.

b. All other hospitals and units covered by the TRICARE/CHAMPUS inpatient mental health per diem payment system shall be considered lower volume hospitals and units.

2. Higher Volume of TRICARE Mental Health Discharges in Subsequent Fiscal Years and Hospital-Specific Per Diem Calculation.

a. In any federal fiscal year in which a hospital or unit not previously classified as a higher volume hospital or unit has 25 or more TRICARE mental health discharges, that hospital or unit shall be considered to be a higher volume hospital or unit during the next federal fiscal year and all subsequent fiscal years.

b. The hospital-specific per diem amount shall be calculated in accordance with the above provisions, except that the base period average daily charge shall be deemed to be the hospital's or unit's average daily charge in the year in which the hospital or unit had 25 or more TRICARE mental health discharges, adjusted by the percentage change in average daily charges for all higher volume hospitals and units between the year in which the hospital or unit had 25 or more TRICARE mental health discharges and the base period. The base period amount, however, can not exceed the cap described in this section. Once a

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statistically valid rate is established based on a year in which the hospital or unit had at least 25 mental health discharges, it becomes the basis for all future rates. The number of mental health discharges thereafter have no bearing on the hospital-specific per diem.

(1) The TRICARE contractor shall be requested at least annually to submit to the TMA Office of Medical Benefits and Reimbursement Systems within 30 days of the request a listing of high volume providers that qualified as high volume during the most recent government fiscal year. Periodically, additional information may be requested by TMA concerning high volume providers. This requested information will be used in the calculation of the Deflator Factor (DF).

(2) Percent of change and DF.

FOR 12 MONTHS ENDED:	PERCENT OF CHANGE	DF
September 30, 1992	85.81%	1.8581
September 30, 1993	94.48%	1.9448
September 30, 1994	106.94%	2.0694
September 30, 1995	117.20%	2.1720
September 30, 1996	123.83%	2.2383
September 30, 1997	126.20%	2.2620
September 30, 1998	116.93%	2.1693
September 30, 1999	129.19%	2.2919
September 30, 2000	128.82%	2.2882
September 30, 2001	131.83%	2.3183
September 30, 2002	141.57%	2.4157
September 30, 2003	159.90%	2.5990
September 30, 2004	171.39%	2.7139
September 30, 2005	185.93%	2.8593
September 30, 2006	200.58%	2.9724
September 30, 2007	205.85%	2.9785
September 30, 2008	233.63%	3.3363
September 30, 2009	246.31%	3.4631
September 30, 2010	234.40%	3.3440

3. New Hospitals and Units.

a. The inpatient mental health per diem payment system has a special retrospective payment provision for new hospitals and units. A new hospital is one which meets the Medicare requirements under Tax Equity and Fiscal Responsibility Act (TEFRA) rules. Such hospitals qualify for the Medicare exemption from the rate of increase ceiling applicable to new hospitals which are DRG-exempt psychiatric hospitals. Any new hospital

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or unit that becomes a higher volume hospital or unit may additionally, upon application to the appropriate contractor, receive a retrospective adjustment. The retrospective adjustment shall be calculated so that the hospital or unit receives the same government share payments it would have received had it been designated a higher volume hospital or unit for the federal fiscal year in which it first had 25 or more TRICARE mental health discharges. This provision also applies to the preceding fiscal year (if it had any TRICARE patients during the preceding fiscal year). A retrospective payment shall be required if payments were originally made at a lower regional per diem. This payment will be the result of an adjustment based upon each claim processed during the retrospective period for which an adjustment is needed, and will be subject to the claims processing standards.

b. By definition, a new hospital is an institution that has operated as the type of facility (or the equivalent thereof) for which it is certified in the Medicare and or TRICARE programs under the present and previous ownership for less than 3 full years. A change in ownership in itself does not constitute a new hospital.

c. Such new hospitals must agree not to bill beneficiaries for any additional cost-share beyond that determined initially based on the regional rate.

4. Request for a Review of Higher or Lower Volume Classification. Any hospital or unit which TMA improperly fails to classify as a higher or lower volume hospital or unit may apply to the appropriate contractor for such a classification. The hospital or unit shall have the burden of proof.

G. Payment for Hospital Based Professional Services.

1. Lower Volume Hospitals and Units. Lower volume hospitals and units may not bill separately for hospital based professional services; payment for those services is included in the per diems.

2. Higher Volume Hospitals and Units. Higher volume hospitals and units, whether they billed separately for hospital based professional services or included those services in the hospital's or unit's charges, shall continue the practice in effect during the period July 1, 1987 to May 31, 1988 (or other data base period used for calculating the hospital's or unit's per diem), except that any such hospital or unit may change its prior practice (and obtain an appropriate revision in its per diem) by providing to the appropriate contractor notice of its request to change its billing procedures for hospital-based professional services.

H. Leave Days.

1. No Payment. The government shall not pay (including holding charges) for days where the patient is absent on leave (including therapeutic absences) from the specialty psychiatric hospital or unit. The hospital must identify these days when claiming reimbursement.

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2. Does not Constitute a Discharge/Do not Count Toward Day Limit. The government shall not count a patient's departure for a leave of absence as a discharge in determining whether a facility should be classified as a higher volume hospital.

l. Exemptions from the TRICARE Inpatient Mental Health Per Diem Payment System.

1. Providers Subject to the DRG-Based Payment System. Providers of inpatient care which are neither psychiatric hospitals nor psychiatric units as described earlier, or which otherwise qualify under that discussion, are exempt from the inpatient mental health per diem payment system.

2. Services Which Group into Mental Health DRG. Admissions to psychiatric hospitals and units for operating room procedures involving a principal diagnosis of mental illness (services which group into DRG 424 prior to October 1, 2008, or services which group into DRG 876 on or after October 1, 2008) are exempt from the per diem payment system. They will be reimbursed on the basis of billed charges.

3. Non-Mental Health Procedures. Admissions for non-mental health procedures that group into non-mental health DRG, in specialty psychiatric hospitals and units are exempt from the per diem payment system. They will be reimbursed on the basis of billed charges.

4. Sole Community Hospital (SCH). Any hospital which has qualified for special treatment under the Medicare Prospective Payment System (PPS) as a SCH and has not given up that classification is exempt. For additional information on SCHs, refer to [Chapter 14, Section 1](#).

5. Hospital Outside the 50 United States, the District of Columbia, or Puerto Rico. A hospital is exempt if it is not located in one of the 50 United States, the District of Columbia, or Puerto Rico.

6. Billed charges and set rates. The allowable costs for authorized care in all hospitals not subject to the DRG-based payment system or the inpatient mental health per diem payment system shall be determined on the basis of billed charges or set rates.

- END -

TABLE OF REGIONAL SPECIFIC RATES FOR PSYCHIATRIC
 HOSPITALS AND UNITS WITH LOW TRICARE VOLUME
 (FY 2010 - FY 2012)

UNITED STATES CENSUS REGIONS	FY 2010 REGIONAL RATES 10/01/09 - 09/30/10	FY 2011 REGIONAL RATES 10/01/10 - 09/30/11	FY 2012 REGIONAL RATES 10/01/11 - 09/30/12
Northeast:			
New England (ME, NH, VT, MA, RI, CT)	\$745	\$764	\$787
Mid-Atlantic (NY, NJ, PA)	\$718	\$736	\$758
Midwest:			
East North Central (OH, IN, IL, MI, WI)	\$620	\$636	\$655
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$585	\$600	\$618
South:			
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$738	\$757	\$780
East South Central (KY, TN, AL, MS)	\$790	\$810	\$834
West South Central (AR, LA, TX, OK)	\$673	\$690	\$711
West:			
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$672	\$689	\$710
Pacific (WA, OR, CA, AK, HI)	\$794	\$814	\$838
Puerto Rico	\$506	\$519	\$535

NOTE: This table reflects maximum rates.

FOR FYS 2010, 2011, AND 2012: For wage index values greater than 1.0, the wage portion or labor related share subject to the area wage adjustment is 68.8%. The non-labor related share is 31.2%. For wage index values less than or equal to 1.0, the wage portion or labor related share subject to the area wage adjustment is 62%. The non-labor related share is 38%. Utilize the appropriate year DRG wage index file for area wage adjustment calculations.

FOR FY 2010/BENEFICIARY COST-SHARE: Beneficiary cost-share (other than active duty members) for care paid on a basis of a regional per diem rate is the lower of \$197 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2009.

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CHAPTER 7, ADDENDUM A

TABLE OF REGIONAL SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH
LOW TRICARE VOLUME (FY 2010 - FY 2012)

FOR FY 2011/BENEFICIARY COST-SHARE: Beneficiary cost-share (other than active duty members) for care paid on a basis of a regional per diem rate is the lower of \$202 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2010.

FOR FY 2012/BENEFICIARY COST-SHARE: Beneficiary cost-share (other than active duty members) for care paid on a basis of a regional per diem rate is the lower of \$208 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2011.

- END -

CHAPTER 7
 ADDENDUM B

TABLE OF MAXIMUM RATES FOR FREESTANDING PSYCHIATRIC
 PARTIAL HOSPITALIZATION PROGRAMS (PHPs) REIMBURSEMENT
 (FY 2010 - FY 2012)

UNITED STATES CENSUS REGIONS	FULL-DAY RATE (6 HOURS OR MORE)			HALF-DAY RATE (3-5 HOURS)		
	10/01/09-09/30/10	10/01/10-09/30/11	10/01/11-09/30/12	10/01/09-09/30/10	10/01/10-09/30/11	10/01/11-09/30/12
Northeast:						
New England (ME, NH, VT, MA, RI, CT)	\$299	\$306	\$315	\$222	\$227	\$234
Mid-Atlantic (NY, NJ, PA)	\$325	\$333	\$343	\$244	\$250	\$258
Midwest:						
East North Central (OH, IN, IL, MI, WI)	\$286	\$293	\$302	\$213	\$218	\$225
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$286	\$293	\$302	\$213	\$218	\$225
South:						
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$307	\$314	\$323	\$231	\$237	\$244
East South Central (KY, TN, AL, MS)	\$332	\$340	\$350	\$250	\$256	\$264
West South Central (AR, LA, TX, OK)	\$332	\$340	\$350	\$250	\$256	\$264
West:						
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$335	\$343	\$353	\$253	\$259	\$267
Pacific (WA, OR, CA, AK, HI)	\$329	\$337	\$347	\$246	\$252	\$260
Puerto Rico	\$213	\$218	\$225	\$161	\$165	\$170
Days of three hours or less: no payment authorized.						

NOTE: This table reflects maximum rates.

- END -

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CHAPTER 7, ADDENDUM F

GUIDELINES FOR THE CALCULATION OF INDIVIDUAL RESIDENTIAL TREATMENT CENTER (RTC)
PER DIEM RATES

STEP 1: Array the rates in descending order from lowest to highest with corresponding patient days paid at each rate:

(1) RATES	(2) PATIENT DAYS	(3) CUMULATIVE PATIENT DAYS	(4) PERCENT CUMULATIVE PATIENT DAYS
\$215	1,040	1,040	28.2
235	63	1,103	29.9
288	946	2,049	55.6
365	276	2,325	63.1
425	520	2,845	77.2
450	132	2,977	80.8
489	538	3,515	95.4
515	168	3,683	100.0
Total	3,683 Patient Days		

STEP 2: Sum the patient days in column 2, which in this particular example equals 3,683 patient days.

STEP 3: Calculate 33-1/3 percent of the total patient days by multiplying total patient days figured in Step #2 by 0.3333.

$$(3,683 \text{ patient days} \times 0.3333 = 1,227.54 \text{ patient days})$$

STEP 4: Go down in the cumulative patient day column (column 3) to where 33-1/3 percent of the patient days lie (1,227.54).

STEP 5: Go across to the rate in column 1 in which 33-1/3 of the cumulative patient days fall. This represents the base year/period facility rate. The base year/period rate in this example would be \$288 (refer to table above).

3. The above methodology for deriving the rate at 33-1/3 of the total patient days would only be applicable under the following conditions:

a. If the rates in Item #9 were all-inclusive for payment of RTC care (i.e., included all payments for institutional and professional services), no additional charges would be added on to the facility rates from Item #10 of the data collection form. The rate established in Step #5 of the above examples would represent the all-inclusive base year rate prior to the inflationary adjustment.

b. If the charges for additional services listed in Item #10 applied to all of the third-party payers identified in Item #9 (i.e., all of the third-party payers listed in Item #9 allowed payment for additional services outside the facility rate -- rate derived at 33-1/3

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GUIDELINES FOR THE CALCULATION OF INDIVIDUAL RESIDENTIAL TREATMENT CENTER (RTC)
PER DIEM RATES

percent of total RTC patient days during the base period -- at the charges per patient day established in Item #10), the sum of these charges are added to the facility rate prior to inflationary adjustment.

4. In cases where payment of additional services listed in Item #10 do not apply to all of the third-party payers listed in Item #9, or payments vary among the payers for the same services, the sum of the charges per patient day for additional services (reported in the last column of item #10) must be added to the facility rate prior to establishing the rate derived at 33-1/3 percent of the total patient days. The following example provides the methodology for incorporating these additional charges into the base year rate computations:

EXAMPLE: RTC I has provided a revised TMA Form 771 indicating that payments for additional services had been overlooked in completing its initial form. The following service charges per patient day were provided under Item #10 with the proviso that the additional payments were not allowed by the three state agencies and two private third-party providers. The payers were identified in Item #9 of the form.

ITEM #10 OF TMA FORM 771 (MODIFIED FOR EXAMPLE)

PATIENT SERVICE	FREQUENCY OF SERVICE	CHARGE PER SERVICE	CHARGE PER DAY (PPD)
Individual Therapy	1/wk	\$120.00	\$17.14
Group Therapy	2/wk	45.00	12.86
Admission History and Physical	1/stay	150.00	1.43
Pharmacy	(\$10,438/2,498 days)		4.18
Psych. Testing	28	650.00	7.29
Total			\$42.90

NOTE: The RTC's average length-of-stay was 105 days during its base period.

ITEM #9 OF TMA FORM 771 (MODIFIED FOR EXAMPLE)

THIRD-PARTY PAYERS	RATE ACCEPTED	PATIENT DAYS
AA	\$383	114
BB **	165 ***	313
CC **	268	102
DD **	204 ***	485
EE	365	232

** - State or local government agency.

*** - Rates represent entire payment for RTC services. Charges for additional services reported in Item #10 not applied to these designated third-party payor rates.

CHAPTER 7
 ADDENDUM G (FY 2011)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR
 PAYMENT OF SERVICES PROVIDED ON OR AFTER 10/01/2010

The rates in this Addendum will be used for payment of claims for services rendered on or after October 1, 2010. The rates were adjusted by the lesser of the FY 2010 Medicare update factor (2.6%) or the amount that brought the rate up to the new cap amount of \$777.

NOTE: This listing is for residential treatment center per diem rates only. It does not reflect a facility's status as a TRICARE-authorized residential treatment center. Information regarding a facility's current status as an authorized provider can be obtained from the appropriate contractor.

FACILITY	TRICARE/CHAMPUS RATE
ALASKA	
DeBarr Residential Treatment Center Frontline Hospital, LLC 1500 DeBarr Circle Anchorage, AK 99508 EIN: 72-1539254	777.00
ARKANSAS	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	772.00
COLORADO	
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc. 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	777.00
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	715.00
FLORIDA	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	737.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2010

FACILITY	TRICARE/CHAMPUS RATE
Manatee Palms Youth Service 4480 51st Street West Bradenton, FL 34210 EIN: 65-0816927	692.00
The National Deaf Academy, LLC RTC 19650 Hwy 441 Mt. Dora, FL 32757 EIN 59-3653865	777.00
River Point Behavioral Health TBJ Behavioral, LLC 6300 Beach Blvd Jacksonville, FL 32216 EIN: 20-4865566	599.00
Tampa Bay Academy Youth & Family Centered Services of Florida, Inc 12012 Boyette Road Riverview, FL 33569 EIN: 52-1955335	605.00
Ten Broeck Ocala Behavioral 3130 SW 27th Ave Ocala, FL 34474 EIN: 32-0235544	397.00
GEORGIA	
Costal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	429.00
HAWAII	
Kahi Mohala Behavioral Health Sutter Health Pacific 91-2301 Fort Weaver Road Ewa Beach, HI 96706 EIN: 99-0298651	777.00
Queen's Medical Center/Family Treatment Ctr The Queen's Healthcare System 1301 Punchbowl Honolulu, HI 96813 EIN: 99-0073524	750.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2010

FACILITY	TRICARE/CHAMPUS RATE
IDAHO	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	352.00
Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814 EIN: 82-0231746	447.00
INDIANA	
Michiana Behavioral Health Center HHC Indiana, Inc 1800 North Oak Road Plymouth, IN 46563 EIN: 20-0768028	438.00
Valle Vista Hospital, LLC Valle Vista Health System 898 East Main Street Greenwood, IN 46143 EIN: 62-1740366	464.00
KENTUCKY	
Ten Broeck Hospital -- Louisville KMI Acquisition, LLC 8521 LaGrange Road Louisville, KY 40242 EIN: 20-5048153	699.00
Ten Broeck Hospital -- Dupont TBD Acquisition, LLC Louisville, KY 40207 EIN: 20-5048087	657.00
MARYLAND	
Adventist Healthcare Inc dba Adventist Behavior Health 14901 Broschart Road Rockville, MD 20850 EIN: 52-1532556	403.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2010

FACILITY	TRICARE/CHAMPUS RATE
MISSOURI	
Heartland Behavioral Health Services, Inc Great Plains Hospital, Inc 1500 W. Asland Nevada, MO 64772 EIN: 43-1328523	409.00
Lakeland Regional Hospital Lakeland Hospital Acquisition Corporation 440 South Market Avenue Springfield, MO 65806 EIN: 58-2291915	418.00
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	\$334.00
MONTANA	
Shodair Children's Hospital Montana Children's Home & Hospital 2755 Colonial Drive Helena, MT 59601 EIN: 81-0231789	447.00
NEVADA	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	777.00
NEW MEXICO	
BHC Lovelace Sandia Health System BHC Mesilla Valley Hospital, LLC 3751 Del Ray Blvd Las Cruces, NM 88012 EIN: 20-2612295	328.00
NORTH CAROLINA	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 561317433	476.00

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PROVIDED ON OR AFTER 10/01/2010

FACILITY	TRICARE/CHAMPUS RATE
OHIO	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	410.00
SOUTH CAROLINA	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	446.00
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	745.00
TENNESSEE	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	462.00
Youth Villages, Inc 3320 Brother Blvd Memphis, TN 38133 EIN: 58-1716970	777.00
TEXAS	
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	777.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	648.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	729.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
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FACILITY	TRICARE/CHAMPUS RATE
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	669.00
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	714.00
UTAH	
UHS of Provo Canyon, Inc 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	460.00
VIRGINIA	
Cumberland Hospital for Children and Adolescents dba Cumberland Hospital 9407 Cumberland Road New Kent, VA 23124 EIN: 02-0567575	762.00
Hallmark Youthcare - Richmond 12800 West Creek Parkway Richmond, VA 23238 EIN: 58-2156548	772.00
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	456.00
The Pines Residential Treatment Center - Kempsville 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	648.00
Poplar West HHC Poplar Springs, Inc. 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	748.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	507.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2011)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2010

FACILITY	TRICARE/CHAMPUS RATE
WASHINGTON	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	644.00

- END -

CHAPTER 7
 ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR
 PAYMENT OF SERVICES PROVIDED ON OR AFTER 10/01/2011

The rates in this Addendum will be used for payment of claims for services rendered on or after October 1, 2011. The rates were adjusted by the lesser of the FY 2012 Medicare update factor (3.0%) or the amount that brought the rate up to the new cap amount of \$801.

