



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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AURORA, COLORADO 80011-9056

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 157  
6010.55-M  
OCTOBER 15, 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: REIMBURSEMENT AND CODING UPDATES - JULY 2012**

**CONREQ: 16089**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): See page 3.**

**EFFECTIVE DATE: As indicated, otherwise upon direction of the Contracting Officer.**

**IMPLEMENTATION DATE: Upon direction of the Contracting Officer.**

**This change is made in conjunction with Aug 2002 TPM, Change No. 169.**

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Date: 2012.10.11 12:13:05 -06'00'

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

**ATTACHMENT(S): 23 PAGE(S)  
DISTRIBUTION: 6010.55-M**

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

**CHANGE 157**  
**6010.55-M**  
**OCTOBER 15, 2012**

**REMOVE PAGE(S)**

**CHAPTER 6**

Section 8, pages 3 and 4

**CHAPTER 7**

Addendum G (FY 2010), pages 5 and 6

Addendum G (FY 2011), pages 5 - 7

Addendum G (FY 2012), pages 1 - 7

**CHAPTER 13**

Section 3, pages 17 - 22, 25, 26

**INSERT PAGE(S)**

Section 8, pages 3 and 4

Addendum G (FY 2010), pages 5 and 6

Addendum G (FY 2011), pages 5 - 7

Addendum G (FY 2012), pages 1 - 8

Section 3, pages 17 - 22, 25, 26

**SUMMARY OF CHANGES**

**CHAPTER 6**

1. Section 8. This change corrects the reporting instructions for obtaining the Capital and Direct Medical Education (CAP/DME) costs from the new CMS Cost Report Form.

**CHAPTER 7**

2. Addendum G (FY 2010), G (FY 2011), and G (FY 2012). This change removes an erroneous listing and adds new RTC facilities that were certified between October 1, 2011 and June 5, 2012.

**CHAPTER 13**

3. Section 3. This change updates the acronym for the Medical Benefits & Reimbursement Branch to MB&RB and corrects a typographical error to HCPCS Code C9355.



**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 6, SECTION 8

HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM  
(ADJUSTMENTS TO PAYMENT AMOUNTS)

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e. To obtain the total allowable capital costs from the Medicare cost reports as of October 1992, the contractor shall add the figures from Worksheet D, Part 1, Columns 3 and 6, lines 25-28, lines 29 and 30 if the cost report reflects intensive care unit costs, and line 33, to the figures from Worksheet D, Part II, Columns 1 and 2, lines 37-63. The capital payment shall then be reduced by the applicable percentages and time periods outlined in [paragraph III.B.1.a.](#)

NOTE: The instructions provided in May 1996 TRICARE/CHAMPUS Policy Manual, Change 35, published on November 4, 1998, incorrectly eliminated allowable capital costs for lines 29 and 30 from Worksheet D, Part I, Column 1, and lines 60-63 from Worksheet D, Part II, Columns 1 and 2. The contractor is not required to identify those finalized reimbursement requests processed under the instructions outlined in May 1996 TRICARE/CHAMPUS Policy Manual, Change 35, however, if the hospital requests reimbursement for the above listed costs, the contractor shall reprocess the request accordingly.

f. The instructions outlined in [paragraph III.B.1.a.](#) and [e.](#), are effective for initial and amended requests received on or after October 1, 1998.

g. To obtain the total allowable capital costs from the Medicare cost report as of **May 1, 2010**, the contractor shall add the figures from Worksheet D, Part I, Column 3, lines **30-33, lines 34 and 35 if the cost report reflects intensive care unit costs**, and 43, to the figures from Worksheet D, Part II, Column 1, lines **50-76 and 88-93**.

h. The instructions outlined in [paragraph III.B.1.g.](#), are effective for **all** initial and amended requests received on or after **May 1, 2010**.

i. Services, facilities, or supplies provided by supplying organizations. If services, facilities, or supplies are provided to the hospital by a supplying organization related to the hospital within the meaning of Medicare Regulation Section 413.17, then the hospital must include in its capital-related costs, the capital-related costs of the supplying organization. However, if the supplying organization is not related to the provider within the meaning of 413.17, no part of the charge to the provider may be considered a capital-related cost unless the services, facilities, or supplies are capital-related in nature and:

- (1) The capital-related equipment is leased or rented by the provider;
- (2) The capital-related equipment is located on the provider's premises; and
- (3) The capital-related portion of the charge is separately specified in the charge to the provider.

