



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 144
6010.55-M
JANUARY 10, 2012**

**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: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2010, SECTION 702, EXPANSION OF EARLY ELIGIBILITY BENEFIT FOR RESERVE AND NATIONAL GUARD (NG) FAMILY MEMBERS FROM 90 TO 180 DAYS

CONREQ: 15452

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change expands the maximum period of early eligibility TRICARE from 90 to 180 days for members of the Reserve and NG who are issued delayed-effective-date active-duty orders.

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

This change is made in conjunction with Aug 2002 TOM, Change No. 134 and Aug 2002 TPM, Change No. 151.


Ann N. Fazzini
Chief, Medical Benefits and
Reimbursement Branch

**ATTACHMENT(S): 1 PAGE(S)
DISTRIBUTION: 6010.55-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.

CHANGE 144
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REMOVE PAGE(S)

CHAPTER 15

Section 1, page 7

INSERT PAGE(S)

Section 1, page 7

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 15, SECTION 1

CRITICAL ACCESS HOSPITALS (CAHs)

information to TMA, Medical Benefits & Reimbursement Branch (MB&RB) to update the listings on the web.

E. CAHs participating in the demonstration in the state of Alaska, from July 1, 2007 through November 30, 2009, are exempt from the DRG-based payment system and are subject to the payment rates under the TRICARE Demonstration Project. For information on the demonstration, refer to the TRICARE Operations Manual (TOM), [Chapter 20, Section 8](#).

F. Prior to December 1, 2009, the contractor's shall update their institutional provider files to include CAH's and their Indirect Medical Education (IDME) factors, if applicable, as the CMS Inpatient Provider Specific File used to update the annual DRG Provider File does not contain CAH information.

G. Billing and Coding Requirements.

1. The contractors shall use type of institution 91 for CAHs.
2. CAHs shall utilize bill type 11X for inpatient services.
3. CAHs shall utilize bill type 85X for all outpatient services including services approved as Ambulatory Surgery Center (ASC) services.
4. CAHs shall utilize bill type 12X for ancillary/ambulance services.
5. CAHs shall utilize bill type 14X for non-patient diagnostic services.
6. CAHs shall use bill type 18X for swing bed services.

H. Beneficiary Liability. Applicable TRICARE deductible and cost-sharing provisions apply to CAH inpatient and outpatient services.

V. EFFECTIVE DATE

Implementation of the CAH reasonable cost methodology is effective for admissions and outpatient services occurring on or after December 1, 2009.

- END -