NOTE: This listing is for residential treatment center per diem rates only. It does not reflect a facility's status as a TRICARE-authorized residential treatment center. Information regarding a facility's current status as an authorized provider can be obtained from the appropriate contractor.

FACILITY	TRICARE/CHAMPUS RATE
ALASKA	
DeBarr Residential Treatment Center Frontline Hospital, LLC 1500 DeBarr Circle Anchorage, AK 99508 EIN: 72-1539254	801.00
ARKANSAS	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	796.00
COLORADO	
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc. 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	801.00
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	737.00
FLORIDA	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	760.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
Manatee Palms Youth Service 4480 51st Street West Bradenton, FL 34210 EIN: 65-0816927	713.00
The National Deaf Academy, LLC RTC 19650 Hwy 441 Mt. Dora, FL 32757 EIN 59-3653865	801.00
River Point Behavioral Health TBJ Behavioral, LLC 6300 Beach Blvd Jacksonville, FL 32216 EIN: 20-4865566	617.00
Tampa Bay Academy Youth & Family Centered Services of Florida, Inc 12012 Boyette Road Riverview, FL 33569 EIN: 52-1955335	624.00
GEORGIA	
Costal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	442.00
HAWAII	
Kahi Mohala Behavioral Health Sutter Health Pacific 91-2301 Fort Weaver Road Ewa Beach, HI 96706 EIN: 99-0298651	801.00
Queen's Medical Center/Family Treatment Ctr The Queen's Healthcare System 1301 Punchbowl Honolulu, HI 96813 EIN: 99-0073524	773.00
IDAHO	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	363.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814 EIN: 82-0231746	461.00
INDIANA	
Michiana Behavioral Health Center HHC Indiana, Inc 1800 North Oak Road Plymouth, IN 46563 EIN: 20-0768028	452.00
Valle Vista Hospital, LLC Valle Vista Health System 898 East Main Street Greenwood, IN 46143 EIN: 62-1740366	478.00
KENTUCKY	
Ten Broeck Hospital -- Louisville KMI Acquisition, LLC 8521 LaGrange Road Louisville, KY 40242 EIN: 20-5048153	720.00
Ten Broeck Hospital -- Dupont TBD Acquisition, LLC Louisville, KY 40207 EIN: 20-5048087	677.00
MARYLAND	
Adventist Healthcare Inc dba Adventist Behavior Health 14901 Broschart Road Rockville, MD 20850 EIN: 52-1532556	416.00
MISSOURI	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	345.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
Heartland Behavioral Health Services, Inc Great Plains Hospital, Inc 1500 W. Asland Nevada, MO 64772 EIN: 43-1328523	422.00
Lakeland Regional Hospital Lakeland Hospital Acquisition Corporation 440 South Market Avenue Springfield, MO 65806 EIN: 58-2291915	431.00
MONTANA	
Shodair Children's Hospital Montana Children's Home & Hospital 2755 Colonial Drive Helena, MT 59601 EIN: 81-0231789	461.00
NEVADA	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	801.00
NEW MEXICO	
BHC Lovelace Sandia Health System BHC Mesilla Valley Hospital, LLC 3751 Del Ray Blvd Las Cruces, NM 88012 EIN: 20-2612295	338.00
NORTH CAROLINA	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 561317433	491.00
OHIO	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	423.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
SOUTH CAROLINA	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	460.00
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	768.00
TENNESSEE	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	476.00
Youth Villages, Inc 3320 Brother Blvd Memphis, TN 38133 EIN: 58-1716970	801.00
TEXAS	
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	736.00
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	801.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	668.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	751.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	690.00
UTAH	
UHS of Provo Canyon, Inc 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	474.00
VIRGINIA	
Cumberland Hospital for Children and Adolescents dba Cumberland Hospital 9407 Cumberland Road New Kent, VA 23124 EIN 02-0567575	785.00
Hallmark Youthcare - Richmond 12800 West Creek Parkway Richmond, VA 23238 EIN: 58-2156548	796.00
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	470.00
The Pines Residential Treatment Center - Kempsville 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	668.00
Poplar West HHC Poplar Springs, Inc. 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	771.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	523.00

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 7, ADDENDUM G (FY 2012)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES
PROVIDED ON OR AFTER 10/01/2011

FACILITY	TRICARE/CHAMPUS RATE
WASHINGTON	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	644.00

- END -

SKILLED NURSING FACILITIES (SNFs)

SECTION	SUBJECT
1	Skilled Nursing Facility (SNF) Reimbursement
2	Skilled Nursing Facility (SNF) Prospective Payment System (PPS)
ADDENDUM A	RUG-III/IV
	FIGURE 8-A-1 RUG-44 Category (RUG-III Before January 1, 2006)
	FIGURE 8-A-2 RUG-53 Category (RUG-III Effective January 1, 2006)
	FIGURE 8-A-3 RUG-66 Category (RUG-IV Effective October 1, 2010)
ADDENDUM B	(FY 2010) - Example Of Computation Of Adjusted PPS Rates And SNF Payment For Fiscal Year 2010
ADDENDUM B	(FY 2011) - Example Of Computation Of Adjusted PPS Rates And SNF Payment For Fiscal Year 2011
ADDENDUM B	(FY 2012) - Example Of Computation Of Adjusted PPS Rates And SNF Payment For Fiscal Year 2012
ADDENDUM C	Fact Sheet Regarding Consolidated Billing and Ambulance Services
ADDENDUM D	(FY 2010) - Case-Mix Adjusted Federal Rates For SNFs - Fiscal Year 2010
	FIGURE 8-D-1-2010 Case-Mix Adjusted Federal Rates For Urban SNFs By Labor And Non-Labor Component (RUG-53 Rates)
	FIGURE 8-D-2-2010 Case-Mix Adjusted Federal Rates For Rural SNFs By Labor And Non-Labor Component (RUG-53 Rates)
	FIGURE 8-D-3-2010 Case-Mix Adjusted Federal Rates And Associated Indexes - Urban (RUG-53 Rates)
	FIGURE 8-D-4-2010 Case-Mix Adjusted Federal Rates And Associated Indexes - Rural (RUG-53 Rates)
ADDENDUM D	(FY 2011) - Case-Mix Adjusted Federal Rates For SNFs - Fiscal Year 2011
	FIGURE 8-D-1-2011 Case-Mix Adjusted Federal Rates For Urban SNFs By Labor And Non-Labor Component (RUG-66 Rates)
	FIGURE 8-D-2-2011 Case-Mix Adjusted Federal Rates For Rural SNFs By Labor And Non-Labor Component (RUG-66 Rates)

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002
CHAPTER 8 - SKILLED NURSING FACILITIES (SNFs)

SECTION	SUBJECT
FIGURE 8-D-3-2011	Case-Mix Adjusted Federal Rates And Associated Indexes - Urban (RUG-66 Rates)
FIGURE 8-D-4-2011	Case-Mix Adjusted Federal Rates And Associated Indexes - Rural (RUG-66 Rates)
ADDENDUM D (FY 2012) - Case-Mix Adjusted Federal Rates For SNFs - Fiscal Year 2012	
FIGURE 8-D-1-2012	Case-Mix Adjusted Federal Rates For Urban SNFs By Labor And Non-Labor Component (RUG-66 Rates)
FIGURE 8-D-2-2012	Case-Mix Adjusted Federal Rates For Rural SNFs By Labor And Non-Labor Component (RUG-66 Rates)
FIGURE 8-D-3-2012	Case-Mix Adjusted Federal Rates And Associated Indexes - Urban (RUG-66 Rates)
FIGURE 8-D-4-2012	Case-Mix Adjusted Federal Rates And Associated Indexes - Rural (RUG-66 Rates)
ADDENDUM E (FY 2010) - Wage Indexes For Urban Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2010	
ADDENDUM E (FY 2011) - Wage Indexes For Urban Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2011	
ADDENDUM E (FY 2012) - Wage Indexes For Urban Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2012	
ADDENDUM F (FY 2010) - Wage Indexes For Rural Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2010	
ADDENDUM F (FY 2011) - Wage Indexes For Rural Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2011	
ADDENDUM F (FY 2012) - Wage Indexes For Rural Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2012	
ADDENDUM G Letter To Skilled Nursing Facility (SNF) RE: New Participation Agreement	

CHAPTER 8
 ADDENDUM B (FY 2012)

EXAMPLE OF COMPUTATION OF ADJUSTED PPS RATES AND
 SNF PAYMENT FOR FISCAL YEAR 2012

Using the SNF XYZ, the following shows the adjustments made to the Federal per diem rate to compute the provider's actual per diem Prospective Payment System (PPS) payment. SNF XYZ's total PPS payment would equal \$40,053.06. The Labor and Non-Labor columns are derived from [Addendum D \(FY 2012\)](#). Wage index is derived from [Addendum E \(FY 2012\)](#).

SNF XYZ: LOCATED IN CEDAR RAPIDS, IA (URBAN CBSA 16300) WAGE INDEX: 0.8831

RUG-IV GROUP	LABOR	WAGE INDEX	ADJ. LABOR	NON-LABOR	ADJ. RATE	PERCENT ADJ.	SNF DAYS	PAYMENT
RVX	\$450.67	0.8831	\$397.99	\$205.39	\$603.38	\$603.38	14	\$8,447.32
ES2	\$361.85	0.8831	\$319.55	\$164.92	\$484.47	\$484.47	30	\$14,534.10
RHA	\$227.35	0.8831	\$200.77	\$103.62	\$304.39	\$304.39	16	\$4,870.24
CC2*	\$209.59	0.8831	\$185.09	\$95.52	\$280.61	\$639.79	10	\$6,397.90
BA2	\$144.49	0.8831	\$127.60	\$65.85	\$193.45	\$193.45	30	\$5,803.50
							100	\$40,053.06

* Reflects a 128% adjustment from section 511 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. All CC2 days should be considered to be for a resident with AIDS.

Source: 76 FR 48508 Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities For FY 2012.

- END -

CHAPTER 8
 ADDENDUM D (FY 2012)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFs - FISCAL YEAR
 2012

FIGURE 8-D-1-2012 CASE-MIX ADJUSTED FEDERAL RATES FOR URBAN SNFs BY LABOR AND NON-LABOR COMPONENT (RUG-66 RATES)

RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
RUX	737.08	506.32	230.76
RUL	721.01	495.28	225.73
RVX	656.06	450.67	205.39
RVL	588.60	404.33	184.27
RHX	594.39	408.30	186.09
RHL	530.14	364.17	165.97
RMX	545.24	374.54	170.70
RML	500.27	343.65	156.62
RLX	478.85	328.94	149.91
RUC	558.79	383.85	174.94
RUB	558.79	383.85	174.94
RUA	467.23	320.95	146.28
RVC	479.38	329.30	150.08
RVB	415.13	285.17	129.96
RVA	413.52	284.06	129.46
RHC	417.71	286.94	130.77
RHB	375.95	258.25	117.70
RHA	330.97	227.35	103.62
RMC	366.95	252.07	114.88
RMB	344.47	236.63	107.84
RMA	283.43	194.70	88.73
RLB	356.78	245.08	111.70
RLA	229.89	157.92	71.97
ES3	672.93	462.26	210.67
ES2	526.77	361.85	164.92
ES1	470.55	323.23	147.32
HE2	454.49	312.20	142.29
HE1	377.39	259.24	118.15
HD2	425.57	292.34	133.23
HD1	354.90	243.79	111.11
HC2	401.48	275.79	125.69
HC1	335.63	230.55	105.08
HB2	396.66	272.48	124.18

Source: 76 FR 48505; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
HB1	332.42	228.35	104.07
LE2	412.73	283.52	129.21
LE1	345.26	237.17	108.09
LD2	396.66	272.48	124.18
LD1	332.42	228.35	104.07
LC2	348.48	239.38	109.10
LC1	293.87	201.87	92.00
LB2	330.81	227.24	103.57
LB1	281.02	193.04	87.98
CE2	367.75	252.62	115.13
CE1	338.84	232.76	106.08
CD2	348.48	239.38	109.10
CD1	319.57	219.52	100.05
CC2	305.11	209.59	95.52
CC1	282.62	194.14	88.48
CB2	282.62	194.14	88.48
CB1	261.74	179.80	81.94
CA2	239.26	164.35	74.91
CA1	223.19	153.32	69.87
BB2	253.71	174.28	79.43
BB1	242.47	166.56	75.91
BA2	210.34	144.49	65.85
BA1	200.71	137.87	62.84
PE2	338.84	232.76	106.08
PE1	322.78	221.73	101.05
PD2	319.57	219.52	100.05
PD1	303.50	208.48	95.02
PC2	274.59	188.62	85.97
PC1	261.74	179.80	81.94
PB2	232.83	159.94	72.89
PB1	223.19	153.32	69.87
PA2	192.68	132.36	60.32
PA1	184.64	126.83	57.81

Source: 76 FR 48505; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 8, ADDENDUM D (FY 2012)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2012

FIGURE 8-D-2-2012 CASE-MIX ADJUSTED FEDERAL RATES FOR RURAL SNFS BY LABOR AND NON-LABOR COMPONENT (RUG-66 RATES)

RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
RUX	754.11	518.02	236.09
RUL	738.76	507.48	231.28
RVX	662.59	455.15	207.44
RVL	598.14	410.88	187.26
RHX	593.39	407.62	185.77
RHL	532.01	365.45	166.56
RMX	539.27	370.44	168.83
RML	496.30	340.92	155.38
RLX	469.37	322.42	146.95
RUC	583.77	401.01	182.76
RUB	583.77	401.01	182.76
RUA	496.30	340.92	155.38
RVC	493.78	339.19	154.59
RVB	432.40	297.03	135.37
RVA	430.87	295.98	134.89
RHC	424.59	291.66	132.93
RHB	384.69	264.26	120.43
RHA	341.72	234.74	106.98
RMC	368.93	253.43	115.50
RMB	347.44	238.67	108.77
RMA	289.13	198.61	90.52
RLB	352.74	242.31	110.43
RLA	231.51	159.03	72.48
ES3	649.90	446.44	203.46
ES2	510.25	350.51	159.74
ES1	456.54	313.61	142.93
HE2	441.19	303.07	138.12
HE1	367.53	252.47	115.06
HD2	413.57	284.09	129.48
HD1	346.05	237.71	108.34
HC2	390.55	268.28	122.27
HC1	327.63	225.06	102.57
HB2	385.95	265.12	120.83

Source: 76 FR 48506; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
HB1	324.56	222.95	101.61
LE2	401.29	275.66	125.63
LE1	336.84	231.39	105.45
LD2	385.95	265.12	120.83
LD1	324.56	222.95	101.61
LC2	339.91	233.49	106.42
LC1	287.73	197.65	90.08
LB2	323.03	221.90	101.13
LB1	275.45	189.21	86.24
CE2	358.32	246.14	112.18
CE1	330.70	227.17	103.53
CD2	339.91	233.49	106.42
CD1	312.28	214.51	97.77
CC2	298.47	205.03	93.44
CC1	276.99	190.27	86.72
CB2	276.99	190.27	86.72
CB1	257.04	176.57	80.47
CA2	235.55	161.81	73.74
CA1	220.21	151.27	68.94
BB2	249.37	171.30	78.07
BB1	238.62	163.92	74.70
BA2	207.93	142.83	65.10
BA1	198.72	136.51	62.21
PE2	330.70	227.17	103.53
PE1	315.35	216.62	98.73
PD2	312.28	214.51	97.77
PD1	296.94	203.98	92.96
PC2	269.32	185.00	84.32
PC1	257.04	176.57	80.47
PB2	229.42	157.60	71.82
PB1	220.21	151.27	68.94
PA2	191.05	131.24	59.81
PA1	183.38	125.97	57.41

Source: 76 FR 48506; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 8, ADDENDUM D (FY 2012)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2012

FIGURE 8-D-3-2012 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - URBAN (RUG-66 RATES)

RUG-IV CATEGORY	NURSING INDEX	THERAPY INDEX	NURSING COMPONENT	THERAPY COMPONENT	NON-CASE MIX THERAPY COMPONENT	NON-CASE MIX COMPONENT	TOTAL RATE
RUX	2.67	1.87	428.86	226.25	.....	81.97	737.08
RUL	2.57	1.87	412.79	226.25	.....	81.97	721.01
RVX	2.61	1.28	419.22	154.87	.....	81.97	656.06
RVL	2.19	1.28	351.76	154.87	.....	81.97	588.60
RHX	2.55	0.85	409.58	102.84	.....	81.97	594.39
RHL	2.15	0.85	345.33	102.84	.....	81.97	530.14
RMX	2.47	0.55	396.73	66.54	.....	81.97	545.24
RML	2.19	0.55	351.76	66.54	.....	81.97	500.27
RLX	2.26	0.28	363.00	33.88	.....	81.97	478.85
RUC	1.56	1.87	250.57	226.25	.....	81.97	558.79
RUB	1.56	1.87	250.57	226.25	.....	81.97	558.79
RUA	0.99	1.87	159.01	226.25	.....	81.97	467.23
RVC	1.51	1.28	242.54	154.87	.....	81.97	479.38
RVB	1.11	1.28	178.29	154.87	.....	81.97	415.13
RVA	1.10	1.28	176.68	154.87	.....	81.97	413.52
RHC	1.45	0.85	232.90	102.84	.....	81.97	417.71
RHB	1.19	0.85	191.14	102.84	.....	81.97	375.95
RHA	0.91	0.85	146.16	102.84	.....	81.97	330.97
RMC	1.36	0.55	218.44	66.54	.....	81.97	366.95
RMB	1.22	0.55	195.96	66.54	.....	81.97	344.47
RMA	0.84	0.55	134.92	66.54	.....	81.97	283.43
RLB	1.50	0.28	240.93	33.88	.....	81.97	356.78
RLA	0.71	0.28	114.04	33.88	.....	81.97	229.89
ES3	3.58	.....	575.02	.....	15.94	81.97	672.93
ES2	2.67	.....	428.86	.....	15.94	81.97	526.77
ES1	2.32	.....	372.64	.....	15.94	81.97	470.55
HE2	2.22	.....	356.58	.....	15.94	81.97	454.49
HE1	1.74	.....	279.48	.....	15.94	81.97	377.39
HD2	2.04	.....	327.66	.....	15.94	81.97	425.57
HD1	1.60	.....	256.99	.....	15.94	81.97	354.90
HC2	1.89	.....	303.57	.....	15.94	81.97	401.48
HC1	1.48	.....	237.72	.....	15.94	81.97	335.63
HB2	1.86	.....	298.75	.....	15.94	81.97	396.66
HB1	1.46	.....	234.51	.....	15.94	81.97	332.42

Source: 76 FR 48501; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule, August 8, 2011.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002
 CHAPTER 8, ADDENDUM D (FY 2012)
 CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2012

FIGURE 8-D-3-2012 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - URBAN (RUG-66 RATES) (CONTINUED)