2. Direct medical education costs. TRICARE/CHAMPUS will reimburse hospitals their actual direct medical education costs as reported annually to the contractor (see below). Such direct medical education costs must be for a teaching program approved under Medicare Regulation Section 413.85. Payment for direct medical education costs will be made annually and will be calculated using the same steps required for calculating capital payments below. Allowable direct medical education costs are those specified in Medicare

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**  
CHAPTER 6, SECTION 8  
HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM  
(ADJUSTMENTS TO PAYMENT AMOUNTS)

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Regulation Section 413.85. See [Chapter 3, Section 2](#) for the procedures for paying direct medical education costs.

a. Direct medical education costs generally include:

(1) Formally organized or planned programs of study usually engaged in by providers in order to enhance the quality of care in an institution.

(2) Nursing schools.

(3) Medical education of paraprofessionals (e.g., radiological technicians).

b. Direct medical education costs do not include:

(1) On-the-job training or other activities which do not involve the actual operation or support, except through tuition or similar payments, of an approved education program.

(2) Patient education or general health awareness programs offered as a service to the community at large.

c. To obtain the total allowable direct medical education costs from the Medicare cost reports on all initial and amended requests, the contractor shall add the figures from Worksheet B, Part I, Columns 21-24, lines 25-28, lines 29 and 30 if the cost report reflects intensive care unit costs, line 33, and lines 37-63. These instructions are effective for all initial and amended requests received on or after October 1, 1998.

NOTE: The instructions provided in the May 1996 TRICARE/CHAMPUS Policy Manual, Change 35, published on November 4, 1998, incorrectly eliminated allowable direct medical education costs for lines 60-63 from Worksheet B, Part I, Columns 21-24. The contractor is not required to identify those finalized reimbursement requests processed under the instructions outline in Policy Manual Change 35, however, if the hospital requests reimbursement for the above listed costs, the contractor shall reprocess the request accordingly.

d. To obtain the total allowable direct medical education costs from the Medicare cost report as of **May 1, 2010**, the contractor shall add the figures from Worksheet B, Part I, Columns **20-23, lines 30-33, lines 34 and 35 if the cost report reflects intensive care unit costs; 43; and lines 50-76; and 88-93**. These instructions are effective for all initial and amended requests received on or after **May 1, 2010**.

3. Determining amount of Capital and Direct Medical Education (CAP/DME) payment. In order to account for payments by other health insurance, TRICARE/CHAMPUS' payment amounts for CAP/DME will be determined according to the following steps. Throughout these calculations claims on which TRICARE/CHAMPUS made no payment because other health insurance paid the full TRICARE/CHAMPUS-allowable amount are not to be counted.

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 7, ADDENDUM G (FY 2010)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES PROVIDED ON  
OR AFTER 10/01/2009

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
<b>SOUTH CAROLINA</b>	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	435.00
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	727.00
<b>TENNESSEE</b>	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	451.00
Dickson Recovery Center 222 Church Street Dickson, TN 37055 EIN: 20-4990101	413.00
<b>TEXAS</b>	
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	758.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	632.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	711.00
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	653.00

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 7, ADDENDUM G (FY 2010)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES PROVIDED ON  
OR AFTER 10/01/2009

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	696.00
<b>UTAH</b>	
UHS of Provo Canyon, Inc/Provo Canyon School 4501 North University Avenue Provo, UT 84604 EIN: 23-3044423	449.00
<b>VIRGINIA</b>	
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	445.00
Poplar West HHC Poplar Springs, Inc. 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	730.00
The Pines Residential Treatment Center - Kempsville 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	632.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	495.00
<b>WASHINGTON</b>	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	628.00