RUG-IV CATEGORY	NURSING INDEX	THERAPY INDEX	NURSING COMPONENT	THERAPY COMPONENT	NON-CASE MIX THERAPY COMPONENT	NON-CASE MIX COMPONENT	TOTAL RATE
LE2	1.96	.....	314.82	.....	15.94	81.97	412.73
LE1	1.54	.....	247.35	.....	15.94	81.97	345.26
LD2	1.86	.....	298.75	.....	15.94	81.97	396.66
LD1	1.46	.....	234.51	.....	15.94	81.97	332.42
LC2	1.56	.....	250.57	.....	15.94	81.97	348.48
LC1	1.22	.....	195.96	.....	15.94	81.97	293.87
LB2	1.45	.....	232.90	.....	15.94	81.97	330.81
LB1	1.14	.....	183.11	.....	15.94	81.97	281.02
CE2	1.68	.....	269.84	.....	15.94	81.97	367.75
CE1	1.50	.....	240.93	.....	15.94	81.97	338.84
CD2	1.56	.....	250.57	.....	15.94	81.97	348.48
CD1	1.38	.....	221.66	.....	15.94	81.97	319.57
CC2	1.29	.....	207.20	.....	15.94	81.97	305.11
CC1	1.15	.....	184.71	.....	15.94	81.97	282.62
CB2	1.15	.....	184.71	.....	15.94	81.97	282.62
CB1	1.02	.....	163.83	.....	15.94	81.97	261.74
CA2	0.88	.....	141.35	.....	15.94	81.97	239.26
CA1	0.78	.....	125.28	.....	15.94	81.97	223.19
BB2	0.97	.....	155.80	.....	15.94	81.97	253.71
BB1	0.90	.....	144.56	.....	15.94	81.97	242.47
BA2	0.70	.....	112.43	.....	15.94	81.97	210.34
BA1	0.64	.....	102.80	.....	15.94	81.97	200.71
PE2	1.50	.....	240.93	.....	15.94	81.97	338.84
PE1	1.40	.....	224.87	.....	15.94	81.97	322.78
PD2	1.38	.....	221.66	.....	15.94	81.97	319.57
PD1	1.28	.....	205.59	.....	15.94	81.97	303.50
PC2	1.10	.....	176.68	.....	15.94	81.97	274.59
PC1	1.02	.....	163.83	.....	15.94	81.97	261.74
PB2	0.84	.....	134.92	.....	15.94	81.97	232.83
PB1	0.78	.....	125.28	.....	15.94	81.97	223.19
PA2	0.59	.....	94.77	.....	15.94	81.97	192.68
PA1	0.54	.....	86.73	.....	15.94	81.97	184.64

Source: 76 FR 48501; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

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CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2012

FIGURE 8-D-4-2012 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - RURAL (RUG-66 RATES)

RUG-IV CATEGORY	NURSING INDEX	THERAPY INDEX	NURSING COMPONENT	THERAPY COMPONENT	NON-CASE MIX THERAPY COMPONENT	NON-CASE MIX COMPONENT	TOTAL RATE
RUX	2.67	1.87	409.74	260.88	.....	83.49	754.11
RUL	2.57	1.87	394.39	260.88	.....	83.49	738.76
RVX	2.61	1.28	400.53	178.57	.....	83.49	662.59
RVL	2.19	1.28	336.08	178.57	.....	83.49	598.14
RHX	2.55	0.85	391.32	118.58	.....	83.49	593.39
RHL	2.15	0.85	329.94	118.58	.....	83.49	532.01
RMX	2.47	0.55	379.05	76.73	.....	83.49	539.27
RML	2.19	0.55	336.08	76.73	.....	83.49	496.30
RLX	2.26	0.28	346.82	39.06	.....	83.49	469.37
RUC	1.56	1.87	239.40	260.88	.....	83.49	583.77
RUB	1.56	1.87	239.40	260.88	.....	83.49	583.77
RUA	0.99	1.87	151.93	260.88	.....	83.49	496.30
RVC	1.51	1.28	231.72	178.57	.....	83.49	493.78
RVB	1.11	1.28	170.34	178.57	.....	83.49	432.40
RVA	1.10	1.28	168.81	178.57	.....	83.49	430.87
RHC	1.45	0.85	222.52	118.58	.....	83.49	424.59
RHB	1.19	0.85	139.65	118.58	.....	83.49	384.69
RHA	0.91	0.85	139.65	118.58	.....	83.49	341.72
RMC	1.36	0.55	208.71	76.73	.....	83.49	368.93
RMB	1.22	0.55	187.22	76.73	.....	83.49	347.44
RMA	0.84	0.55	128.91	76.73	.....	83.49	289.13
RLB	1.50	0.28	230.19	39.06	.....	83.49	352.74
RLA	0.71	0.28	108.96	39.06	.....	83.49	231.51
ES3	3.58	.....	549.39	.....	17.02	83.49	649.90
ES2	2.67	.....	409.74	.....	17.02	83.49	510.25
ES1	2.32	.....	356.03	.....	17.02	83.49	456.54
HE2	2.22	.....	340.68	.....	17.02	83.49	441.19
HE1	1.74	.....	267.02	.....	17.02	83.49	367.53
HD2	2.04	.....	313.06	.....	17.02	83.49	413.57
HD1	1.60	.....	245.54	.....	17.02	83.49	346.05
HC2	1.89	.....	290.04	.....	17.02	83.49	390.55
HC1	1.48	.....	227.12	.....	17.02	83.49	327.63
HB2	1.86	.....	285.44	.....	17.02	83.49	385.95
HB1	1.46	.....	224.05	.....	17.02	83.49	324.56

Source: 76 FR 48501; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule, August 8, 2011.

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 CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2012

**FIGURE 8-D-4-2012 CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES - RURAL
 (RUG-66 RATES) (CONTINUED)**

RUG-IV CATEGORY	NURSING INDEX	THERAPY INDEX	NURSING COMPONENT	THERAPY COMPONENT	NON-CASE MIX THERAPY COMPONENT	NON-CASE MIX COMPONENT	TOTAL RATE
LE2	1.96	.....	300.78	.....	17.02	83.49	401.29
LE1	1.54	.....	236.33	.....	17.02	83.49	336.84
LD2	1.86	.....	285.44	.....	17.02	83.49	385.95
LD1	1.46	.....	224.05	.....	17.02	83.49	324.56
LC2	1.56	.....	239.40	.....	17.02	83.49	339.91
LC1	1.22	.....	187.22	.....	17.02	83.49	287.73
LB2	1.45	.....	222.52	.....	17.02	83.49	323.03
LB1	1.14	.....	174.94	.....	17.02	83.49	275.45
CE2	1.68	.....	257.81	.....	17.02	83.49	358.32
CE1	1.50	.....	230.19	.....	17.02	83.49	330.70
CD2	1.56	.....	239.40	.....	17.02	83.49	339.91
CD1	1.38	.....	211.77	.....	17.02	83.49	312.28
CC2	1.29	.....	197.96	.....	17.02	83.49	298.47
CC1	1.15	.....	176.48	.....	17.02	83.49	276.99
CB2	1.15	.....	176.48	.....	17.02	83.49	276.99
CB1	1.02	.....	156.53	.....	17.02	83.49	257.04
CA2	0.88	.....	135.04	.....	17.02	83.49	235.55
CA1	0.78	.....	119.70	.....	17.02	83.49	220.21
BB2	0.97	.....	148.86	.....	17.02	83.49	249.37
BB1	0.90	.....	138.11	.....	17.02	83.49	238.62
BA2	0.70	.....	107.42	.....	17.02	83.49	207.93
BA1	0.64	.....	98.21	.....	17.02	83.49	198.72
PE2	1.50	.....	230.19	.....	17.02	83.49	330.70
PE1	1.40	.....	214.84	.....	17.02	83.49	315.35
PD2	1.38	.....	211.77	.....	17.02	83.49	312.28
PD1	1.28	.....	196.43	.....	17.02	83.49	296.94
PC2	1.10	.....	168.81	.....	17.02	83.49	269.32
PC1	1.02	.....	156.53	.....	17.02	83.49	257.04
PB2	0.84	.....	128.91	.....	17.02	83.49	229.42
PB1	0.78	.....	119.70	.....	17.02	83.49	220.21
PA2	0.59	.....	90.54	.....	17.02	83.49	191.05
PA1	0.54	.....	82.87	.....	17.02	83.49	183.38

Source: 76 FR 48501; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; Final Rule. August 8, 2011.

- END -

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON
 CBSA LABOR MARKET AREAS - FISCAL YEAR 2012

SOURCE: 76 FR 48541; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012.

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
10180	Abilene, TX	0.8444		Grant, LA			Henderson, NC	
	Callahan, TX			Rapides, LA			Madison, NC	
	Jones, TX		10900	Allentown-Bethlehem-Easton, PA-NJ	0.9260	12020	Athens-Clarke, GA	0.9642
	Taylor, TX			Warren, NJ			Clarke, GA	
10380	Aguadilla-Isabela-San Sebastian, PR	0.3611		Carbon, PA			Madison, GA	
	Aguada, PR			Lehigh, PA			Oconee, GA	
	Aguadilla, PR			Northampton, PA		12060	Atlanta-Sandy Springs-Marietta, GA	0.9575
	Anasco, PR		11020	Altoona, PA	0.8917		Barrow, GA	
	Isabela, PR			Blair, PA			Bartow, GA	
	Lares, PR		11100	Amarillo, TX	0.8714		Butts, GA	
	Moca, PR			Armstrong, TX			Carroll, GA	
	Rincon, PR			Carson, TX			Cherokee, GA	
	San Sebastian, PR			Potter, TX			Clayton, GA	
10420	Akron, OH	0.8814		Randall, TX			Cobb, GA	
	Portage, OH		11180	Ames, IA	1.0009		Coweta, GA	
	Summit, OH			Story, IA			Dawson, GA	
10500	Albany, GA	0.8687	11260	Anchorage, AK	1.2133		DeKalb, GA	
	Baker, GA			Anchorage Municipality, AK			Douglas, GA	
	Dougherty, GA			Matanuska-Susitna Borough, AK			Fayette, GA	
	Lee, GA		11300	Anderson, IN	0.9266		Forsyth, GA	
	Terrell, GA			Madison, IN			Fulton, GA	
	Worth, GA		11340	Anderson, SC	0.8524		Gwinnett, GA	
10580	Albany-Schenectady-Troy, NY	0.8680		Anderson, SC			Haralson, GA	
	Albany, NY		11460	Ann Arbor, MI	1.0128		Henry, GA	
	Rensselaer, NY			Washtenaw, MI			Jasper, GA	
	Saratoga, NY		11500	Anniston-Oxford, AL	0.7979		Lamar, GA	
	Schenectady, NY			Calhoun, AL			Meriwether, GA	
	Schoharie, NY		11540	Appleton, WI	0.9226		Newton, GA	
10740	Albuquerque, NM	0.9550		Calumet, WI			Paulding, GA	
	Bernalillo, NM			Outagamie, WI			Pickens, GA	
	Sandoval, NM		11700	Asheville, NC	0.8918		Pike, GA	
	Torrance, NM			Buncombe, NC			Rockdale, GA	
	Valencia, NM			Haywood, NC			Spalding, GA	
10780	Alexandria, LA	0.8026						

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CHAPTER 8, ADDENDUM E (FY 2012)

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON CBSA LABOR MARKET
AREAS - FISCAL YEAR 2012

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
12100	Walton, GA Atlantic City-Hammonton, NJ Atlantic, NJ	1.1033	12980	Battle Creek, MI Calhoun, MI	0.9935	14060	Bloomington-Normal, IL McLean, IL	0.9477
12220	Auburn-Opelika, AL Lee, AL	0.7877	13020	Bay City, MI Bay, MI	0.8927	14260	Boise City-Nampa, ID Ada, ID	0.9279
12260	Augusta-Richmond, GA-SC Burke, GA Columbia, GA McDuffie, GA Richmond, GA Aiken, SC Edgefield, SC	0.9529	13140	Beaumont-Port Arthur, TX Hardin, TX Jefferson, TX Orange, TX	0.8723		Boise, ID Canyon, ID Gem, ID Owyhee, ID	
12420	Austin-Round Rock, TX Bastrop, TX Caldwell, TX Hays, TX Travis, TX Williamson, TX	0.9535	13380	Bellingham, WA Whatcom, WA	1.1748	14484	Boston-Quincy, MA Norfolk, MA Plymouth, MA Suffolk, MA	1.2283
12540	Bakersfield, CA Kern, CA	1.1817	13460	Bend, OR Deschutes, OR	1.1395	14500	Boulder, CO Boulder, CO	1.0086
12580	Baltimore-Towson, MD Anne Arundel, MD Baltimore, MD Carroll, MD Harford, MD Howard, MD Queen Anne's, MD Baltimore City, MD	1.0151	13644	Bethesda-Frederick-Gaithersburg, MD Frederick, MD Montgomery, MD	1.0305	14540	Bowling Green, KY Edmonson, KY Warren, KY	0.8599
12620	Bangor, ME Penobscot, ME	0.9979	13740	Billings, MT Carbon, MT Yellowstone, MT	0.8576	14740	Bremerton-Silverdale, WA Kitsap, WA	1.1288
12700	Barnstable Town, MA Barnstable, MA	1.2838	13780	Binghamton, NY Broome, NY Tioga, NY	0.8731	14860	Bridgeport-Stamford-Norwalk, CT Fairfield, CT	1.2914
12940	Baton Rouge, LA Ascension, LA East Baton Rouge, LA East Feliciana, LA Iberville, LA Livingston, LA Pointe Coupee, LA St. Helena, LA West Baton Rouge, LA West Feliciana, LA	0.8523	13820	Birmingham-Hoover, AL Bibb, AL Blount, AL Chilton, AL Jefferson, AL St. Clair, AL Shelby, AL Walker, AL	0.8436	15180	Brownsville-Harlingen, TX Cameron, TX	0.9183
			13900	Bismarck, ND Burleigh, ND Morton, ND	0.7232	15260	Brunswick, GA Brantley, GA Glynn, GA McIntosh, GA	0.9068
			13980	Blacksburg-Christiansburg-Radford, VA Giles, VA Montgomery, VA Pulaski, VA Radford City, VA	0.8281	15380	Buffalo-Niagara Falls, NY Erie, NY Niagara, NY	0.9750
			14020	Bloomington, IN Greene, IN Monroe, IN Owen, IN	0.8725	15500	Burlington, NC Alamance, NC	0.8665
						15540	Burlington-South Burlington, VT Chittenden, VT Franklin, VT Grand Isle, VT	1.0021
						15764	Cambridge-Newton-Framingham, MA Middlesex, MA	1.1210
						15804	Camden, NJ Burlington, NJ	1.0202

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WAGE INDEXES FOR URBAN AREAS FOR SNFS BASED ON CBSA LABOR MARKET
AREAS - FISCAL YEAR 2012

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
15940	Camden, NJ Gloucester, NJ Canton-Massillon, OH	0.8939		Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA Charlottesville City, VA			Christian, KY Trigg, KY Montgomery, TN Stewart, TN	
15980	Carroll, OH Stark, OH Cape Coral-Fort Myers, FL Lee, FL	0.9341	16860	Chattanooga, TN-GA Catoosa, GA	0.8740	17420	Cleveland, TN Bradley, TN Polk, TN	0.7674
16020	Cape Girardeau-Jackson, MO-IL Alexander, IL Bollinger, MO Cape Girardeau, MO	0.8672		Dade, GA Walker, GA Hamilton, TN Marion, TN Sequatchie, TN		17460	Cleveland-Elyria-Mentor, OH Cuyahoga, OH Geauga, OH Lake, OH Lorain, OH Medina, OH	0.8941
16180	Carson City, NV Carson City, NV	1.0597	16940	Cheyenne, WY Laramie, WY	0.9844	17660	Coeur d'Alene, ID	0.9367
16220	Casper, WY Natrona, WY	1.0117	16974	Chicago-Naperville-Joliet, IL	1.0600	17780	College Station-Bryan, TX Brazos, TX Burlison, TX Robertson, TX	0.9690
16300	Cedar Rapids, IA Benton, IA Jones, IA Linn, IA	0.8831		Cook, IL DeKalb, IL DuPage, IL Grundy, IL		17820	Colorado Springs, CO El Paso, CO Teller, CO	0.9846
16580	Champaign-Urbana, IL Champaign, IL Ford, IL Piatt, IL	0.9890		Kane, IL Kendall, IL McHenry, IL Will, IL		17860	Columbia, MO Boone, MO Howard, MO	0.8105
16620	Charleston, WV Boone, WV Clay, WV Kanawha, WV Lincoln, WV Putnam, WV	0.8144	17020	Chico, CA Butte, CA	1.1094	17900	Columbia, SC Calhoun, SC Fairfield, SC Kershaw, SC Lexington, SC Richland, SC Saluda, SC	0.8758
16700	Charleston-North Charleston-Summerville, SC Berkeley, SC Charleston, SC Dorchester, SC	0.9063	17140	Cincinnati-Middletown, OH-KY-IN Dearborn, IN Franklin, IN Ohio, IN Boone, KY Bracken, KY Campbell, KY Gallatin, KY Grant, KY	0.9430			
16740	Charlotte-Gastonia-Concord, NC-SC Anson, NC Cabarrus, NC Gaston, NC Mecklenburg, NC Union, NC York, SC	0.9321		Kenton, KY Pendleton, KY Brown, OH Butler, OH Clermont, OH Hamilton, OH Warren, OH				
16820	Charlottesville, VA	0.9188	17300	Clarksville, TN-KY	0.8193	18020	Columbus, GA-AL Russell, AL Chattahoochee, GA Harris, GA Marion, GA Muscogee, GA	0.9040
						18140	Columbus, IN Bartholomew, IN Columbus, OH Delaware, OH Fairfield, OH Franklin, OH	0.9723 0.9994

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WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON CBSA LABOR MARKET
AREAS - FISCAL YEAR 2012

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Licking, OH			Preble, OH			Orange, NC	
	Madison, OH		19460	Decatur, AL	0.7334		Person, NC	
	Morrow, OH			Lawrence, AL		20740	Eau Claire, WI	0.9597
	Pickaway, OH			Morgan, AL			Chippewa, WI	
	Union, OH		19500	Decatur, IL	0.8008		Eau Claire, WI	
18580	Corpus Christi, TX	0.8677		Macon, IL		20764	Edison-New Brunswick, NJ	1.0868
	Aransas, TX		19660	Deltona-Daytona Beach-Ormond Beach, FL	0.8865		Middlesex, NJ	
	Nueces, TX			Volusia, FL			Monmouth, NJ	
	San Patricio, TX			Denver-Aurora, CO	1.0647		Ocean, NJ	
18700	Corvallis, OR	1.0898	19740	Adams, CO		20940	Somerset, NJ	
	Benton, OR			Arapahoe, CO			El Centro, CA	0.9601
18880	Crestview-Fort Walton Beach-Destin, FL	0.8961		Broomfield, CO		21060	Imperial, CA	
	Okaloosa, FL			Clear Creek, CO			Elizabethtown, KY	0.8719
19060	Cumberland, MD-WV	0.7825		Denver, CO			Hardin, KY	
	Allegany, MD			Douglas, CO			Larue, KY	
	Mineral, WV			Elbert, CO		21140	Elkhart-Goshen, IN	0.9405
19124	Dallas-Plano-Irving, TX	0.9844		Gilpin, CO			Elkhart, IN	
	Collin, TX			Jefferson, CO		21300	Elmira, NY	0.8522
	Dallas, TX			Park, CO			Chemung, NY	
	Delta, TX		19780	Des Moines-West Des Moines, IA	0.9801	21340	El Paso, TX	0.8515
	Denton, TX			Dallas, IA			El Paso, TX	
	Ellis, TX			Guthrie, IA		21500	Erie, PA	0.8147
	Hunt, TX			Madison, IA			Erie, PA	
	Kaufman, TX			Polk, IA		21660	Eugene-Springfield, OR	1.1587
	Rockwall, TX			Warren, IA			Lane, OR	
19140	Dalton, GA	0.8374	19804	Detroit-Livonia-Dearborn, MI	0.9511	21780	Evansville, IN-KY	0.8679
	Murray, GA			Wayne, MI			Gibson, IN	
	Whitfield, GA			Dothan, AL	0.7130		Posey, IN	
19180	Danville, IL	0.9832	20020	Geneva, AL			Vanderburgh, IN	
	Vermilion, IL			Henry, AL			Warrick, IN	
19260	Danville, VA	0.7896		Houston, AL			Henderson, KY	
	Pittsylvania, VA			Dover, DE	0.9909	21820	Webster, KY	
	Danville City, VA		20100	Kent, DE			Fairbanks, AK	1.1322
19340	Davenport-Moline-Rock Island, IA-IL	0.9056		Dubuque, IA	0.8698	21940	Fairbanks North Star Borough, AK	
	Henry, IL		20220	Dubuque, IA			Fajardo, PR	0.3823
	Mercer, IL		20260	Duluth, MN-WI	1.0335		Ceiba, PR	
	Rock Island, IL			Carlton, MN			Fajardo, PR	
	Scott, IA			St. Louis, MN		22020	Luquillo, PR	
19380	Dayton, OH	0.9281		Douglas, WI			Fargo, ND-MN	0.8136
	Greene, OH		20500	Durham, NC	0.9699		Cass, ND	
	Miami, OH			Chatham, NC			Clay, MN	
	Montgomery, OH			Durham, NC		22140	Farmington, NM	0.9795
							San Juan, NM	

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WAGE INDEXES FOR URBAN AREAS FOR SNFS BASED ON CBSA LABOR MARKET
AREAS - FISCAL YEAR 2012

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
22180	Fayetteville, NC Cumberland, NC Hoke, NC	0.9213		Fresno, CA		24860	Greenville-Mauldin-Easley, SC Greenville, SC	0.9620
22220	Fayetteville-Springdale-Rogers, AR-MO Benton, AR Madison, AR Washington, AR McDonald, MO	0.9263	23460	Gadsden, AL Etowah, AL	0.7934		Laurens, SC Pickens, SC	
22380	Flagstaff, AZ Coconino, AZ	1.2427	23540	Gainesville, FL Alachua, FL Gilchrist, FL	0.9375	25020	Guayama, PR Arroyo, PR Guayama, PR Patillas, PR	0.3730
22420	Flint, MI Genesee, MI	1.1137	23580	Gainesville, GA Hall, GA	0.9010	25060	Gulfport-Biloxi, MS Hancock, MS Harrison, MS Stone, MS	0.8505
22500	Florence, SC Darlington, SC Florence, SC	0.8217	23844	Gary, IN Jasper, IN Lake, IN Newton, IN Porter, IN	0.9193	25180	Hagerstown-Martinsburg, MD-WV Washington, MD Berkeley, WV Morgan, WV	0.9168
22520	Florence-Muscle Shoals, AL Colbert, AL Lauderdale, AL	0.7738	24020	Glens Falls, NY Warren, NY Washington, NY	0.8504	25260	Hanford-Corcoran, CA Kings, CA	1.0700
22540	Fond du Lac, WI Fond du Lac, WI	0.9291	24140	Goldsboro, NC Wayne, NC	0.8690	25420	Harrisburg-Carlisle, PA Cumberland, PA Dauphin, PA Perry, PA	0.9400
22660	Fort Collins-Loveland, CO Larimer, CO	0.9876	24220	Grand Forks, ND-MN Polk, MN Grand Forks, ND	0.7573	25500	Harrisonburg, VA Rockingham, VA Harrisonburg City, VA	0.8773
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward, FL	1.0160	24300	Grand Junction, CO Mesa, CO	0.9394	25540	Hartford-West Hartford-East Hartford, CT Hartford, CT Middlesex, CT Tolland, CT	1.0700
22900	Fort Smith, AR-OK Crawford, AR Franklin, AR Sebastian, AR Le Flore, OK Sequoyah, OK	0.7620	24340	Grand Rapids-Wyoming, MI Barry, MI Ionia, MI Kent, MI Newaygo, MI	0.9145	25620	Hattiesburg, MS Forrest, MS Lamar, MS Perry, MS	0.7940
23060	Fort Wayne, IN Allen, IN Wells, IN Whitley, IN	0.9368	24500	Great Falls, MT Cascade, MT	0.8462	25860	Hickory-Lenoir-Morganton, NC Alexander, NC Burke, NC Caldwell, NC Catawba, NC	0.8859
23104	Fort Worth-Arlington, TX Johnson, TX Parker, TX Tarrant, TX Wise, TX	0.9525	24540	Greeley, CO Weld, CO	0.9553	25980	Hinesville-Fort Stewart, GA ¹	0.8926
23420	Fresno, CA	1.1281	24580	Green Bay, WI Brown, WI Kewaunee, WI Oconto, WI	0.9824			
			24660	Greensboro-High Point, NC Guilford, NC Randolph, NC Rockingham, NC	0.8798			
			24780	Greenville, NC Greene, NC Pitt, NC	0.9637			

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	Liberty, GA			Marion, IN			Newton, MO	
	Long, GA			Morgan, IN		28020	Kalamazoo-Portage, MI	0.9939
26100	Holland-Grand Haven, MI	0.8523		Putnam, IN			Kalamazoo, MI	
	Ottawa, MI		26980	Iowa City, IA	1.0070		Van Buren, MI	
26180	Honolulu, HI	1.1698		Johnson, IA		28100	Kankakee-Bradley, IL	0.9807
	Honolulu, HI			Washington, IA			Kankakee, IL	
26300	Hot Springs, AR	0.9076	27060	Ithaca, NY	0.8819	28140	Kansas City, MO-KS	0.9637
	Garland, AR			Tompkins, NY			Franklin, KS	
26380	Houma-Bayou Cane-Thibodaux, LA	0.7841	27100	Jackson, MI	0.8938		Johnson, KS	
	Lafourche, LA			Jackson, MI			Leavenworth, KS	
	Terrebonne, LA		27140	Jackson, MS	0.8172		Linn, KS	
26420	Houston-Sugar Land-Baytown, TX	0.9945		Copiah, MS			Miami, KS	
	Austin, TX			Hinds, MS			Wyandotte, KS	
	Brazoria, TX			Madison, MS			Bates, MO	
	Chambers, TX			Rankin, MS			Caldwell, MO	
	Fort Bend, TX		27180	Simpson, MS			Cass, MO	
	Galveston, TX			Jackson, TN	0.8149		Clay, MO	
	Harris, TX			Chester, TN			Clinton, MO	
	Liberty, TX			Madison, TN			Jackson, MO	
	Montgomery, TX		27260	Jacksonville, FL	0.8882		Lafayette, MO	
	San Jacinto, TX			Baker, FL			Platte, MO	
	Waller, TX			Clay, FL			Ray, MO	
26580	Huntington-Ashland, WV-KY-OH	0.8893		Duval, FL		28420	Kennewick-Pasco-Richland, WA	0.9582
	Boyd, KY			Nassau, FL			Benton, WA	
	Greenup, KY		27340	St. Johns, FL			Franklin, WA	
	Lawrence, OH			Jacksonville, NC	0.8074			
	Cabell, WV		27500	Onslow, NC	0.9234	28660	Killeen-Temple-Fort Hood, TX	0.9501
	Wayne, WV			Janesville, WI			Bell, TX	
26620	Huntsville, AL	0.8996	27620	Rock, WI	0.8222		Coryell, TX	
	Limestone, AL			Jefferson City, MO			Lampasas, TX	
	Madison, AL			Callaway, MO		28700	Kingsport-Bristol-Bristol, TN-VA	0.7399
26820	Idaho Falls, ID	0.9336		Cole, MO			Hawkins, TN	
	Bonneville, ID		27740	Moniteau, MO			Sullivan, TN	
	Jefferson, ID			Osage, MO			Bristol City, VA	
26900	Indianapolis-Carmel, IN	0.9662		Johnson City, TN	0.7796		Scott, VA	
	Boone, IN			Carter, TN			Washington, VA	
	Brown, IN			Unicoi, TN				
	Hamilton, IN			Washington, TN		28740	Kingston, NY	0.9170
	Hancock, IN		27780	Johnstown, PA	0.8715		Ulster, NY	
	Hendricks, IN			Cambria, PA		28940	Knoxville, TN	0.7838
	Johnson, IN		27860	Jonesboro, AR	0.7718		Anderson, TN	
				Craighead, AR			Blount, TN	
				Poinsett, AR			Knox, TN	
			27900	Joplin, MO	0.8227		Loudon, TN	
				Jasper, MO				

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	Union, TN			Lebanon, PA			Henry, KY	
29020	Kokomo, IN	0.9186	30300	Lewiston, ID-WA	0.9067		Meade, KY	
	Howard, IN			Nez Perce, ID			Nelson, KY	
	Tipton, IN			Asotin, WA			Oldham, KY	
29100	La Crosse, WI-MN	0.9685	30340	Lewiston-Auburn, ME	0.9038		Shelby, KY	
	Houston, MN			Androscoggin, ME			Spencer, KY	
	La Crosse, WI		30460	Lexington-Fayette, KY	0.8833		Trimble, KY	
29140	Lafayette, IN	0.9507		Bourbon, KY		31180	Lubbock, TX	0.8794
	Benton, IN			Clark, KY			Crosby, TX	
	Carroll, IN			Fayette, KY			Lubbock, TX	
	Tippecanoe, IN			Jessamine, KY		31340	Lynchburg, VA	0.8768
29180	Lafayette, LA	0.8319		Scott, KY			Amherst, VA	
	Lafayette, LA			Woodford, KY			Appomattox, VA	
	St. Martin, LA		30620	Lima, OH	0.9371		Bedford, VA	
29340	Lake Charles, LA	0.7998		Allen, OH			Campbell, VA	
	Calcasieu, LA		30700	Lincoln, NE	0.9612		Bedford City, VA	
	Cameron, LA			Lancaster, NE			Lynchburg City, VA	
29404	Lake County-Kenosha, IL-WI	1.0311		Seward, NE		31420	Macon, GA	0.9122
	Lake, IL		30780	Little Rock-North	0.8558		Bibb, GA	
	Kenosha, WI			Little Rock-Conway, AR			Crawford, GA	
29420	Lake Havasu City-Kingman, AZ	0.9967		Faulkner, AR			Jones, GA	
	Mohave, AZ			Grant, AR			Monroe, GA	
29460	Lakeland-Winter Haven, FL	0.8432		Lonoke, AR		31460	Madera, CA	0.8114
	Polk, FL			Perry, AR			Madera, CA	
29540	Lancaster, PA	0.9439	30860	Logan, UT-ID	0.8592	31540	Madison, WI	1.1234
	Lancaster, PA			Franklin, ID			Columbia, WI	
29620	Lansing-East Lansing, MI	1.0477		Cache, UT			Dane, WI	
	Clinton, MI		30980	Longview, TX	0.8530	31700	Iowa, WI	
	Eaton, MI			Gregg, TX			Manchester-Nashua, NH	1.0083
	Ingham, MI			Rusk, TX		31740	Hillsborough, NH	
29700	Laredo, TX	0.7730	31020	Upshur, TX			Manhattan, KS	0.7912
	Webb, TX			Longview, WA	0.9989		Geary, KS	
29740	Las Cruces, NM	0.9106		Cowlitz, WA			Pottawatomie, KS	
	Dona Ana, NM		31084	Los Angeles-Long Beach-Santa Ana, CA	1.2287	31860	Riley, KS	
29820	Las Vegas-Paradise, NV	1.2050		Los Angeles, CA			Mankato-North	0.9346
	Clark, NV		31140	Louisville-Jefferson, KY-IN	0.8900		Mankato, MN	
29940	Lawrence, KS	0.8853		Clark, IN			Blue Earth, MN	
	Douglas, KS			Floyd, IN		31900	Nicollet, MN	
30020	Lawton, OK	0.8545		Harrison, IN			Mansfield, OH	0.9215
	Comanche, OK			Washington, IN		32420	Richland, OH	
30140	Lebanon, PA	0.8042		Bullitt, KY			Mayaguez, PR	0.3676
							Hormigueros, PR	
							Mayaguez, PR	

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32580	McAllen-Edinburg-Mission, TX Hidalgo, TX	0.8878	33660	Missoula, MT	0.8002		Macon, TN	
32780	Medford, OR Jackson, OR	1.0318	33700	Mobile, AL Mobile, AL	1.2670		Robertson, TN Rutherford, TN	
32820	Memphis, TN-MS-AR Crittenden, AR DeSoto, MS Marshall, MS Tate, MS Tunica, MS Fayette, TN Shelby, TN Tipton, TN	0.9275	33740	Modesto, CA Stanislaus, CA	0.7915		Smith, TN Sumner, TN	
32900	Merced, CA Merced, CA	1.2424	33780	Monroe, LA Ouachita, LA Union, LA	0.8727	35004	Trousdale, TN Williamson, TN Wilson, TN	
33124	Miami-Miami Beach-Kendall, FL Miami-Dade, FL	1.0085	33860	Monroe, MI Monroe, MI	0.8103		Nassau-Suffolk, NY Nassau, NY Suffolk, NY	1.2416
33140	Michigan City-La Porte, IN LaPorte, IN	0.9358	34060	Montgomery, AL Autauga, AL Elmore, AL Lowndes, AL Montgomery, AL	0.8197	35084	Newark-Union, NJ-PA Essex, NJ Hunterdon, NJ Morris, NJ	1.1322
33260	Midland, TX Midland, TX	1.0514	34100	Morgantown, WV Monongalia, WV Preston, WV	0.7031	35300	Sussex, NJ Union, NJ Pike, PA	1.1556
33340	Milwaukee-Waukesha-West Allis, WI Milwaukee, WI Ozaukee, WI Washington, WI Waukesha, WI	0.9961	34100	Morristown, TN Grainger, TN Hamblen, TN Jefferson, TN	1.0235	35380	New Haven-Milford, CT New Haven, CT	0.9026
33460	Minneapolis-St. Paul-Bloomington, MN-WI Anoka, MN Carver, MN Chisago, MN Dakota, MN Hennepin, MN Isanti, MN Ramsey, MN Scott, MN Sherburne, MN Washington, MN Wright, MN Pierce, WI St. Croix, WI	1.1105	34580	Mount Vernon-Anacortes, WA Skagit, WA	0.7817		New Orleans-Metairie-Kenner, LA Jefferson, LA Orleans, LA Plaquemines, LA St. Bernard, LA St. Charles, LA St. John the Baptist, LA St. Tammany, LA	1.3052
33540	Missoula, MT	0.9154	34620	Muncie, IN Delaware, IN	0.9967	35644	New York-White Plains-Wayne, NY-NJ Bergen, NJ Hudson, NJ Passaic, NJ	
			34740	Muskegon-Norton Shores, MI Muskegon, MI	0.8653		Bronx, NY Kings, NY New York, NY Putnam, NY Queens, NY Richmond, NY Rockland, NY Westchester, NY	
			34820	Myrtle Beach-North Myrtle Beach-Conway, SC Horry, SC	1.4511	35660	Niles-Benton Harbor, MI	0.8653
			34900	Napa, CA Napa, CA	0.9740			
			34940	Naples-Marco Island, FL Collier, FL	0.9340			
			34980	Nashville-Davidson-Murfreesboro-Franklin, TN Cannon, TN Cheatham, TN Davidson, TN Dickson, TN Hickman, TN				

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35840	Berrien, MI North Port-Bradenton-Sarasota-Venice, FL Manatee, FL Sarasota, FL	0.9435	36780	Osceola, FL Seminole, FL Oshkosh-Neenah, WI Winnebago, WI	0.9319	38060	Phoenix-Mesa-Scottsdale, AZ Maricopa, AZ Pinal, AZ	1.0566
35980	Norwich-New London, CT New London, CT	1.1227	36980	Owensboro, KY Davies, KY Hancock, KY McLean, KY	0.8202	38220	Pine Bluff, AR Cleveland, AR Jefferson, AR Lincoln, AR	0.7700
36084	Oakland-Fremont-Hayward, CA Alameda, CA Contra Costa, CA	1.6080	37100	Oxnard-Thousand Oaks-Ventura, CA Ventura, CA	1.2830	38300	Pittsburgh, PA Allegheny, PA Armstrong, PA	0.8669
36100	Ocala, FL Marion, FL	0.8449	37340	Palm Bay-Melbourne-Titusville, FL Brevard, FL	0.9042		Beaver, PA Butler, PA Fayette, PA	
36140	Ocean City, NJ Cape May, NJ	1.0641	37380	Palm Coast, FL Flagler, FL	0.9373		Washington, PA Westmoreland, PA	
36220	Odessa, TX Ector, TX	0.9809	37460	Panama City-Lynn Haven, FL Bay, FL	0.8388	38340	Pittsfield, MA Berkshire, MA	1.0616
36260	Ogden-Clearfield, UT Davis, UT Morgan, UT Weber, UT	0.9220	37620	Parkersburg-Marietta-Vienna, WV-OH Washington, OH Pleasants, WV	0.7647	38540	Pocatello, ID Bannock, ID Power, ID	0.9426
36420	Oklahoma City, OK Canadian, OK Cleveland, OK Grady, OK Lincoln, OK Logan, OK McClain, OK Oklahoma, OK	0.8934		Wirt, WV Wood, WV		38660	Ponce, PR Juana Diaz, PR Ponce, PR Villalba, PR	0.4185
36500	Olympia, WA Thurston, WA	1.1339	37700	Pascagoula, MS George, MS Jackson, MS	0.7885	38860	Portland-South Portland-Biddeford, ME Cumberland, ME Sagadahoc, ME York, ME	0.9661
36540	Omaha-Council Bluffs, NE-IA Harrison, IA Mills, IA Pottawattamie, IA Cass, NE Douglas, NE Sarpy, NE Saunders, NE Washington, NE	0.9864	37764	Peabody, MA Essex, MA	1.0698			
			37860	Pensacola-Ferry Pass-Brent, FL Escambia, FL	0.8013	38900	Portland-Vancouver-Beaverton, OR-WA Clackamas, OR Columbia, OR Multnomah, OR Washington, OR Yamhill, OR Clark, WA Skamania, WA	1.1454
			37900	Santa Rosa, FL Peoria, IL Marshall, IL Peoria, IL Stark, IL Tazewell, IL Woodford, IL	0.8830			
			37964	Philadelphia, PA Bucks, PA Chester, PA	1.0760	38940	Port St. Lucie, FL Martin, FL St. Lucie, FL	0.9784
36740	Orlando-Kissimmee, FL Lake, FL Orange, FL	0.9128		Delaware, PA Montgomery, PA Philadelphia, PA		39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess, NY	1.1339