- END -

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
<b>NORTH CAROLINA</b>	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 561317433	476.00
<b>OHIO</b>	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	410.00
<b>SOUTH CAROLINA</b>	
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
<b>TENNESSEE</b>	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	462.00
<b>TEXAS</b>	
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

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
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
<b>UTAH</b>	
UHS of Provo Canyon, Inc / Provo Canyon School 4501 North University Avenue Provo, UT 84604 EIN: 23-3044423	460.00
UHS of Provo Canyon, Inc/Provo Canyon School 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	460.00
UHS of Timpanogos Center of Change 1790 N. State Street Orem, UT 84057 EIN: 20-3687800	577.00
<b>VIRGINIA</b>	
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

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
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
<b>WASHINGTON</b>	
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
<b>ALASKA</b>	
DeBarr Residential Treatment Center Frontline Hospital, LLC 1500 DeBarr Circle Anchorage, AK 99508 EIN: 72-1539254	801.00
<b>ARIZONA</b>	
Southwest Children's Health Services dba Parc Place 2190 North Grace Blvd Chandler, AZ 85225 EIN: 86-0768611	429.00
<b>ARKANSAS</b>	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	796.00
<b>COLORADO</b>	
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc. 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	801.00

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	737.00
<b>FLORIDA</b>	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	760.00
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
University Behavioral, LLC dba University Behavioral Center 2500 Discovery Drive Orlando, FL 32826 EIN: 20-5202458	684.00
<b>GEORGIA</b>	
Costal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	442.00
UHS of Laurel Heights, LP Laurel Heights Hospital 934 Briarcliff Road NE Atlanta, GA 30306 EIN: 23-3045288	764.00

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
Youth Villages, Inc 4685 Dorsett Shoals Road Douglasville, GA 30135 EIN: 58-1716970	801.00
<b>HAWAII</b>	
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
<b>IDAHO</b>	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	363.00
Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814 EIN: 82-0231746	461.00
<b>INDIANA</b>	
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

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
<b>KENTUCKY</b>	
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
<b>MARYLAND</b>	
Adventist Healthcare Inc dba Adventist Behavior Health 14901 Brochart Road Rockville, MD 20850 EIN: 52-1532556	416.00
<b>MISSOURI</b>	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	345.00
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
<b>MONTANA</b>	
Acadia Montana 55 Basin Creek Road Butte, MT 59701 EIN: 62-1681724	463.00

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
Shodair Children's Hospital Montana Children's Home & Hospital 2755 Colonial Drive Helena, MT 59601 EIN: 81-0231789	461.00
<b>NEVADA</b>	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	801.00
<b>NEW MEXICO</b>	
BHC Lovelace Sandia Health System BHC Mesilla Valley Hospital, LLC 3751 Del Ray Blvd Las Cruces, NM 88012 EIN: 20-2612295	338.00
<b>NORTH CAROLINA</b>	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 561317433	491.00
<b>OHIO</b>	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	423.00
<b>PENNSYLVANIA</b>	
KidsPeace National Centers, Inc. 5300 KidsPeace Drive Orefield, PA 18069 EIN: 23-2654908	561.00
<b>SOUTH CAROLINA</b>	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	460.00

**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

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	768.00
<b>TENNESSEE</b>	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	476.00
<b>TEXAS</b>	
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
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	690.00
<b>UTAH</b>	
UHS of Provo Canyon, Inc / Provo Canyon School 4501 North University Avenue Provo, UT 84604 EIN: 23-3044423	474.00

**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
UHS of Provo Canyon, Inc / Provo Canyon School 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	474.00
UHS of Timpanogos Center of Change 1790 N. State Street Orem, UT 84057 EIN: 20-3687800	595.00
<b>VIRGINIA</b>	
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
Harbor Point Behavioral Health Center 301 Fort Lane Portsmouth, VA 23704 EIN: 54-1465094	668.00
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	470.00
North Spring Behavioral Healthcare 42009 Victory Lane Leesburg, VA 20176 EIN: 20-1215130	504.00
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

**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
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	523.00
<b>WASHINGTON</b>	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	644.00

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

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(b) These queries will be run in subsequent Transitional TMCPA years to determine those network hospitals qualifying for Transitional TMCPAs.

(c) The year end adjustment will be paid approximately four months following the end of the OPPS year. Each year, subsequent adjustments will be issued to the qualifying hospitals for the prior OPPS year to ensure claims that were not Processed To Completion (PTC) the previous year are adjusted. This adjustment payment is separate from the applicable TMCPA percentage in effect during the current transitional year.

EXAMPLE: At the end of the second OPPS year, a qualifying hospital's total TRICARE OPPS payments will be increased by 15%. The hospital will also receive an additional adjustment for the first OPPS year for those claims that were not PTC and included in the prior year's payment. This subsequent adjustment would be paid at the first year's TMCPA percentage of 20%.

(d) The TMA Medical Benefits and Reimbursement Branch (MB&RB) shall verify the accuracy of the Transitional TMCPA amounts and provide the Managed Care Support Contractor (MCSC) with a copy of the report noting which hospitals in their region qualify for the Transitional TMCPAs and the amounts to pay. MB&RB shall also provide a copy of the report to Contract Resource Management (CRM).

(e) The MCSCs shall submit the Transitional TMCPAs amounts on a voucher in accordance with the requirements of the TRICARE Operations Manual (TOM), Chapter 3, Section 4. The voucher shall be sent electronically to [RM.Invoices@tma.osd.mil](mailto:RM.Invoices@tma.osd.mil) at the TMA CRM Office and to [OPPS.MBRB@tma.osd.mil](mailto:OPPS.MBRB@tma.osd.mil) at the MB&RB before releasing payments. The vouchers should contain the following information: hospital name, address, Medicare number or provider number, Tax Identification Number (TIN), and the amount to be paid. Listings shall separate payments for prior OPPS years and the current OPPS year. Additional vouchers shall be submitted, as needed, for voided/staledated checks and/or for reissued or adjusted payments.

(f) CRM shall send an approval to the contractors to issue Transitional TMCPA payments out of the non-financially underwritten bank account based on fund availability.

(g) Hospitals that previously qualified for Transitional TMCPAs but subsequently fell below \$1.5 million revenue threshold would no longer be eligible for the adjustment. However, if a subsequent adjustment for the prior OPPS year results in a hospital exceeding the \$1.5 million revenue threshold, the hospital shall receive the Transitional TMCPA for the prior year.

(h) New hospitals that meet the \$1.5 million revenue threshold would be eligible for the Transitional TMCPA percentage adjustment in effect during the transitional year in which the revenue threshold was met.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

EXAMPLE: A hospital that meets the \$1.5 million revenue threshold in year three of the transition but failed to meet it in year one and two, would receive a percentage adjustment of 10%.

(2) General TMCPAs. The TMA Director, or designee at any time after OPSS implementation, has the authority to adopt, modify and/or extend temporary adjustments for TRICARE network hospitals located within MTF Prime Service Areas (PSAs) and deemed essential for military readiness and support during contingency operations. The TMA Director may approve a General TMCPA for hospitals that serve a disproportionate share of ADSMs and ADDs. In order for a hospital to be considered for a General TMCPA, the hospital's outpatient revenue received for services provided to TRICARE ADSMs and ADDs must have been at least 10% of the hospital's total outpatient revenue received during the previous OPSS year (May 1 through April 30); or the number of OPSS visits by ADSMs and ADDs during that same 12-month period must have been at least 50,000. Billed charges will not be used as the basis for determining a hospital's eligibility for a General TMCPA.

(c) General TMCPA Process for the First OPSS Year (May 1, 2009 through April 30, 2010); Second OPSS Year (May 1, 2010 through April 30, 2011); and Third OPSS Year (May 1, 2011 through April 30, 2012).

1 The Director, TRICARE Regional Office (DTRO), shall conduct a thorough analysis and recommend the appropriate year end adjustment to total OPSS payments for a network hospital qualifying for a General TMCPA.