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39140	Orange, NY Prescott, AZ Yavapai, AZ	1.2261		King William, VA Louisa, VA New Kent, VA			Placer, CA Sacramento, CA Yolo, CA	
39300	Providence-New Bedford-Fall River, RI-MA Bristol, MA Bristol, RI Kent, RI Newport, RI Providence, RI Washington, RI	1.0639		Powhatan, VA Prince George, VA Sussex, VA Colonial Heights City, VA Hopewell City, VA Petersburg City, VA Richmond City, VA		40980	Saginaw-Saginaw Township North, MI Saginaw, MI	0.8512
39340	Provo-Orem, UT Juab, UT Utah, UT	0.9404	40140	Riverside-San Bernardino-Ontario, CA Riverside, CA San Bernardino, CA	1.1463	41060	St. Cloud, MN Benton, MN Stearns, MN	1.0724
39380	Pueblo, CO Pueblo, CO	0.8668		Roanoke, VA	0.9166	41100	St. George, UT Washington, UT	0.9070
39460	Punta Gorda, FL Charlotte, FL	0.8801	40220	Roanoke, VA Botetourt, VA Craig, VA Franklin, VA Roanoke, VA Roanoke City, VA Salem City, VA		41140	St. Joseph, MO-KS Doniphan, KS Andrew, MO Buchanan, MO DeKalb, MO	1.0255
39540	Racine, WI Racine, WI	0.8630		Roanoke, VA		41180	St. Louis, MO-IL Bond, IL Calhoun, IL Clinton, IL Jersey, IL Macoupin, IL Madison, IL Monroe, IL St. Clair, IL Crawford, MO Franklin, MO Jefferson, MO Lincoln, MO St. Charles, MO St. Louis, MO Warren, MO Washington, MO St. Louis City, MO	0.9165
39580	Raleigh-Cary, NC Franklin, NC Johnston, NC Wake, NC	0.9648	40340	Rochester, MN Dodge, MN Olmsted, MN Wabasha, MN	1.0802			
39660	Rapid City, SD Meade, SD Pennington, SD	1.0203	40380	Rochester, NY Livingston, NY Monroe, NY Ontario, NY Orleans, NY Wayne, NY	0.8602			
39740	Reading, PA Berks, PA	0.9212	40420	Rockford, IL Boone, IL Winnebago, IL	0.9938	41420	Salem, OR Marion, OR Polk, OR	1.1224
39820	Redding, CA Shasta, CA	1.5584	40484	Rockingham, NH Strafford, NH	1.0185	41500	Salinas, CA Monterey, CA	1.5604
39900	Reno-Sparks, NV Storey, NV Washoe, NV	1.0596	40580	Rocky Mount, NC Edgecombe, NC Nash, NC	0.9018	41540	Salisbury, MD Somerset, MD Wicomico, MD	0.9227
40060	Richmond, VA Amelia, VA Caroline, VA Charles City, VA Chesterfield, VA Cumberland, VA Dinwiddie, VA Goochland, VA Hanover, VA Henrico, VA King and Queen, VA	0.9791	40660	Rome, GA Floyd, GA	0.8838	41620	Salt Lake City, UT Salt Lake, UT Summit, UT Tooele, UT	0.9415
			40900	Sacramento--Arden-Arcade--Roseville, CA El Dorado, CA	1.3777			

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41660	San Angelo, TX Irion, TX Tom Green, TX	0.8273		Ciales, PR Cidra, PR Comerio, PR		42340	Savannah, GA Bryan, GA Chatham, GA Effingham, GA	0.9095
41700	San Antonio, TX Atascosa, TX Bandera, TX Bexar, TX Comal, TX Guadalupe, TX Kendall, TX Medina, TX Wilson, TX	0.9006		Corozal, PR Dorado, PR Florida, PR Guaynabo, PR Gurabo, PR Hatillo, PR Humacao, PR Juncos, PR Las Piedras, PR		42540	Scranton--Wilkes-Barre, PA Lackawanna, PA Luzerne, PA Wyoming, PA	0.8328
41740	San Diego-Carlsbad-San Marcos, CA San Diego, CA	1.1950		Loiza, PR Manati, PR Maunabo, PR		42644	Seattle-Bellevue-Everett, WA King, WA Snohomish, WA	1.1541
41780	Sandusky, OH Erie, OH	0.8167		Morovis, PR Naguabo, PR		42680	Sebastian-Vero Beach, FL Indian River, FL	0.9032
41884	San Francisco-San Mateo-Redwood City, CA Marin, CA San Francisco, CA San Mateo, CA	1.5904		Naranjito, PR Orocovis, PR Quebradillas, PR Rio Grande, PR San Juan, PR San Lorenzo, PR		43100	Sheboygan, WI Sheboygan, WI	0.9303
41900	San German-Cabo Rojo, PR Cabo Rojo, PR Lajas, PR Sabana Grande, PR San German, PR	0.4612		Toa Alta, PR Toa Baja, PR Trujillo Alto, PR Vega Alta, PR Vega Baja, PR Yabucoa, PR		43300	Sherman-Denison, TX Grayson, TX	0.8011
41940	San Jose-Sunnyvale-Santa Clara, CA San Benito, CA Santa Clara, CA	1.6878	42020	San Luis Obispo-Paso Robles, CA San Luis Obispo, CA	1.3072	43340	Shreveport-Bossier City, LA Bossier, LA Caddo, LA De Soto, LA	0.8505
41980	San Juan-Caguas-Guaynabo, PR Aguas Buenas, PR Aibonito, PR Arecibo, PR Barceloneta, PR Barranquitas, PR Bayamon, PR Caguas, PR Camuy, PR Canovanas, PR Carolina, PR Catano, PR Cayey, PR	0.4340	42044	Santa Ana-Anaheim-Irvine, CA Orange, CA	1.2042	43580	Sioux City, IA-NE-SD Woodbury, IA Dakota, NE Dixon, NE Union, SD	0.9538
			42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara, CA	1.2246	43620	Sioux Falls, SD Lincoln, SD McCook, SD Minnehaha, SD Turner, SD	0.9153
			42100	Santa Cruz-Watsonville, CA Santa Cruz, CA	1.7111	43780	South Bend-Mishawaka, IN-MI St. Joseph, IN Cass, MI	0.9426
			42140	Santa Fe, NM Santa Fe, NM	1.0660	43900	Spartanburg, SC Spartanburg, SC	0.9325
			42220	Santa Rosa-Petaluma, CA Sonoma, CA	1.6102	44060	Spokane, WA Spokane, WA	1.0504
						44100	Springfield, IL Menard, IL Sangamon, IL	0.8958

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44140	Springfield, MA Franklin, MA Hampden, MA Hampshire, MA	1.0247	45500	Texarkana, TX- Texarkana, AR Miller, AR Bowie, TX	0.7937		Victoria, TX	
44180	Springfield, MO Christian, MO Dallas, MO Greene, MO Polk, MO Webster, MO	0.8680	45780	Toledo, OH Fulton, OH Lucas, OH Ottawa, OH Wood, OH	0.9148	47220	Vineland-Millville- Bridgeton, NJ Cumberland, NJ	1.0222
44220	Springfield, OH Clark, OH	0.8981	45820	Topeka, KS Jackson, KS Jefferson, KS	0.8818	47260	Virginia Beach- Norfolk-Newport News, VA-NC Currituck, NC Gloucester, VA Isle of Wight, VA James City, VA Mathews, VA Surry, VA York, VA	0.9001
44300	State College, PA Centre, PA	0.9251		Osage, KS Shawnee, KS Wabaunsee, KS			Chesapeake City, VA Hampton City, VA Newport News City, VA Norfolk City, VA Poquoson City, VA Portsmouth City, VA Suffolk City, VA Virginia Beach City, VA Williamsburg City, VA	
44600	Steubenville-Weirton, OH-WV Jefferson, OH Brooke, WV Hancock, WV	0.7054	45940	Trenton-Ewing, NJ Mercer, NJ	1.0062	47300	Visalia-Porterville, CA Tulare, CA	1.0343
44700	Stockton, CA San Joaquin, CA	1.3052	46060	Tucson, AZ Pima, AZ	0.9318	47380	Waco, TX McLennan, TX	0.8559
44940	Sumter, SC Sumter, SC	0.7551	46140	Tulsa, OK Creek, OK Okmulgee, OK Osage, OK	0.8362	47580	Warner Robins, GA Houston, GA	0.8245
45060	Syracuse, NY Madison, NY Onondaga, NY Oswego, NY	0.9776		Pawnee, OK Rogers, OK Tulsa, OK Wagoner, OK		47644	Warren-Troy- Farmington Hills, MI Lapeer, MI Livingston, MI Macomb, MI Oakland, MI St. Clair, MI	0.9625
45104	Tacoma, WA Pierce, WA	1.1384	46220	Tuscaloosa, AL Greene, AL Hale, AL Tuscaloosa, AL	0.8664	47894	Washington- Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert, MD Charles, MD Prince George's, MD Arlington, VA	1.0807
45220	Tallahassee, FL Gadsden, FL Jefferson, FL Leon, FL Wakulla, FL	0.8593	46340	Tyler, TX Smith, TX	0.8335			
45300	Tampa-St. Petersburg- Clearwater, FL Hernando, FL Hillsborough, FL Pasco, FL Pinellas, FL	0.9072	46540	Utica-Rome, NY Herkimer, NY Oneida, NY	0.8441			
45460	Terre Haute, IN Clay, IN Sullivan, IN Vermillion, IN Vigo, IN	0.9209	46660	Valdosta, GA Brooks, GA Echols, GA Lanier, GA Lowndes, GA	0.7997			
			46700	Vallejo-Fairfield, CA Solano, CA	1.4636			
			47020	Victoria, TX Calhoun, TX Goliad, TX	0.8434			

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CHAPTER 8, ADDENDUM E (FY 2012)

WAGE INDEXES FOR URBAN AREAS FOR SNFS BASED ON CBSA LABOR MARKET
AREAS - FISCAL YEAR 2012

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Clarke, VA		48864	Wilmington, DE-MD-NJ	1.0662
	Fairfax, VA			New Castle, DE	
	Fauquier, VA			Cecil, MD	
	Loudoun, VA			Salem, NJ	
	Prince William, VA		48900	Wilmington, NC	0.9107
	Spotsylvania, VA			Brunswick, NC	
	Stafford, VA			New Hanover, NC	
	Warren, VA			Pender, NC	
	Alexandria City, VA		49020	Winchester, VA-WV	0.9106
	Fairfax City, VA			Frederick, VA	
	Falls Church City, VA			Winchester City, VA	
	Fredericksburg City, VA			Hampshire, WV	
	Manassas City, VA		49180	Winston-Salem, NC	0.8343
	Manassas Park City, VA			Davie, NC	
	Jefferson, WV			Forsyth, NC	
47940	Waterloo-Cedar Falls, IA	0.8372		Stokes, NC	
	Black Hawk, IA		49340	Yadkin, NC	
	Bremer, IA			Worcester, MA	1.1076
	Grundy, IA			Worcester, MA	
48140	Wausau, WI	0.8962	49420	Yakima, WA	1.0433
	Marathon, WI			Yakima, WA	
48300	Wenatchee, WA	1.0168	49500	Yauco, PR	0.3757
	Chelan, WA			Guanica, PR	
	Douglas, WA			Guayanilla, PR	
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	0.9823	49620	Penuelas, PR	
	Palm Beach, FL			Yauco, PR	
48540	Wheeling, WV-OH	0.6735	49660	York-Hanover, PA	0.9675
	Belmont, OH			York, PA	
	Marshall, WV		49700	Youngstown-Warren-Boardman, OH-PA	0.8328
	Ohio, WV			Mahoning, OH	
48620	Wichita, KS	0.8696		Trumbull, OH	
	Butler, KS		49740	Mercer, PA	
	Harvey, KS			Yuba City, CA	1.1808
	Sedgwick, KS			Sutter, CA	
	Sumner, KS			Yuba, CA	
48660	Wichita Falls, TX	1.0097		Yuma, AZ	0.9350
	Archer, TX			Yuma, AZ	
	Clay, TX				
	Wichita, TX				
48700	Williamsport, PA	0.8084			
	Lycoming, PA				

¹ At this time, there are no hospitals located in this urban area on which to base a wage index.

- END -

CHAPTER 8
 ADDENDUM F (FY 2012)

WAGE INDEXES FOR RURAL AREAS FOR SNFs BASED ON
 CBSA LABOR MARKET AREAS - FISCAL YEAR 2012

SOURCE: 76 FR 48561. Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012.

STATE CODE	RURAL AREA	WAGE INDEX	STATE CODE	RURAL AREA	WAGE INDEX
1	Alabama	0.7260	35	North Dakota	0.7295
2	Alaska	1.2846	36	Ohio	0.8455
3	Arizona	0.8826	37	Oklahoma	0.7848
4	Arkansas	0.7194	38	Oregon	1.0337
5	California	1.2194	39	Pennsylvania	0.8450
6	Colorado	1.0126	40	Puerto Rico ¹	0.4047
7	Connecticut	1.1287	41	Rhode Island ¹	.....
8	Delaware	1.0008	42	South Carolina	0.8277
10	Florida	0.8361	43	South Dakota	0.8300
11	Georgia	0.7547	44	Tennessee	0.7734
12	Hawaii	1.1200	45	Texas	0.7934
13	Idaho	0.7531	46	Utah	0.8719
14	Illinois	0.8426	47	Vermont	0.9709
15	Indiana	0.8551	48	Virgin Islands	0.7505
16	Iowa	0.8618	49	Virginia	0.7817
17	Kansas	0.8041	50	Washington	1.0231
18	Kentucky	0.7825	51	West Virginia	0.7371
19	Louisiana	0.7769	52	Wisconsin	0.8977
20	Maine	0.8581	53	Wyoming	0.9433
21	Maryland	0.9291	65	Guam	0.9611
22	Massachusetts	1.3962			
23	Michigan	0.8295			
24	Minnesota	0.9107			
25	Mississippi	0.7539			
26	Missouri	0.7673			
27	Montana	0.8615			
28	Nebraska	0.8872			
29	Nevada	0.9637			
30	New Hampshire	1.0441			
31	New Jersey ¹	.....		
32	New Mexico	0.8878			
33	New York	0.8152			
34	North Carolina	0.8288			

¹ All counties within the State are classified as urban, with the exception of Massachusetts and Puerto Rico. Massachusetts and Puerto Rico have areas designated as rural; however, no short-term, acute care hospitals are located in the area(s) for FY 2012. The rural Massachusetts wage index is calculated as the average of all contiguous CBSAs. The Puerto Rico wage index is the same as FY 2011.

- END -

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(2) Discounting for Bilateral Procedures.

(a) Following are the different categories/classifications of bilateral procedures:

1 Conditional bilateral (i.e., procedure is considered bilateral if the modifier 50 is present).

2 Inherent bilateral (i.e., procedure in and of itself is bilateral).

3 Independent bilateral (i.e., procedure is considered bilateral if the modifier 50 is present, but full payment should be made for each procedure (e.g., certain radiological procedures).

(b) Terminated bilateral procedures or terminated procedures with units greater than one should not occur. Line items with terminated bilateral procedures or terminated procedures with units greater than one are denied.

(c) Inherent bilateral procedures will be treated as a non-bilateral procedure since the bilateralism of the procedure is encompassed in the code.

(3) Modifiers for Discounting Terminated Surgical Procedures.

(a) Industry standard modifiers may be billed on outpatient hospital or individual professional claims to further define the procedure code or indicate that certain reimbursement situations may apply to the billing. Recognition and utilization of modifiers are essential for ensuring accurate processing and payment of these claim types.

(b) Industry standard modifiers are used to identify surgical procedures which have been terminated prior to and after the delivery of anesthesia.

1 Modifiers 52 and 73 are used to identify a surgical procedure that is terminated prior to the delivery of anesthesia and is reimbursed at 50% of the allowable; i.e., the ASC tier rate, the Ambulatory Payment Classification (APC) allowable amount for OPSS claims, or the CHAMPUS Maximum Allowable Charge (CMAC) for individual professional providers.

2 Modifiers 53 and 74 are used for terminated surgical procedures after delivery of anesthesia which are reimbursed at 100% of the appropriated allowable amounts referenced above.

(4) Unbundling of Procedures. Contractors should ensure that reimbursement for claims involving multiple procedures conforms to the unbundling guidelines as outlined in [Chapter 1, Section 3](#).

(5) Incidental Procedures. The rules for reimbursing incidental procedures as contained in [Chapter 1, Section 3](#), are to be applied to ambulatory surgery procedures reimbursed under the rules set forth in this section. That is, no reimbursement is to be made for incidental procedures performed in conjunction with other procedures which are not

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AMBULATORY SURGICAL CENTER (ASC) REIMBURSEMENT

classified as incidental. This limitation applies to payments for facility claims as well as to professional services.

6. Updating Payment Rates.

a. The rates will be updated annually by TMA by the same update factor as is used in the Medicare annual updates for ASC payments. Periodically the rates will be recalculated using the steps in [paragraph II.A.4.d.](#)

b. The rates were updated by 3.0% effective November 1, 2002. This update included the wage indexes as updated by Medicare.

c. The group payment rates that are effective November 1, 2003, have been recalculated using the steps in [paragraph II.A.4.d.](#) However, we used 100 claims rather than 25 claims to calculate a rate for individual procedures, because it produced more statistically valid results while still resulting in calculated rates for about 83% of TRICARE ambulatory surgery services. In addition, the rates were updated by the Medicare update factor of 2.0% and included the wage indexes as updated by Medicare.

d. The rates were reduced by 2.0% effective April 1, 2004.

e. The rates were updated by 0.6% effective November 1, 2009.

f. The rates were updated by 0.9% effective November 1, 2011.

B. Reimbursement for procedures not listed on TMA's ambulatory surgery web site. Prior to January 28, 2000, these procedures were to be denied if performed in an ASC and reimbursed in accordance with [Chapter 1, Section 24.](#) Effective January 28, 2000, ambulatory surgery procedures that are not listed on TMA's ambulatory surgery web site, and are performed in either a freestanding ASC or hospital may be cost-shared. These procedures are reimbursed at the lesser of billed charges or network discount. On May 1, 2009 (implementation of OPSS), these non-ASC procedures are subject to [Chapter 13](#) discounting of surgical, bilateral and terminated procedures.

C. Reimbursement System On Or After May 1, 2009 (Implementation of OPSS).

1. For ambulatory surgery procedures performed in an OPSS qualified facility, the provisions in [Chapter 13](#) shall apply.

2. For ambulatory surgery procedures performed in freestanding ASCs and non-OPSS facilities, the provisions in [paragraph II.A.](#) shall apply, except as follows:

a. Contractors will no longer be allowed to group other procedures not listed on TMA's ambulatory surgery web site. On May 1, 2009 (implementation of OPSS), these groupers will be end dated. Only ambulatory surgery procedures listed on TMA's ambulatory surgery web site are to be grouped.

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b. Multiple and Terminated Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), the professional services shall be reimbursed according to the multiple surgery guidelines in [Chapter 13, Section 3, paragraph III.A.5.b.](#) and [c.](#)

c. Discounting for Multiple Surgical Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), discounting for multiple surgical procedures are subject to the provisions in [Chapter 13, Section 1.](#)

d. Discounting for Bilateral Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), bilateral procedures will be discounted based on the application of discounting formulas appearing in [Chapter 13, Section 3, paragraph III.A.5.c.\(6\)](#) and [\(7\).](#)

D. CAHs. Effective December 1, 2009, ambulatory surgery services performed in CAHs shall be reimbursed under the reasonable cost method, reference [Chapter 15, Section 1.](#)

E. Claims for Ambulatory Surgery.

1. Claims for facility charges must be submitted on a CMS 1450 UB-04. Claims for professional charges may be submitted on either a CMS 1450 UB-04 or a CMS 1500 (08/05) claim form. The preferred form is the CMS 1500 (08/05). When professional services are billed on a CMS 1450 UB-04, the information on the CMS 1450 UB-04 should indicate that these services are professional in nature and be identified by the appropriate CPT-4 code and revenue code.