2 In analyzing and recommending the appropriate year end percentage adjustment, the DTRO will ensure the General TMCPA adjustment does not exceed 95% of the amount that would have been paid prior to implementation of OPSS. Although, the maximum amount that a hospital can receive is 95% of the pre-OPSS amount, this does not infer the hospital is entitled to receive the full 95%. It is the DTRO's discretion on what percentage adjustment is appropriate to ensure access to care (ATC) in a facility requesting a General TMCPA. This applies to TRICARE beneficiaries when TRICARE is the primary payer. The MCSCs shall provide the history of pre-OPSS payments for the analysis to the DTRO.

3 Total TRICARE OPSS payments (including the TTPAs) and transitional TMCPA's, if applicable, of the qualifying hospital will be increased by the Director TMA, or designee, approved adjustment percentage by way of an additional payment after the end of the OPSS year (May 1 through April 30). At the end of the second and third OPSS years, subsequent adjustments will be issued to the qualifying hospitals for the first and second OPSS years to ensure claims that were not PTC the previous year are adjusted. This adjustment payment is separate from the applicable General TMCPA percentage approved for the current OPSS year.

EXAMPLE: Assume a hospital was approved for a General TMCPA of 5% for the first year of OPSS. At the end of the second year, the hospital will receive an adjustment of 5% for the first OPSS year for those claims that were not PTC and included in the prior

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

year's payment. The General TMCPA is applied to the total OPSS payment amount at year end.

4 General TMCPAs will be reviewed and approved on an annual basis; i.e., General TMCPAs will have to be evaluated on a yearly basis by the DTRO in order to determine if the hospital continues to serve a disproportionate share of ADSMs and ADDs and whether there are any other special circumstances significantly affecting military contingency capabilities. This will include a recommendation for the appropriate OPSS year end adjustment to total OPSS payments.

5 The hospital's request for a General TMCPA for the first OPSS year (May 1, 2009 through April 30, 2010); second OPSS year (May 1, 2010 through April 30, 2011); and third OPSS year (May 1, 2011 through April 30, 2012) shall include the data requirements in [paragraph III.A.5.h.\(2\)\(b\)](#), and a full 12 months of claims payment data from the OPSS year the General TMCPA is requested.

6 The TMA MB&RB shall verify the accuracy of the General TMCPA amounts and provide the MCSC's with a copy of the report noting which hospitals in their region qualify for the General TMCPAs and the amounts to pay. MB&RB shall also provide a copy of the report to CRM.

7 The MCSCs shall submit the General TMCPA amounts on a voucher in accordance with requirements of the TOM, [Chapter 3, Section 4](#). The voucher shall be sent electronically to [RM.Invoices@tma.osd.mil](mailto:RM.Invoices@tma.osd.mil) at the TMA CRM Office and to [OPSS.MBRB@tma.osd.mil](mailto:OPSS.MBRB@tma.osd.mil) at the MB&RB before releasing payments. The vouchers should contain the following information: hospital name, address, Medicare number or provider number, TIN, and the amount to be paid. Listings shall separate payments for prior OPSS years and the current OPSS year.

8 CRM shall send an approval to the contractors to issue General TMCPA payments out of the non-financially underwritten bank account based on fund availability.

(b) Annual Data Requirements for General TMCPAs for the First OPSS Year (May 1, 2009 through April 30, 2010); Second OPSS Year (May 1, 2010 through April 30, 2011); and Third OPSS Year (May 1, 2011 through April 30, 2012). Hospital required data submissions to the MCSC for review and consideration:

1 The hospital's percent of outpatient revenue derived from ADSM plus ADD OPSS visits; i.e., the outpatient revenue from TRICARE ADSM plus ADD visits divided by total outpatient revenue (TRICARE and non-TRICARE) derived from all other third party payers and private pay during the previous OPSS year; i.e., May 1 through April 30. Reference [paragraph III.A.5.h.\(2\)](#).

2 The number of OPSS visits by ADSMs and ADDs during the previous OPSS year; i.e., May 1 through April 30.

3 Hospital-specific Medicare outpatient CCR based on the hospital's most recent cost reporting period.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

---

4 Hospital's Medicare outpatient payment to charge ratio based on the corresponding Medicare cost reporting period.

5 The hospital's recommended percentage adjustment as supported by the above data requirement submissions.

(c) Annual MCSC Data Review Requirements for the First OPSS Year (May 1, 2009 through April 30, 2010); Second OPSS Year (May 1, 2010 through April 30, 2011); and Third OPSS Year (May 1, 2011 through April 30, 2012).

1 Data Requirements for Evaluation of Network Adequacy Necessary to Support Military Contingency Operations:

a Number of available primary care and specialist providers in the network locality;

b Availability (including reassignment) of military providers in the locations or nearby;

c Appropriate mix of primary care and specialists needed to satisfy demand and meet appropriate patient access standards (appointment/waiting time, travel distance, etc.);

d Efforts that have been made to create an adequate network, and

e Other cost effective alternatives and other relevant factors.

2 If upon initial evaluation, the MCSC determines the hospital meets the disproportionate share criteria in [paragraph III.A.5.h.\(2\)](#), and is essential for continued network adequacy, the request from the hospital along with the above supporting documentation shall be submitted to the TRICARE Regional Office (TRO) for review and determination.

(d) For the first OPSS year (May 1, 2009 through April 30, 2010); second OPSS year (May 1, 2010 through April 30, 2011); and third OPSS year (May 1, 2011 through April 30, 2012) the DTRO shall conduct a thorough analysis and recommend the appropriate percentage adjustments to be applied for that year; i.e., the General TMCPAs will be reviewed and approved on an annual basis. The recommendation with a cost estimate shall be submitted to the MB&RB to be forwarded to the Director, TMA, or designee for review and approval. Disapprovals by the DTRO will not be forwarded to MB&R for TMA Director review and approval.

(e) General TMCPA process for OPSS Year Four and Subsequent Years (May 1, 2012 and after).

1 The hospital's request for a General TMCPA shall include the data requirements in [paragraph III.A.5.h.\(2\)\(b\)1](#) through 4.

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

2 The MCSC shall conduct an initial evaluation and determine if the requesting hospital meets the disproportionate share criteria in [paragraph III.A.5.h.\(2\)](#), and is essential for continued network adequacy. The request from the hospital for a General TMCPA along with the supporting documentation in [paragraph III.A.5.h.\(2\)\(b\)1](#) through 4 and [paragraph III.A.5.h.\(2\)\(c\)](#), shall be submitted to the DTRO for review and determination.

3 The DTRO shall request TMA MB&RB run a query of claims history to determine if the network hospital qualifies for a General TMCPA, i.e., the hospital's payment-to-cost ratio is less than 1.3 for care provided to ADSMs and ADDs during the previous OPSS year (May 1 through April 30).

4 The DTRO shall review the supporting documentation and the report from TMA MB&RB, and determine if the network hospital qualifies for a General TMCPA. The recommendation for approval of a General TMCPA shall be submitted to the MB&RB to be forwarded to the Director, TMA, or designee for review and approval. Disapprovals by the DTRO will not be forwarded to MB&RB for TMA Director review and approval.

5 If a hospital meets the disproportionate share criteria in [paragraph III.A.5.h.\(2\)](#), and is deemed essential for network adequacy to support military contingency operations, the approved hospital's General TMCPA payment will be set so the hospital's payment-to-cost ratio for TRICARE Hospital Outpatient Department (HOPD) services does not exceed a ratio of 1.30. A hospital cannot be approved for a General TMCPA payment if it results in the hospital earning more than 30% above its costs for TRICARE beneficiaries.

6 Total TRICARE OPSS payments (including the TTPAs and the Transitional TMCPA) of the qualifying hospital will be increased by the Director TMA, or designee, by way of an additional payment after the end of the OPSS year (May 1 through April 30). Subsequent adjustments will be issued to the qualifying hospitals for the prior OPSS year to ensure claims that were not PTC the previous year are adjusted. The adjustment payment is separate from the applicable General TMCPA approved for the current OPSS year.