2. Claim Data.

a. Billing Data. The claim must identify all procedures which were performed (by CPT-4 or HCPCS code). The facility claim shall be submitted on the CMS 1450 UB-04, the procedure code will be shown in Form Locator (FL) 44.

NOTE: Claims from ASCs must be submitted on the CMS 1450 UB-04 claim form. Claims not submitted on the appropriate claim form will be denied.

b. TRICARE Encounter Data (TED). All ambulatory surgery services are to be reported on the TED using the appropriate CPT-4 code. The only exception is services which are billed using a HCPCS code and for which no CPT-4 code exists.

F. Wage Index Changes. If, during the year, Medicare revises any of the wage indexes used for ambulatory surgery reimbursement, such changes will not be incorporated into the TRICARE payment rates until the next routine update. These changes will not be incorporated regardless of the reason Medicare revised the wage index.

G. Subsequent Hospital Admissions. If a beneficiary is admitted to a hospital subject to the DRG-based payment system as a result of complications, etc. of ambulatory surgery, the ambulatory surgery procedures are to be billed and reimbursed separately from the hospital inpatient services. The same rules applicable to emergency room services are to be followed.

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H. Cost-Shares for Ambulatory Surgery Procedures. All surgical procedures performed in an outpatient setting shall be cost-shared at the ASC cost-sharing levels. Refer to [Chapter 2, Section 1, paragraph I.C.3.g.](#)

- END -

HOSPICE

SECTION	SUBJECT
1	Hospice Reimbursement - General Overview
2	Hospice Reimbursement - Coverage/Benefits
3	Hospice Reimbursement - Conditions For Coverage
4	Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care
ADDENDUM A	(FY 2010) - Fiscal Year 2010 Rates For Hospice Care
ADDENDUM A	(FY 2011) - Fiscal Year 2011 Rates For Hospice Care
ADDENDUM A	(FY 2012) - Fiscal Year 2012 Rates For Hospice Care
ADDENDUM B	(FY 2010) - Hospice Rate Information - FY 2010 Hospice Wage Indexes For Urban Areas
ADDENDUM B	(FY 2011) - Hospice Rate Information - FY 2011 Hospice Wage Indexes For Urban Areas
ADDENDUM B	(FY 2012) - Hospice Rate Information - FY 2012 Hospice Wage Indexes For Urban Areas
ADDENDUM C	(FY 2010) - Hospice Rate Information - FY 2010 Hospice Wage Indexes For Rural Areas
ADDENDUM C	(FY 2011) - Hospice Rate Information - FY 2011 Hospice Wage Indexes For Rural Areas
ADDENDUM C	(FY 2012) - Hospice Rate Information - FY 2012 Hospice Wage Indexes For Rural Areas
ADDENDUM D	(FY 2006) - Crosswalk Of Counties By States For Fiscal Year 2006
ADDENDUM E	Participation Agreement For Hospice Program Services For TRICARE/CHAMPUS Beneficiaries

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CHAPTER 11, SECTION 1

HOSPICE REIMBURSEMENT - GENERAL OVERVIEW

b. The hospice will bill for its physician charges/services on a UB 92 using the appropriate CPT codes. Payments for hospice based physician services will be paid at 100 percent of the allowable charge (CMAC) and will be subject to the hospice cap amount; i.e., it will be figured into the total hospice payments made during the cap period.

c. Independent attending physician services are not considered a part of the hospice benefit and are not figured into the cap amount calculations. The provider will bill for these services on a CMS 1500 (08/05) using the appropriate CPT codes. These services will be subject to standard TRICARE reimbursement and cost-sharing/deductible provisions.

D. Authorized Providers

1. Social workers, hospice counselors, and home health aides which are not otherwise authorized providers of care under Basic Program may provide those services necessary for the palliation or management of terminally ill patients electing hospice coverage. These services are part of a package of services for which there is single all-inclusive rate for each day of care.

2. Hospice programs must be Medicare certified and meet all Medicare conditions of participation (42 CFR 418) in relation to patients in order to receive payment under the TRICARE program.

NOTE: The hospice program will be responsible for assuring that the individuals rendering hospice services meet the qualification standards specified in [Section 2](#). The contractor will not be responsible for certification of individuals employed by or contracted with a hospice program.

E. Implementing Instructions

Since this issuance only deals with a general overview of the hospice benefit the following cross referencing is provided to facilitate access to specific implementing instructions within Sections 1 through 4:

IMPLEMENTING INSTRUCTIONS/SECTION
General Overview/Chapter 11, Section 1
Coverage/Benefits/ Chapter 11, Section 2
Core Services
Non-Core Services
Continuous Care
Short-term Inpatient Care
Counseling Services

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CHAPTER 11, SECTION 1

HOSPICE REIMBURSEMENT - GENERAL OVERVIEW

IMPLEMENTING INSTRUCTIONS/SECTION (CONTINUED)

Conditions for Coverage/[Chapter 11, Section 3](#)

Election Process
Certification Process
Treatment Plan Requirements
Provider Certification
Participation Agreement

Reimbursement/[Chapter 11, Section 4](#)

Levels of Care
Reimbursement Methodology
Examples of Reimbursement
Payment of Physicians
Voluntary Services
Cap Amount
Inpatient Limitation
Administrative Review
Hospice Reporting Requirement
Limited Cost-Sharing
Criteria for Medical Review

Rate Information

National Rates Cap Amount

for FY 2010 ([Chapter 11, Addendum A \(FY 2010\)](#))
for FY 2011 ([Chapter 11, Addendum A \(FY 2011\)](#))
for FY 2012 ([Chapter 11, Addendum A \(FY 2012\)](#))

Urban Wage Indexes

for FY 2010 ([Chapter 11, Addendum B \(FY 2010\)](#))
for FY 2011 ([Chapter 11, Addendum B \(FY 2011\)](#))
for FY 2012 ([Chapter 11, Addendum B \(FY 2012\)](#))

Rural Wage Indexes

for FY 2010 ([Chapter 11, Addendum C \(FY 2010\)](#))
for FY 2011 ([Chapter 11, Addendum C \(FY 2011\)](#))
for FY 2012 ([Chapter 11, Addendum C \(FY 2012\)](#))

Crosswalk Of Counties By States

for FY 2006 ([Chapter 11, Addendum D \(FY 2006\)](#))

Certification Documents

Participation Agreement ([Chapter 11, Addendum E](#))

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CHAPTER 11, SECTION 4

HOSPICE REIMBURSEMENT - GUIDELINES FOR PAYMENT OF DESIGNATED LEVELS OF CARE

c. The contractor will identify and review all inpatient claims for beneficiaries who have elected hospice care to make sure that for:

(1) Nonrelated hospital admissions, nonhospice TRICARE coverage is provided to a beneficiary only when hospitalization was for a condition not related to his or her terminal illness; and

(2) Conditions related to a beneficiary's terminal illness, the claims were denied.

NOTE: Many illnesses may occur when an individual is terminally ill which are brought on by the underlying condition of the patient. For example, it is not unusual for a terminally ill patient to develop pneumonia or some other illness as a result of his or her weakened condition. Similarly, the setting of bones after fractures occur in a bone cancer patient would be treatment of a related condition. The treatment of these related conditions is part of the overall hospice benefit, and as such, cannot be billed under TRICARE standard, except for services of an attending physician who is not employed by, or under contract with, the hospice program.

14. Frequency of hospice billing. While inpatient billing is generally deferred until discharge, hospice programs may bill patient stays requiring longer than 30 days in 30-day intervals. This requirement applies to both the institutional and hospice-based physician claims.

15. Updated Hospice Rates.

a. The rates in [Chapter 11, Addendum A \(FY 2010\)](#) will be used for payment of claims for services rendered on or after October 1, 2009, through September 30, 2010. The hospice cap amount applies to the cap year ending October 31, 2009.

b. The rates in [Chapter 11, Addendum A \(FY 2011\)](#) will be used for payment of claims for services rendered on or after October 1, 2010, through September 30, 2011. The hospice cap amount applies to the cap year ending October 31, 2010.

c. [The rates in Chapter 11, Addendum A \(FY 2012\) will be used for payment of claims for services rendered on or after October 1, 2011, through September 30, 2012. The hospice cap amount applies to the cap year ending October 31, 2011.](#)

B. Beneficiary cost-sharing. There are no deductibles under the hospice benefit. TRICARE pays the full cost of all covered services for the terminal illness, except for small cost-share amounts which may be collected by the individual hospice for outpatient drugs and biologicals and inpatient respite care.

NOTE: The collection of cost-share amounts are optional under the hospice program.

1. The patient is responsible for five percent of the cost of outpatient drugs, or \$5 toward each prescription, whichever is less. Additionally, the cost of prescription drugs (drugs or biologicals) may not exceed that which a prudent buyer would pay in similar

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 11, SECTION 4

HOSPICE REIMBURSEMENT - GUIDELINES FOR PAYMENT OF DESIGNATED LEVELS OF CARE

circumstances; that is, a buyer who refuses to pay more than the going price for an item or service and also seeks to economize by minimizing costs.

2. For inpatient respite care, the cost-share for each respite care day is equal to **five** percent of the amount TRICARE has estimated to be the cost of respite care, after adjusting the national rate for local wage differences.

EXAMPLE: Calculation of the cost-share for respite care in Denver, Colorado.

Wage Component Subject to Index	x Index for Denver	= Adjusted Wage Component
\$50.68	x 1.2141	= \$61.53
Adjusted Wage Component	+ Nonwage Component	= Adjusted Rate
\$61.53	+ \$42.95	= \$104.48
Adjusted/.95 (Rate to Include Rate Cost-Share)	x % Cost-Share	= Cost-Share Amount
\$104.48/.95	x 0.05	= \$5.50

3. The cost-sharing provisions established under [paragraph III.B.](#) are applicable to all beneficiaries regardless of the sponsor's status (active duty or retired).

4. Hospice cost-sharing is not subject to the catastrophic cap provisions since it is optional and already offset in the established national rates.

5. The amount of the individual cost-share liability for respite care during a hospice cost-share period may not exceed the Medicare inpatient hospital deductible applicable for the year in which the hospice cost-share period began. The individual hospice cost-share period begins on the first day an election is in effect for the beneficiary and ends with the close of the first period of 14 consecutive days on each of which an election is not in effect for the beneficiary.

EXAMPLE: Mr. Brown elected an initial 90-day period of hospice care. Five days after the initial period of hospice care ended, Mr. Brown began another period of hospice care under a subsequent election. Immediately after that period ended, he began a third period of hospice care. Since these election periods were not separated by 14 consecutive days, they constitute a single hospice cost-share period. Therefore, the maximum cost-share for respite care during the three periods of hospice care may not exceed the amount of the inpatient deductible for the year in which the first period began.

6. The TRICARE payment rates are not reduced when the individual is liable for coinsurance payments. Instead, when establishing the payment rates, TRICARE offsets the estimated cost of services by an estimate of average coinsurance amounts hospices collect.

CHAPTER 11
ADDENDUM A (FY 2012)

FISCAL YEAR 2012 RATES FOR HOSPICE CARE

The following national hospice rates are for care and services provided on or after October 1, 2011, through September 30, 2012. The hospice rates applicable to the above period are:

DESCRIPTION	RATE	WAGE COMPONENT SUBJECT	UNWEIGHTED AMOUNT
Routine Home Care	\$151.03	\$103.77	\$ 47.26
Continuous Home Care	\$881.46 full rate = 24 hours of care/\$36.73 hourly rate	\$605.65	\$275.81
Inpatient Respite Care	\$156.22	\$ 84.56	\$ 71.66
General Inpatient Care	\$671.84	\$430.04	\$241.80
Allow the provider to split bills if they span the effective date. Use the previous year's rates if the provider chooses not to split the bill.			
Hospice Cap Amount:	The latest hospice cap amount, for the cap year ending October 31, 2011, is \$24,527.69 .		

- END -

CHAPTER 11
ADDENDUM B (FY 2012)

HOSPICE RATE INFORMATION - FY 2012 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, 2011.

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
10180	Abilene, TX	0.8284	10900	Allentown-Bethlehem-Easton, PA-NJ	0.9517		Oglethorpe, GA	
	Callahan, TX			Warren, NJ		12060	Atlanta-Sandy Springs-Marietta, GA	0.9885
	Jones, TX			Carbon, PA			Barrow, GA	
	Taylor, TX			Lehigh, PA			Bartow, GA	
10380	Aguadilla-Isabela-San Sebastian, PR	0.3992		Northampton, PA			Butts, GA	
	Aguada, PR		11020	Altoona, PA	0.8923		Carroll, GA	
	Aguadilla, PR			Blair, PA			Cherokee, GA	
	Anasco, PR		11100	Amarillo, TX	0.8948		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	1.0321		Douglas, GA	
10420	Akron, OH	0.9154		Story, IA			Fayette, GA	
	Portage, OH		11260	Anchorage, AK	1.2385		Forsyth, GA	
	Summit, OH			Anchorage Municipality, AK			Fulton, GA	
10500	Albany, GA	0.9354		Matanuska-Susitna Borough, AK			Gwinnett, GA	
	Baker, GA						Haralson, GA	
	Dougherty, GA		11300	Anderson, IN	0.9515		Heard, GA	
	Lee, GA			Madison, IN			Henry, GA	
	Terrell, GA		11340	Anderson, SC	0.8997		Jasper, GA	
	Worth, GA			Anderson, SC			Lamar, GA	
10580	Albany-Schenectady-Troy, NY	0.8957	11460	Ann Arbor, MI	1.0480		Meriwether, GA	
	Albany, NY			Washtenaw, MI			Newton, GA	
	Rensselaer, NY		11500	Anniston-Oxford, AL	0.8196		Paulding, GA	
	Saratoga, NY			Calhoun, AL			Pickens, GA	
	Schenectady, NY		11540	Appleton, WI	0.9690		Pike, GA	
	Schoharie, NY			Calumet, WI			Rockdale, GA	
10740	Albuquerque, NM	0.9788		Outagamie, WI			Spalding, GA	
	Bernalillo, NM		11700	Asheville, NC	0.9317		Walton, GA	
	Sandoval, NM			Buncombe, NC		12100	Atlantic City-Hammonton, NJ	1.1520
	Torrance, NM			Haywood, NC			Atlantic, NJ	
	Valencia, NM			Henderson, NC		12220	Auburn-Opelika, AL	0.8000
10780	Alexandria, LA	0.8276		Madison, NC			Lee, AL	
	Grant, LA		12020	Athens-Clarke, GA	0.9999	12260	Augusta-Richmond County, GA-SC	0.9873
	Rapides, LA			Clarke, GA			Burke, GA	
				Madison, GA			Columbia, GA	
				Oconee, GA				

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HOSPICE RATE INFORMATION - FY 2012 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
	McDuffie, GA			Yellowstone, MT		15380	Buffalo-Niagara Falls, NY	0.9865
	Richmond, GA		13780	Binghamton, NY	0.9026		Erie, NY	
	Aiken, SC			Broome, NY			Niagara, NY	
	Edgefield, SC			Tioga, NY		15500	Burlington, NC	0.9175
12420	Austin-Round Rock-San Marcos, TX	0.9848	13820	Birmingham-Hoover, AL	0.8914		Alamance, NC	
	Bastrop, TX			Bibb, AL		15540	Burlington-South Burlington, VT	1.0297
	Caldwell, TX			Blount, AL			Chittenden, VT	
	Hays, TX			Chilton, AL			Franklin, VT	
	Travis, TX			Jefferson, AL			Grand Isle, VT	
	Williamson, TX			St. Clair, AL		15764	Cambridge-Newton-Framingham, MA	1.1646
12540	Bakersfield-Delano, CA	1.2119		Shelby, AL			Middlesex, MA	
	Kern, CA		13900	Walker, AL		15804	Camden, NJ	1.0751
12580	Baltimore-Towson, MD	1.0616		Burleigh, ND	0.8000		Burlington, NJ	
	Anne Arundel, MD			Morton, ND			Camden, NJ	
	Baltimore, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8606		Gloucester, NJ	
	Carroll, MD			Giles, VA		15940	Canton-Massillon, OH	0.9057
	Harford, MD			Montgomery, VA			Carroll, OH	
	Howard, MD			Pulaski, VA			Stark, OH	
	Queen Anne's, MD			Radford City, VA		15980	Cape Coral-Fort Myers, FL	0.9518
	Baltimore City, MD						Lee, FL	
12620	Bangor, ME	1.0121	14020	Bloomington, IN	0.9305		Cape Girardeau-Jackson, MO-IL	0.9299
	Penobscot, ME			Greene, IN		16020	Alexander, IL	
12700	Barnstable Town, MA	1.3274		Monroe, IN			Bollinger, MO	
	Barnstable, MA			Owen, IN			Cape Girardeau, MO	
12940	Baton Rouge, LA	0.8885	14060	Bloomington-Normal, IL	0.9771	16180	Carson City, NV	1.0833
	Ascension, LA			McLean, IL			Carson City, NV	
	East Baton Rouge, LA		14260	Boise City-Nampa, ID	0.9599	16220	Casper, WY	0.9994
	East Feliciana, LA			Ada, ID			Natrona, WY	
	Iberville, LA			Boise, ID		16300	Cedar Rapids, IA	0.9155
	Livingston, LA			Canyon, ID			Benton, IA	
	Pointe Coupee, LA			Gem, ID			Jones, IA	
	St. Helena, LA			Owyhee, ID			Linn, IA	
	West Baton Rouge, LA		14484	Boston-Quincy, MA	1.2606	16580	Champaign-Urbana, IL	1.0595
	West Feliciana, LA			Norfolk, MA			Champaign, IL	
12980	Battle Creek, MI	0.9995		Plymouth, MA			Ford, IL	
	Calhoun, MI			Suffolk, MA			Piatt, IL	
13020	Bay City, MI	0.9545	14500	Boulder, CO	1.0419	16620	Charleston, WV	0.8173
	Bay, MI			Boulder, CO			Boone, WV	
13140	Beaumont-Port Arthur, TX	0.8786	14540	Bowling Green, KY	0.8971		Clay, WV	
	Hardin, TX			Edmonson, KY			Kanawha, WV	
	Jefferson, TX			Warren, KY			Lincoln, WV	
	Orange, TX		14740	Bremerton-Silverdale, WA	1.1042		Putnam, WV	
13380	Bellingham, WA	1.1790		Kitsap, WA		16700	Charleston-North Charleston-Summerville, SC	0.9683
	Whatcom, WA		14860	Bridgeport-Stamford-Norwalk, CT	1.2988		Berkeley, SC	
13460	Bend, OR	1.1772		Fairfield, CT			Charleston, SC	
	Deschutes, OR						Dorchester, SC	
13644	Bethesda-Rockville-Frederick, MD	1.0895	15180	Brownsville-Harlingen, TX	0.9495	16740	Charlotte-Gastonia-Rock Hill, NC-SC	0.9751
	Frederick, MD			Cameron, TX			Anson, NC	
	Montgomery, MD		15260	Brunswick, GA	0.9533		Cabarrus, NC	
13740	Billings, MT	0.8979		Brantley, GA				
	Carbon, MT			Glynn, GA				
				McIntosh, GA				