7 Upon approval of the General TMCPA request by the TMA Director, MB&RB shall notify the TRO of the approval. The TRO shall notify the Contracting Officer (CO) who shall send a letter to the MCSC notifying them of the approval.

8 The MCSCs shall submit the General TMCPA amounts on a voucher in accordance with requirements of the TOM, [Chapter 3, Section 4](#). The voucher shall be sent electronically to [RM.Invoices@tma.osd.mil](mailto:RM.Invoices@tma.osd.mil) at the TMA CRM Office before releasing payments. The vouchers should contain the following information: hospital name, address, Medicare number or provider number, TIN, and the amount to be paid. Listings shall separate payments for prior OPSS years and the current OPSS year.

9 CRM shall send an approval to the contractors to issue General TMCPA payments out of the non-financially underwritten bank account based on fund availability.

10 General TMCPAs will be reviewed and approved on an annual basis; i.e., they will have to be evaluated on a yearly basis by the DTRO in order to determine if the hospital continues to serve a disproportionate share of ADSMs and ADDs and whether there are any other special circumstances significantly affecting military contingency capabilities.

(f) TMA Director, or designee review.

1 The Director, TMA or designee is the final approval authority.

2 A decision by the Director TMA or designee to adopt, modify, or extend General TMCPAs is not subject to appeal.

(3) Non-Network TMCPAs.

TMCPAs may also be extended to non-network hospitals on a case-by-case basis for specific procedures where it is determined that the procedures cannot be obtained timely enough from a network hospital. This determination will be based on the MCSC's and TRO's evaluation of network adequacy data related to the specific procedures for which the TMCPA is being requested as outlined under paragraph III.A.5.h.(2)(c). Non-network TMCPAs will be adjusted on a claim-by-claim basis. **The associated costs would be underwritten or non-underwritten following the applicable financing rules of the contract.**

(4) Application of Cost-Sharing.

(a) Transitional and General TMCPAs are not subject to cost-sharing.

(b) Non-network TMCPAs shall be subject to cost-sharing since they are applied on a claim-by-claim basis.

(5) Reimbursement of Transitional, **and** General TMCPA costs shall be paid as pass-through costs. The MCSC does not financially underwrite these costs.

i. Hold Harmless TRICARE Transitional Outpatient Payments (TTOPs).

(1) Effective January 1, 2010, TRICARE adopted Medicare's hold harmless provision for rural hospitals with 100 or fewer beds and all SCHs regardless of bed size. TRICARE will apply the hold harmless provision to these hospitals as long as the provision remains in effect under Medicare.

(2) TTOPs will be made to qualifying hospitals that have OPPS costs that are greater than their TRICARE allowed amounts. The 7.1% increase for SCHs, the TTPAs for ER and clinic visits, Transitional and General TMCPAs, if applicable, will be included in the allowed amounts when determining if a hospital's OPPS costs are greater than their TRICARE allowed amounts.

(3) TRICARE will use a method similar to Medicare to reimburse these hospitals their TTOPs. TRICARE will pay qualifying hospitals an amount equal to 85% of the difference between the estimated OPPS costs and the OPPS payment.

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

granted pass-through status and are covered under the Part B drug CAP at the Part B drug CAP rate.

g. Beneficiary copayments/cost-sharing will be based on the entire ASP of the transition pass-through drug or biological.

h. Drugs and biologicals that are continuing pass-through status or have been granted pass-through status as of January 2009 for CY 2009 are displayed in [Figure 13-3-5](#).