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	Gaston, NC			Bradley, TN		19060	Cumberland, MD-WV	0.8474
	Mecklenburg, NC			Polk, TN			Allegany, MD	
	Union, NC		17460	Cleveland-Elyria-Mentor, OH	0.9368		Mineral, WV	
	York, SC			Cuyahoga, OH		19124	Dallas-Plano-Irving, TX	1.0207
16820	Charlottesville, VA	0.9670		Geauga, OH			Collin, TX	
	Albemarle, VA			Lake, OH			Dallas, TX	
	Fluvanna, VA			Lorain, OH			Delta, TX	
	Greene, VA			Medina, OH			Denton, TX	
	Nelson, VA		17660	Coeur d'Alene, ID	0.9693		Ellis, TX	
	Charlottesville City, VA			Kootenai, ID			Hunt, TX	
16860	Chattanooga, TN-GA	0.9139	17780	College Station-Bryan, TX	0.9925		Kaufman, TX	
	Catoosa, GA			Brazos, TX			Rockwall, TX	
	Dade, GA			Burleson, TX		19140	Dalton, GA	0.8925
	Walker, GA			Robertson, TX			Murray, GA	
	Hamilton, TN		17820	Colorado Springs, CO	0.9814		Whitfield, GA	
	Marion, TN			El Paso, CO		19180	Danville, IL	1.0034
	Sequatchie, TN			Teller, CO			Vermilion, IL	
16940	Cheyenne, WY	0.9722	17860	Columbia, MO	0.8573	19260	Danville, VA	0.8455
	Laramie, WY			Boone, MO			Pittsylvania, VA	
16974	Chicago-Joliet-Naperville, IL	1.0965		Howard, MO			Danville City, VA	
	Cook, IL		17900	Columbia, SC	0.9040	19340	Davenport-Moline-Rock Island, IA-IL	0.8695
	DeKalb, IL			Calhoun, SC			Henry, IL	
	DuPage, IL			Fairfield, SC			Mercer, IL	
	Grundy, IL			Kershaw, SC			Rock Island, IL	
	Kane, IL			Lexington, SC			Scott, IA	
	Kendall, IL			Richland, SC		19380	Dayton, OH	0.9461
	McHenry, IL			Saluda, SC			Greene, OH	
	Will, IL		17980	Columbus, GA-AL	0.9344		Miami, OH	
17020	Chico, CA	1.1938		Russell, AL			Montgomery, OH	
	Butte, CA			Chattahoochee, GA			Preble, OH	
17140	Cincinnati-Middletown, OH-KY-IN	1.0040		Harris, GA		19460	Decatur, AL	0.8000
	Dearborn, IN			Marion, GA			Lawrence, AL	
	Franklin, IN		18020	Muscogee, GA			Morgan, AL	
	Ohio, IN			Columbus, IN	0.9766	19500	Decatur, IL	0.8194
	Boone, KY			Bartholomew, IN			Macon, IL	
	Bracken, KY		18140	Columbus, OH	1.0498	19660	Deltona-Daytona Beach-Ormond Beach, FL	0.9043
	Campbell, KY			Delaware, OH			Volusia, FL	
	Gallatin, KY			Fairfield, OH		19740	Denver-Aurora-Broomfield, CO	1.1095
	Grant, KY			Franklin, OH			Adams, CO	
	Kenton, KY			Licking, OH			Arapahoe, CO	
	Pendleton, KY			Madison, OH			Broomfield, CO	
	Brown, OH			Morrow, OH			Clear Creek, CO	
	Butler, OH			Pickaway, OH			Denver, CO	
	Clermont, OH			Union, OH			Douglas, CO	
	Hamilton, OH		18580	Corpus Christi, TX	0.8887		Elbert, CO	
	Warren, OH			Aransas, TX			Gilpin, CO	
17300	Clarksville, TN-KY	0.8165		Nueces, TX			Jefferson, CO	
	Christian, KY			San Patricio, TX			Park, CO	
	Trigg, KY		18700	Corvallis, OR	1.0823		Des Moines-West Des Moines, IA	0.9959
	Montgomery, TN			Benton, OR		19780	Dallas, IA	
	Stewart, TN		18880	Crestview-Fort Walton Beach-Destin, FL	0.9153			
17420	Cleveland, TN	0.8003		Okaloosa, FL				

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	Guthrie, IA		21820	Fairbanks, AK	1.1470		Fresno, CA	
	Madison, IA			Fairbanks North Star, AK		23460	Gadsden, AL	0.8000
	Polk, IA		21940	Fajardo, PR	0.4465		Etowah, AL	
	Warren, IA			Ceiba, PR		23540	Gainesville, FL	0.9482
19804	Detroit-Livonia-Dearborn, MI	1.0040		Fajardo, PR			Alachua, FL	
	Wayne, MI			Luquillo, PR			Gilchrist, FL	
20020	Dothan, AL	0.8000	22020	Fargo, ND-MN	0.8347	23580	Gainesville, GA	0.9547
	Geneva, AL			Cass, ND			Hall, GA	
	Henry, AL			Clay, MN		23844	Gary, IN	0.9403
	Houston, AL		22140	Farmington, NM	0.9667		Jasper, IN	
20100	Dover, DE	1.0270		San Juan, NM			Lake, IN	
	Kent, DE		22180	Fayetteville, NC	0.9651		Newton, IN	
20220	Dubuque, IA	0.9082		Cumberland, NC			Porter, IN	
	Dubuque, IA			Hoke, NC		24020	Glens Falls, NY	0.8806
20260	Duluth, MN-WI	1.0936	22220	Fayetteville-Springdale-Rogers, AR-MO	0.8919		Warren, NY	
	Carlton, MN			Benton, AR			Washington, NY	
	St. Louis, MN			Madison, AR		24140	Goldsboro, NC	0.9386
	Douglas, WI			Washington, AR			Wayne, NC	
20500	Durham-Chapel Hill, NC	1.0004		McDonald, MO		24220	Grand Forks, ND-MN	0.8000
	Chatham, NC		22380	Flagstaff, AZ	1.2880		Polk, MN	
	Durham, NC			Coconino, AZ		24300	Grand Forks, ND	
	Orange, NC		22420	Flint, MI	1.1900		Grand Junction, CO	1.0196
	Person, NC			Genesee, MI		24340	Mesa, CO	
20740	Eau Claire, WI	0.9978	22500	Florence, SC	0.8542		Grand Rapids-Wyoming, MI	0.9491
	Chippewa, WI			Darlington, SC			Barry, MI	
	Eau Claire, WI			Florence, SC			Ionia, MI	
20764	Edison-New Brunswick, NJ	1.1393	22520	Florence-Muscle Shoals, AL	0.8430		Kent, MI	
	Middlesex, NJ			Colbert, AL			Newaygo, MI	
	Monmouth, NJ		22540	Lauderdale, AL	0.9547	24500	Great Falls, MT	0.8580
	Ocean, NJ			Fond Du Lac, WI			Cascade, MT	
	Somerset, NJ		22660	Fond Du Lac, WI	1.0240	24540	Greeley, CO	0.9830
20940	El Centro, CA	0.9583		Fort Collins-Loveland, CO			Weld, CO	
	Imperial, CA		22744	Larimer, CO	1.0517	24580	Green Bay, WI	0.9923
21060	Elizabethtown, KY	0.8746		Ft. Lauderdale-Pompano Beach-Deerfield Beach, FL			Brown, WI	
	Hardin, KY			Broward, FL			Kewaunee, WI	
	Larue, KY		22900	Fort Smith, AR-OK	0.8000	24660	Oconto, WI	
21140	Elkhart-Goshen, IN	0.9798		Crawford, AR			Greensboro-High Point, NC	0.9194
	Elkhart, IN			Franklin, AR			Guilford, NC	
21300	Elmira, NY	0.8742		Sebastian, AR			Randolph, NC	
	Chemung, NY			Le Flore, OK		24780	Rockingham, NC	
21340	El Paso, TX	0.8773		Sequoyah, OK			Greenville, NC	0.9699
	El Paso, TX		23060	Fort Wayne, IN	0.9691		Greene, NC	
21500	Erie, PA	0.8654		Allen, IN			Pitt, NC	
	Erie, PA			Wells, IN		24860	Greenville-Mauldin-Easley, SC	0.9983
21660	Eugene-Springfield, OR	1.1784		Whitley, IN			Greenville, SC	
	Lane, OR		23104	Forth Worth-Arlington, TX	0.9807		Laurens, SC	
21780	Evansville, IN-KY	0.8729		Johnson, TX			Pickens, SC	
	Gibson, IN			Parker, TX		25020	Guayama, PR	0.4239
	Posey, IN			Tarrant, TX			Arroyo, PR	
	Vanderburgh, IN			Wise, TX			Guayama, PR	
	Warrick, IN		23420	Fresno, CA	1.1824	25060	Patillas, PR	
	Henderson, KY						Gulfport-Biloxi, MS	0.9189
	Webster, KY							

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	Hancock, MS			Montgomery, TX		27620	Jefferson City, MO	0.8731
	Harrison, MS			San Jacinto, TX			Callaway, MO	
	Stone, MS			Waller, TX			Cole, MO	
25180	Hagerstown-Martinsburg, MD-WV	0.9579	26580	Huntington-Ashland, WV-KY-OH	0.9268		Moniteau, MO	
	Washington, MD			Boyd, KY		27740	Osage, MO	
	Berkeley, WV			Greenup, KY			Johnson City, TN	0.8390
	Morgan, WV			Lawrence, OH			Carter, TN	
25260	Hanford-Corcoran, CA	1.1599		Cabell, WV			Unicoi, TN	
	Kings, CA			Wayne, WV			Washington, TN	
25420	Harrisburg-Carlisle, PA	0.9623	26620	Huntsville, AL	0.9514	27780	Johnstown, PA	0.8374
	Cumberland, PA			Limestone, AL			Cambria, PA	
	Dauphin, PA			Madison, AL		27860	Jonesboro, AR	0.8030
	Perry, PA			Idaho Falls, ID			Craighead, AR	
25500	Harrisonburg, VA	0.9480	26820	Bonneville, ID	1.0003		Poinsett, AR	
	Rockingham, VA			Jefferson, ID		27900	Joplin, MO	0.8503
	Harrisonburg City, VA			Indianapolis-Carmel, IN			Jasper, MO	
25540	Hartford-West Hartford-East Hartford, CT	1.1311	26900	Boone, IN	1.0012		Newton, MO	
	Hartford, CT			Brown, IN		28020	Kalamazoo-Portage, MI	1.0654
	Middlesex, CT			Hamilton, IN			Kalamazoo, MI	
	Tolland, CT			Hancock, IN			Van Buren, MI	
25620	Hattiesburg, MS	0.8000		Hendricks, IN		28100	Kankakee-Bradley, IL	1.0992
	Forrest, MS			Johnson, IN			Kankakee, IL	
	Lamar, MS			Marion, IN		28140	Kansas City, MO-KS	0.9991
	Perry, MS			Morgan, IN			Franklin, KS	
25860	Hickory-Lenoir-Morganton, NC	0.8999		Putnam, IN			Johnson, KS	
	Alexander, NC			Shelby, IN			Leavenworth, KS	
	Burke, NC		26980	Iowa City, IA	0.9997		Linn, KS	
	Caldwell, NC			Johnson, IA			Miami, KS	
	Catawba, NC			Washington, IA			Wyandotte, KS	
25980	Hinesville-Fort Stewart, GA ³	0.9273	27060	Ithaca, NY	1.0188		Bates, MO	
	Liberty, GA			Tompkins, NY			Caldwell, MO	
	Long, GA		27100	Jackson, MI	0.9477		Cass, MO	
26100	Holland-Grand Haven, MI	0.8935	27140	Jackson, MI	0.8325		Clay, MO	
	Ottawa, MI			Jackson, MS			Clinton, MO	
26180	Honolulu, HI	1.2222		Copiah, MS			Jackson, MO	
	Honolulu, HI			Hinds, MS			Lafayette, MO	
26300	Hot Springs, AR	0.9473		Madison, MS			Platte, MO	
	Garland, AR			Rankin, MS		28420	Ray, MO	
26380	Houma-Bayou Cane-Thibodaux, LA	0.8128	27180	Simpson, MS	0.8699		Kennewick-Pasco-Richland, WA	1.0327
	Lafourche, LA			Jackson, TN			Benton, WA	
	Terrebonne, LA			Chester, TN			Franklin, WA	
26420	Houston-Sugar Land-Baytown, TX	1.0169	27260	Madison, TN	0.9196	28660	Killeen-Temple-Fort Hood, TX	0.9107
	Austin, TX			Jacksonville, FL			Bell, TX	
	Brazoria, TX			Baker, FL			Coryell, TX	
	Chambers, TX			Clay, FL			Lampasas, TX	
	Fort Bend, TX			Duval, FL				
	Galveston, TX			Nassau, FL		28700	Kingsport-Bristol-Bristol, TN-VA	0.8000
	Harris, TX			St. Johns, FL			Hawkins, TN	
	Liberty, TX		27340	Jacksonville, NC	0.8081		Sullivan, TN	
				Onslow, NC			Bristol City, VA	
			27500	Janesville, WI	0.9746		Scott, VA	
				Rock, WI				

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 11, ADDENDUM B (FY 2012)

HOSPICE RATE INFORMATION - FY 2012 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
	Washington, VA			Nez Perce, ID			Lubbock, TX	
28740	Kingston, NY	0.9394		Asotin, WA		31340	Lynchburg, VA	0.9000
	Ulster, NY		30340	Lewiston-Auburn, ME	0.9216		Amherst, VA	
28940	Knoxville, TN	0.8118		Androscoggin, ME			Appomattox, VA	
	Anderson, TN		30460	Lexington-Fayette, KY	0.9127		Bedford, VA	
	Blount, TN			Bourbon, KY			Campbell, VA	
	Knox, TN			Clark, KY			Bedford City, VA	
	Loudon, TN			Fayette, KY			Lynchburg City, VA	
	Union, TN			Jessamine, KY		31420	Macon, GA	0.9526
29020	Kokomo, IN	0.9451		Scott, KY			Bibb, GA	
	Howard, IN			Woodford, KY			Crawford, GA	
	Tipton, IN		30620	Lima, OH	0.9597		Jones, GA	
29100	La Crosse, WI-MN	1.0148		Allen, OH			Monroe, GA	
	Houston, MN		30700	Lincoln, NE	0.9955		Twiggs, GA	
	La Crosse, WI			Lancaster, NE		31460	Madera-Chowchilla, CA	0.8267
29140	Lafayette, IN	0.9616		Seward, NE			Madera, CA	
	Benton, IN		30780	Little Rock-North Little Rock-Conway, AR	0.8846	31540	Madison, WI	1.1691
	Carroll, IN			Faulkner, AR			Columbia, WI	
	Tippecanoe, IN			Grant, AR			Dane, WI	
29180	Lafayette, LA	0.8787		Lonoke, AR		31700	Manchester-Nashua, NH	1.0216
	Lafayette, LA			Perry, AR			Hillsborough, NH	
	St. Martin, LA			Pulaski, AR		31740	Manhattan, KS	0.8123
29340	Lake Charles, LA	0.8484		Saline, AR			Geary, KS	
	Calcasieu, LA		30860	Logan, UT-ID	0.9103		Pottawatomie, KS	
	Cameron, LA			Franklin, ID			Riley, KS	
29404	Lake County-Kenosha County, IL-WI	1.1160		Cache, UT		31860	Mankato-North Mankato, MN	0.9402
	Lake, IL		30980	Longview, TX	0.8864		Blue Earth, MN	
	Kenosha, WI			Gregg, TX			Nicollet, MN	
29420	Lake Havasu City-Kingman, AZ	1.0595		Rusk, TX		31900	Mansfield, OH	0.9232
	Mohave, AZ		31020	Longview, WA	1.0658		Richland, OH	
29460	Lakeland-Winter Haven, FL	0.8744		Cowlitz, WA		32420	Mayaguez, PR	0.4186
	Polk, FL		31084	Los Angeles-Long Beach-Glendale, CA	1.2556		Hormigueros, PR	
29540	Lancaster, PA	0.9672		Los Angeles, CA			Mayaguez, PR	
	Lancaster, PA		31140	Louisville-Jefferson County, KY-IN	0.9209	32580	McAllen-Edinburg-Mission, TX	0.9148
29620	Lansing-East Lansing, MI	1.0660		Clark, IN			Hidalgo, TX	
	Clinton, MI			Floyd, IN		32780	Medford, OR	1.0415
	Eaton, MI			Harrison, IN			Jackson, OR	
	Ingham, MI			Washington, IN		32820	Memphis, TN-MS-AR	0.9594
29700	Laredo, TX	0.8192		Bullitt, KY			Crittenden, AR	
	Webb, TX			Henry, KY			DeSoto, MS	
29740	Las Cruces, NM	0.9623		Jefferson, KY			Marshall, MS	
	Dona Ana, NM			Meade, KY			Tate, MS	
29820	Las Vegas-Paradise, NV	1.2524		Nelson, KY			Tunica, MS	
	Clark, NV			Oldham, KY			Fayette, TN	
29940	Lawrence, KS	0.8833		Shelby, KY			Shelby, TN	
	Douglas, KS			Spencer, KY			Tipton, TN	
30020	Lawton, OK	0.8576		Trimble, KY		32900	Merced, CA	1.2793
	Comanche, OK			Lubbock, TX	0.9158		Merced, CA	
30140	Lebanon, PA	0.8081	31180	Lubbock, TX	0.9158	33124	Miami-Miami Beach-Kendall, FL	1.0484
	Lebanon, PA			Crosby, TX				
30300	Lewiston, ID-WA	0.9687						

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	Miami-Dade, FL		34740	Muskegon-Norton Shores, MI	1.0154		Queens, NY	
33140	Michigan City-La Porte, IN	0.9803		Muskegon, MI			Richmond, NY	
	LaPorte, IN		34820	Myrtle Beach-North Myrtle Beach-Conway, SC	0.9045		Rockland, NY	
33260	Midland, TX	1.0052		Horry, SC			Westchester, NY	
	Midland, TX		34900	Napa, CA	1.5117	35660	Niles-Benton Harbor, MI	0.9184
33340	Milwaukee-Waukesha-West Allis, WI	1.0541		Napa, CA			Berrien, MI	
	Milwaukee, WI		34940	Naples-Marco Island, FL	1.0039	35840	North Port-Bradenton-Sarasota, FL	0.9814
	Ozaukee, WI			Collier, FL			Manatee, FL	
	Washington, WI		34980	Nashville-Davidson-Murfreesboro-Franklin, TN	0.9789		Sarasota, FL	
	Waukesha, WI			Cannon, TN		35980	Norwich-New London, CT	1.1609
33460	Minneapolis-St. Paul-Bloomington, MN-WI	1.1535		Cheatham, TN			New London, CT	
	Anoka, MN			Davidson, TN		36084	Oakland-Fremont-Hayward, CA	1.6929
	Carver, MN			Dickson, TN			Alameda, CA	
	Chisago, MN			Hickman, TN			Contra Costa, CA	
	Dakota, MN			Macon, TN		36100	Ocala, FL	0.8766
	Hennepin, MN			Robertson, TN			Marion, FL	
	Isanti, MN			Rutherford TN		36140	Ocean City, NJ	1.1261
	Ramsey, MN			Smith, TN			Cape May, NJ	
	Scott, MN			Sumner, TN		36220	Odessa, TX	0.9768
	Sherburne, MN			Trousdale, TN			Ector, TX	
	Washington, MN			Williamson, TN		36260	Ogden-Clearfield, UT	0.9593
	Wright, MN			Wilson, TN			Davis, UT	
	Pierce, WI		35004	Nassau-Suffolk, NY	1.2748		Morgan, UT	
	St. Croix, WI			Nassau, NY			Weber, UT	
33540	Missoula, MT	0.9235		Suffolk, NY		36420	Oklahoma City, OK	0.9189
	Missoula, MT		35084	Newark-Union, NJ-PA	1.1863		Canadian, OK	
33660	Mobile, AL	0.8240		Essex, NJ			Cleveland, OK	
	Mobile, AL			Hunterdon, NJ			Grady, OK	
33700	Modesto, CA	1.2530		Morris, NJ			Lincoln, OK	
	Stanislaus, CA			Sussex, NJ			Logan, OK	
33740	Monroe, LA	0.8274		Union, NJ			McClain, OK	
	Ouachita, LA			Pike, PA			Oklahoma, OK	
	Union, LA		35300	New Haven-Milford, CT	1.1920	36500	Olympia, WA	1.1665
33780	Monroe, MI	0.8989		New Haven, CT			Thurston, WA	
	Monroe, MI		35380	New Orleans-Metairie-Kenner, LA	0.9389	36540	Omaha-Council Bluffs, NE-IA	0.9920
33860	Montgomery, AL	0.8739		Jefferson, LA			Harrison, IA	
	Autauga, AL			Orleans, LA			Mills, IA	
	Elmore, AL			Plaquemines, LA			Pottawattamie, IA	
	Lowndes, AL			St. Bernard, LA			Cass, NE	
	Montgomery, AL			St. Charles, LA			Douglas, NE	
34060	Morgantown, WV	0.8423		St. John the Baptist, LA			Sarpy, NE	
	Monongalia, WV			St. Tammany, LA			Saunders, NE	
	Preston, WV			New York-White Plains-Wayne, NY-NJ	1.3410	36740	Orlando-Kissimmee-Sanford, FL	0.9485
34100	Morristown, TN	0.8000	35644	Bergen, NJ			Lake, FL	
	Grainger, TN			Hudson, NJ			Orange, FL	
	Hamblen, TN			Passaic, NJ			Osceola, FL	
	Jefferson, TN			Bronx, NY			Seminole, FL	
34580	Mount Vernon-Anacortes, WA	1.0727		Kings, NY		36780	Oshkosh-Neenah, WI	0.9902
	Skagit, WA			New York, NY			Winnebago, WI	
34620	Muncie, IN	0.8494		Putnam, NY				
	Delaware, IN							

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36980	Owensboro, KY	0.8664		Fayette, PA			Johnston, NC	
	Daviess, KY			Washington, PA			Wake, NC	
	Hancock, KY			Westmoreland, PA		39660	Rapid City, SD	1.0809
	McLean, KY		38340	Pittsfield, MA	1.0736		Meade, SD	
37100	Oxnard-Thousand Oaks-Ventura, CA	1.2812		Berkshire, MA			Pennington, SD	
	Ventura, CA		38540	Pocatello, ID	0.9841	39740	Reading, PA	0.9217
				Bannock, ID			Berks, PA	
37340	Palm Bay-Melbourne-Titusville, FL	0.9535		Power, ID		39820	Redding, CA	1.4631
	Brevard, FL		38660	Ponce, PR	0.4975		Shasta, CA	
37380	Palm Coast, FL	0.8700		Juana Diaz, PR		39900	Reno-Sparks, NV	1.0785
	Flagler, FL			Ponce, PR			Storey, NV	
37460	Panama City-Lynn Haven-Panama City Beach, FL	0.8234	38860	Villalba, PR		40060	Washoe, NV	
	Bay, FL			Portland-South Portland-Biddeford, ME	1.0247		Richmond, VA	1.0001
37620	Parkersburg-Marietta-Vienna, WV-OH	0.8000		Cumberland, ME			Amelia, VA	
	Washington, OH			Sagadahoc, ME			Caroline, VA	
	Pleasants, WV		38900	York, ME	1.1879		Charles City, VA	
	Wirt, WV			Portland-Vancouver-Hillsboro, OR-WA			Chesterfield, VA	
	Wood, WV			Clackamas, OR			Cumberland, VA	
37700	Pascagoula, MS	0.8591		Columbia, OR			Dinwiddie, VA	
	George, MS			Multnomah, OR			Goochland, VA	
	Jackson, MS			Washington, OR			Hanover, VA	
37764	Peabody, MA	1.1365		Yamhill, OR			Henrico, VA	
	Essex, MA			Clark, WA			King and Queen, VA	
37860	Pensacola-Ferry Pass-Brent, FL	0.8544		Skamania, WA			King William, VA	
	Escambia, FL		38940	Port St. Lucie, FL	1.1100		Louisa, VA	
	Santa Rosa, FL			Martin, FL			New Kent, VA	
37900	Peoria, IL	0.9471	39100	St. Lucie, FL	1.1100		Powhatan, VA	
	Marshall, IL			Poughkeepsie-Newburgh-Middletown, NY	1.1753		Prince George, VA	
	Peoria, IL			Dutchess, NY			Sussex, VA	
	Stark, IL		39140	Orange, NY	1.2664	40140	Colonial Heights City, VA	
	Tazewell, IL			Prescott, AZ			Hopewell City, VA	
	Woodford, IL			Yavapai, AZ			Petersburg City, VA	
37964	Philadelphia, PA	1.1183	39300	Providence-New Bedford-Fall River, RI-MA	1.1091		Richmond City, VA	
	Bucks, PA			Bristol, MA			Riverside-San Bernardino-Ontario, CA	1.1977
	Chester, PA			Bristol, RI		40220	Riverside, CA	
	Delaware, PA			Kent, RI			San Bernardino, CA	
	Montgomery, PA			Newport, RI			Roanoke, VA	0.9137
	Philadelphia, PA			Providence, RI			Botetourt, VA	
38060	Phoenix-Mesa-Glendale, AZ	1.1016		Washington, RI			Craig, VA	
	Maricopa, AZ		39340	Provo-Orem, UT	0.9649		Franklin, VA	
	Pinal, AZ			Juab, UT			Roanoke, VA	
38220	Pine Bluff, AR	0.8294		Utah, UT		40340	Roanoke City, VA	
	Cleveland, AR		39380	Pueblo, CO	0.9028		Salem City, VA	
	Jefferson, AR			Pueblo, CO			Rochester, MN	1.1327
	Lincoln, AR		39460	Punta Gorda, FL	0.9067		Dodge, MN	
38300	Pittsburgh, PA	0.8908		Charlotte, FL			Olmsted, MN	
	Allegheny, PA		39540	Racine, WI	1.0952		Wabasha, MN	
	Armstrong, PA			Racine, WI		40380	Rochester, NY	0.8897
	Beaver, PA		39580	Raleigh-Cary, NC	1.0156		Livingston, NY	
	Butler, PA			Franklin, NC			Monroe, NY	
							Ontario, NY	
							Orleans, NY	

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40420	Wayne, NY Rockford, IL Boone, IL Winnebago, IL	1.0386	41500	Salinas, CA Monterey, CA	1.6237		Cayey, PR Ciales, PR		
40484	Rockingham County- Strafford County, NH Rockingham, NH Strafford, NH	1.0378	41540	Salisbury, MD Somerset, MD Wicomico, MD	0.9322		Cidra, PR Comerio, PR Corozal, PR Dorado, PR Florida, PR Guaynabo, PR Gurabo, PR Hatillo, PR Humacao, PR Juncos, PR		
40580	Rocky Mount, NC Edgecombe, NC Nash, NC	0.9352	41620	Salt Lake City, UT Salt Lake, UT Summit, UT Tooele, UT	0.9592		Las Piedras, PR Loiza, PR Manati, PR Maunabo, PR Morovis, PR Naguabo, PR Naranjito, PR Orocovis, PR Quebradillas, PR Rio Grande, PR San Juan, PR San Lorenzo, PR Toa Alta, PR Toa Baja, PR Trujillo Alto, PR Vega Alta, PR Vega Baja, PR Yabucoa, PR		
40660	Rome, GA Floyd, GA	0.8939	41660	San Angelo, TX Irion, TX Tom Green, TX	0.8595		42020	San Luis Obispo-Paso Robles, CA	1.3369
40900	Sacramento--Arden-Arcade-- Roseville, CA El Dorado, CA Placer, CA Sacramento, CA Yolo, CA	1.4547	41700	San Antonio-New Braunfels, TX Atascosa, TX Bandera, TX Bexar, TX Comal, TX Guadalupe, TX Kendall, TX Medina, TX Wilson, TX	0.9314		42044	Santa Ana-Anaheim-Irvine, CA Orange CA	1.2590
40980	Saginaw-Saginaw Township North, MI Saginaw, MI	0.9035	41740	San Diego-Carlsbad-San Marcos, CA San Diego, CA	1.2400		42060	Santa Barbara-Santa Maria- Goleta, CA Santa Barbara, CA	1.2328
41060	St. Cloud, MN Benton, MN Stearns, MN	1.1430	41780	Sandusky, OH Erie, OH	0.8991		42100	Santa Cruz-Watsonville, CA Santa Cruz, CA	1.7329
41100	St. George, UT Washington, UT	0.9454	41884	San Francisco-San Mateo- Redwood City, CA Marin, CA San Francisco, CA San Mateo, CA	1.6286		42140	Santa Fe, NM Santa Fe, NM	1.1228
41140	St. Joseph, MO-KS Doniphan, KS Andrew, MO Buchanan, MO De Kalb, MO	1.0664	41900	San German-Cabo Rojo, PR Cabo Rojo, PR Lajas, PR Sabana Grande, PR San German, PR	0.5244		42220	Santa Rosa-Petaluma, CA Sonoma, CA	1.6711
41180	St. Louis, MO-IL Bond, IL Calhoun, IL Clinton, IL Jersey, IL Macoupin, IL Madison, IL Monroe, IL St. Clair, IL Crawford, MO Franklin, MO Jefferson, MO Lincoln, MO St. Charles, MO St. Louis, MO Warren, MO Washington, MO St. Louis City, MO	0.9410	41940	San Jose-Sunnyvale-Santa Clara, CA San Benito, CA Santa Clara, CA	1.7290		42340	Savannah, GA Bryan, GA Chatham, GA Effingham, GA	0.9220
41420	Salem, OR Marion, OR Polk, OR	1.1524	41980	San Juan-Caguas-Guaynabo, PR Aguas Buenas, PR Aibonito, PR Arecibo, PR Barceloneta, PR Barranquitas, PR Bayamon, PR Caguas, PR Camuy, PR Canovanas, PR Carolina, PR Catano, PR	0.4940		42540	Scranton--Wilkes-Barre, PA Lackawanna, PA Luzerne, PA Wyoming, PA	0.8528

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42644	Seattle-Bellevue-Everett, WA King, WA Snohomish, WA	1.1962	44700	Stockton, CA San Joaquin, CA	1.3089		Greene, AL Hale, AL Tuscaloosa, AL	
42680	Sebastian-Vero Beach, FL Indian River, FL	0.9417	44940	Sumter, SC	0.8136	46340	Tyler, TX Smith, TX	0.8349
43100	Sheboygan, WI Sheboygan, WI	0.9558	45060	Syracuse, NY Madison, NY Onondaga, NY	1.0253	46540	Utica-Rome, NY Herkimer, NY Oneida, NY	0.8769
43300	Sherman-Denison, TX Grayson, TX	0.8570	45104	Tacoma, WA Pierce, WA	1.1742	46660	Valdosta, GA Brooks, GA Echols, GA Lanier, GA Lowndes, GA	0.8220
43340	Shreveport-Bossier City, LA Bossier, LA Caddo, LA De Soto, LA	0.8836	45220	Tallahassee, FL Gadsden, FL Jefferson, FL	0.9116	46700	Vallejo-Fairfield, CA Solano, CA	1.5456
43580	Sioux City, IA-NE-SD Woodbury, IA Dakota, NE Dixon, NE Union, SD	0.9411	45300	Tampa-St. Petersburg-Clearwater, FL Hernando, FL Hillsborough, FL	0.9372	47020	Victoria, TX Calhoun, TX Goliad, TX Victoria, TX	0.8508
43620	Sioux Falls, SD Lincoln, SD McCook, SD Minnehaha, SD Turner, SD	0.9626	45460	Terre Haute, IN Clay, IN Sullivan, IN Vermillion, IN Vigo, IN	0.9529	47220	Vineland-Millville-Bridgeton, NJ Cumberland, NJ	1.0904
43780	South Bend-Mishawaka, IN-MI St. Joseph, IN Cass, MI	1.0298	45500	Texarkana, TX-Texarkana, AR Miller, AR Bowie, TX	0.8020	47260	Virginia Beach-Norfolk-Newport News, VA-NC Currituck, NC Gloucester, VA Isle of Wight, VA James City, VA Mathews, VA	0.9276
43900	Spartanburg, SC Spartanburg, SC	0.9713	45780	Toledo, OH Fulton, OH Lucas, OH Ottawa, OH Wood, OH	0.9764	47300	Surry, VA York, VA Chesapeake City, VA Hampton City, VA Newport News City, VA Norfolk City, VA Poquoson City, VA Portsmouth City, VA Suffolk City, VA Virginia Beach City, VA Williamsburg City, VA	1.1116
44060	Spokane, WA Spokane, WA	1.0943	45820	Topeka, KS Jackson, KS Jefferson, KS Osage, KS	0.9267	47380	Waco, TX McLennan, TX	0.8698
44100	Springfield, IL Menard, IL Sangamon, IL	0.9451	46060	Tucson, AZ Pima, AZ	0.9813	47580	Warner Robins, GA Houston, GA	0.8310
44140	Springfield, MA Franklin, MA Hampden, MA Hampshire, MA	1.0611	46140	Tulsa, OK Creek, OK Okmulgee, OK Osage, OK	0.9102	47644	Warren-Troy- Farmington Hills, MI Lapeer, MI Livingston, MI Macomb, MI Oakland, MI St. Clair, MI	0.9987
44180	Springfield, MO Christian, MO Dallas, MO Greene, MO Polk, MO Webster, MO	0.8665	45940	Trenton-Ewing, NJ Mercer, NJ	1.0507			
44220	Springfield, OH Clark, OH	0.9559	46060	Tucson, AZ Pima, AZ	0.9813			
44300	State College, PA Centre, PA	0.9088	46140	Tulsa, OK Creek, OK Okmulgee, OK Osage, OK	0.9102			
44600	Steubenville-Weirton, OH-WV Jefferson, OH Brooke, WV Hancock, WV	0.8000	46220	Tuscaloosa, AL	0.9154			

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 \(FY 2012\)](#).

2 Wage index values are based on FY 2007 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 hospital 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 by the greater of (a) the 40% reduced BNAF OR (b) 15%, subject to a maximum adjusted wage index of 0.8000. For the FY 2012 hospice wage index, the BNAF was reduced by a total of 40%.

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 2012)

HOSPICE RATE INFORMATION - FY 2012 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert, MD Charles, MD Prince George's, MD Arlington, VA Clarke, VA Fairfax, VA Fauquier, VA Loudoun, VA Prince William, VA Spotsylvania, VA Stafford, VA Warren, VA Alexandria City, VA Fairfax City, VA Falls Church City, VA Fredericksburg City, VA Manassas City, VA Manassas Park City, VA Jefferson, WV	1.1100		Salem, NJ	
			48900	Wilmington, NC Brunswick, NC New Hanover, NC Pender, NC	0.9526
			49020	Winchester, VA-WV Frederick, VA Winchester City, VA Hampshire, WV	1.0354
			49180	Winston-Salem, NC Davie, NC Forsyth, NC Stokes, NC Yadkin, SC	0.9253
			49340	Worcester, MA Worcester, MA	1.1399
			49420	Yakima, WA Yakima, WA	1.0421
			49500	Yauco, PR Guanica, PR Guayanilla, PR Penuelas, PR	0.4066
47940	Waterloo-Cedar Falls, IA Black Hawk, IA Bremer, IA Grundy, IA	0.8759		Yauco, PR	
			49620	York-Hanover, PA York, PA	1.0334
48140	Wausau, WI Marathon, WI	0.9899	49660	Youngstown-Warren-Boardman, OH-PA Mahoning, OH	0.8928
48300	Wenatchee-East Wenatchee, WA Chelan, WA Douglas, WA	0.9953		Trumbull, OH Mercer, PA	
48424	West Palm Beach-Boca Raton-Boynton Beach, FL Palm Beach, FL	1.0283	49700	Yuba City, CA Sutter, CA	1.1431
48540	Wheeling, WV-OH Belmont, OH Marshall, WV Ohio, WV	0.7676	49740	Yuba, AZ Yuma, AZ	0.9609
48620	Wichita, KS Butler, KS Harvey, KS Sedgwick, KS Sumner, KS	0.9211			
48660	Wichita Falls, TX Archer, TX Clay, TX Wichita, TX	0.9902			
48700	Williamsport, PA Lycoming, PA	0.8000			
48864	Wilmington, DE-MD-NJ New Castle, DE Cecil, MD	1.0952			

- END -

- 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 \(FY 2012\)](#).
- 2 Wage index values are based on FY 2007 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 hospital 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 by the greater of (a) the 40% reduced BNAF OR (b) 15%, subject to a maximum adjusted wage index of 0.8000. For the FY 2012 hospice wage index, the BNAF was reduced by a total of 40%.
- 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.

HOSPICE RATE INFORMATION - FY 2012 HOSPICE WAGE INDEXES FOR RURAL AREAS

The following Hospice Indexes for Rural Areas are for care and services provided on or after October 1, 2011.

CBSA CODE	NONURBAN AREA	WAGE INDEX	CBSA CODE	NONURBAN AREA	WAGE INDEX
1	Alabama	0.8000	37	Oklahoma	0.8136
2	Alaska	1.3070	38	Oregon	1.0382
3	Arizona	0.9415	39	Pennsylvania	0.8778
4	Arkansas	0.8000	40	Puerto Rico ³	0.4654
5	California	1.2480	41	Rhode Island ¹	-----
6	Colorado	1.0282	42	South Carolina	0.8709
7	Connecticut	1.1519	43	South Dakota	0.8836
8	Delaware	1.0100	44	Tennessee	0.8163
9	District of Columbia ¹	-----	45	Texas	0.8080
10	Florida	0.8705	46	Utah	0.8953
11	Georgia	0.8000	47	Vermont	0.9928
12	Hawaii	1.1582	48	Virgin Islands	0.8274
13	Idaho	0.8000	49	Virginia	0.8117
14	Illinois	0.8636	50	Washington	1.0542
15	Indiana	0.8686	51	West Virginia	0.8000
16	Iowa	0.8845	52	Wisconsin	0.9509
17	Kansas	0.8262	53	Wyoming	0.9863
18	Kentucky	0.8105	65	Guam	0.9949
19	Louisiana	0.8000			
20	Maine	0.8890			
21	Maryland	0.9498			
22	Massachusetts ²	1.2183			
23	Michigan	0.8856			
24	Minnesota	0.9356			
25	Mississippi	0.8000			
26	Missouri	0.8000			
27	Montana	0.8816			
28	Nebraska	0.9224			
29	Nevada	0.9679			
30	New Hampshire	1.0566			
31	New Jersey ¹	-----			
32	New Mexico	0.9224			
33	New York	0.8473			
34	North Carolina	0.8653			
35	North Dakota	0.7856			
36	Ohio	0.8862			

- END -

- 1 There are no rural areas in this state or district.
- 2 There are no hospitals in the rural areas of Massachusetts, so the wage index value used is the average wage index value for the contiguous counties.
- 3 Wage index values are obtained using the methodology described in the the Centers for Medicare and Medicaid Services Final Rule published in the August 4, 2011 Federal Register.

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