**FIGURE 13-3-5 DRUGS AND BIOLOGICALS WITH PASS-THROUGH STATUS IN CY 2009**

CY 2008	CY 2009			
HCPCS	HCPCS	SHORT DESCRIPTOR	SI	APC
C9238	J1953	Levetiracetam injection	G	9238
C9239	J9330	Temsirolimus injection	G	1168
C9240*	J9207	Exabepilone injection	G	9240
C9241	J1267	Doripenem injection	G	9241
C9242	J1453	Fosaprepitant injection	G	9242
C9243	J9033	Bendamustine injection	G	9243
C9244	J2785	Injection, regadenoson	G	9244
C9354	C9354	Veritas collagen matrix, cm2	G	9354
C9355	C9355	Neuromatrix nerve cuff, cm	G	9355
C9356	C9356	TendoGlide Tendon prot, cm2	G	9356
C9357	Q4114	Integra flowable wound matri	G	1251
C9358	C9358	SurgiMend, 0.5cm2	G	9358
C9359	C9359	Implant, bone void filler	G	9359
J1300	J1300	Eculizumab injection	G	9236
J1571	J1571	Hepagam b im injection	G	0946
J1573	J1573	Hepagam b intravenous, inj	G	1138
J3488*	J3488	Reclast injection	G	0951
J9225*	J9225	Vantas implant	G	1711
J9226	J9226	Supprelin LA implant	G	1142
J9261	J9261	Nelarabine injection	G	0825
Q4097	J1459	Inj IVIG privitygen 500 mg	G	1214
	C9245	Injection, romiplostim	G	9245
	C9246	Inj, gadoxetate	G	9246
	C9248	Inj, clevidipine butyrate	G	9248

\* Indicates that the drug was paid at a rate determined by the Part B drug CAP methodology (prior to January 1, 2009) while identified as pass-through under the OPSS.

**4. Reduction of Transitional Pass-Through Payments for Diagnostic Radiopharmaceuticals to Offset Costs Packaged Into APC Groups.**

a. Prior to CY 2008, certain diagnostic radiopharmaceuticals were paid separately under the OPSS if their mean per day cost were greater than the applicable year's drug packaging threshold.

**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 13, SECTION 3

PROSPECTIVE PAYMENT METHODOLOGY

---

b. In CY 2008, CMS payment for all non-pass-through diagnostic radiopharmaceuticals were packaged as ancillary and supportive items and service.

c. In CY 2009, continued to package payment for all non-pass-through diagnostic radiopharmaceuticals.

d. For OPSS pass-through purposes, radiopharmaceuticals are considered to be “drugs” where the transitional pass-through for the drugs and biologicals is the difference between the amount paid ASP + 4% or the Part B drug CAP rate and the otherwise applicable OPSS payment amount of ASP + 6%.

e. There is currently one radiopharmaceutical with pass-through status under OPSS.

f. New pass-through diagnostic radiopharmaceuticals with no ASP information or CAP rate will be paid at ASP + 6%, while those without ASP information will be paid based on Wholesale Acquisition Cost (WAC) or, if WAC is not available, based on 95% of the product’s most recently published Average Wholesale Price (AWP).

g. Offset Calculations.

(1) An established methodology will be employed to estimate the portion of each APC payment rate that could reasonably be attributed to the cost of an associated device eligible for pass-through payment (the APC device offset).

(2) New pass-through device categories will be evaluated individually to determine if there are device costs packaged into the associated procedural APC payment rate - suggesting that a device offset amount would be appropriate.

h. Effective April 1, 2009, diagnostic radiopharmaceutical HCPCS code C9247, Iobenguane, I-123, diagnostic, per study dose, up to 10 millicuries, has been granted pass-through status under the OPSS and will be assigned SI of G.

(1) Beginning April 1, 2009, payment for HCPCS code C9247 will be made at 106% of ASP if ASP data are submitted by the manufacturer. Otherwise, payment will be made based on the product’s WAC. Further if WAC data is not available, payment will be made at 95% of the AWP.

(2) Effective for nuclear medicine services furnished on and after April 1, 2009, when HCPCS code C9247 is billed on the same claims with a nuclear medicine procedure, the amount of payment for the pass-through diagnostic radiopharmaceutical reported with HCPCS code C9247 will be reduced by the corresponding nuclear medicine procedure’s portion of its APC payment (offset amount) associated with diagnostic radiopharmaceutical; i.e., the payment for HCPCS code C9247 will be reduced by the estimated amount of payment that is attributable to the predecessor radiopharmaceutical that is package into payment for the associated nuclear medicine procedure reported on the same claim as HCPCS code C9247.