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TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 158  
6010.55-M  
NOVEMBER 26, 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:** FISCAL YEAR (FY) 2013 REIMBURSEMENT AND CODING UPDATES 12-001

**CONREQ:** 16228

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

**SUMMARY OF CHANGE(S):** See page 4.

**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. 172.**

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**ATTACHMENT(S): 116 PAGE(S)  
DISTRIBUTION: 6010.55-M**

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

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**SUMMARY OF CHANGES**

**CHAPTER 2**

1. Section 1. FY 2013 Diagnosis Related Group (DRG) updates to cost-shares and payment rates for inpatient hospital services.

**CHAPTER 6**

2. Sections 7 and 8. FY 2013 DRG updates to cost-shares and payment rates for inpatient hospital services.

**CHAPTER 7**

3. Routine annual update for low-volume and high-volume providers; updated rates for TRICARE Partial Hospitalization Programs (PHPs) ; and updated rates for Residential Treatment Centers (RTCs) for FY 2013. Also provides the beneficiary cost-share.

**CHAPTER 8**

4. Provides Skilled Nursing Facility (SNF) Prospective Payment System (PPS) rates and wage index updates for FY 2013, to include updates for Extended Care Health Option (ECHO) Home Health Care (EHC). TRICARE SNF rates are the same as Medicare.

**CHAPTER 11**

5. Provides the updated hospice care rates with the updated hospice cap amount; the updated hospice wage indexes for urban areas; and the updated hospice wage indexes for rural areas for FY 2013.

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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.

<b>PERIOD</b>	<b>DAILY CHARGE</b>
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
<b>October 1, 2012 - September 30, 2013 (for ADFMs not enrolled in Prime)</b>	<b>\$17.35</b>

(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

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\$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.

(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

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total billed charges (less duplicates and DRG non-reimbursables such as hospital-based professional charges).

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.

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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.

(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.

**For FY 2013, the daily rate is \$698.**

(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.

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(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.

(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.

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(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.

(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.

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- d Fiscal Year 2001 - \$149 per day.
- e Fiscal Year 2002 - \$154 per day.
- f Fiscal Year 2003 - \$159 per day.
- 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.
- p Fiscal Year 2013 - \$213 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.

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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 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,

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(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.

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.

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(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 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.

α. 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](#):

(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

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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](#).

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.

F. Exceptions.

1. Inpatient cost-share applicable to each separate admission. A separate cost-share amount is applicable to each separate beneficiary for each inpatient admission EXCEPT:

a. Any admission which is not more than 60 days from the date of the last inpatient discharge shall be treated as one inpatient confinement with the last admission for cost-share amount determination.

b. Certain heart and lung hospitals are excepted from cost-share requirements. See [Chapter 1, Section 28](#), entitled "Legal Obligation To Pay".

2. Inpatient Cost-Share: Maternity care. See [paragraph I.C.3.c](#). All admissions related to a single maternity episode shall be considered one confinement regardless of the number of days between admissions. For ADFMs, the cost-share will be applied to the first institutional claim received.

3. Special Cost-Share Provisions. Effective October 1, 1987, the inpatient cost-share amount from DRG-exempt institutional provider claims in the following categories cannot exceed that which would have been imposed if the service were subject to the DRG-based payment system. This will not affect ADFMs. For all other beneficiaries, the cost-share shall be the lesser of (1) that calculated according to [paragraph I.C.3.b.\(2\)](#), or (2) that calculated according to [paragraph I.C.3.d.\(2\)](#).

a. Child bone marrow transplant. All services related to discharges involving bone marrow transplant for a beneficiary less than 18 years old with ICD-9-CM principal or secondary diagnosis code V42.8 and ICD-9-CM procedure codes 41.0 through 41.04, 41.06, and 41.91.

b. Child HIV Seropositivity. All services related to discharges involving HIV seropositive beneficiary less than 18 years old with ICD-9-CM principal or secondary diagnosis codes 042, 079.53 and 795.71.

c. Child Cystic Fibrosis. All services related to discharges involving beneficiary less than 18 years old with ICD-9-CM principle or secondary diagnosis code 277.0 (cystic fibrosis).

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4. Cost-Sharing for Family Members of a Member who Dies While on Active Duty. Those in Transitional Survivor status, are not distinguished from other ADFMs for cost-sharing purposes. After the Transitional Survivor status ends, eligible TRICARE beneficiaries may be placed in Survivor status and will be responsible for retiree cost-shares. See the Transitional Survivor Status policy in [Chapter 10, Section 7.1](#).

G. Catastrophic Loss Protection.

See [Chapter 2, Section 2](#).

- END -

## 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 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
	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

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SECTION	SUBJECT
	FIGURE 6-B-2012-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
<b>ADDENDUM B</b>	<b>(FY 2013) - Fiscal Year 2013 TRICARE/CHAMPUS Adjusted Standardized Amounts</b>
	FIGURE 6-B-2013-1 - 68.8 Percent Labor Share/31.2 Percent Non-Labor Share If Wage Index Greater Than 1
	FIGURE 6-B-2013-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
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)
<b>ADDENDUM C</b>	<b>(FY 2013) - 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 10/01/2012)</b>

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

ISSUE DATE: October 8, 1987

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

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### 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 2011, the CCR is 0.3664. Effective FY 2012, the CCR is 0.3460. **Effective FY 2013, the CCR is 0.2979.**

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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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 through FY 2012. Effective FY 2013, the base standardized amount will be increased by 0.0065.

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% and the non-labor-related portion shall equal 31.2%. For wage indexes less than or equal to 1.0, the labor-related portion for the ASA shall equal 62% and the non-labor-related portion shall equal 38%.

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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outlier. For admissions occurring on or after October 1, 1988, claims which qualify as both a LOS outlier and a cost outlier shall be paid at whichever outlier calculation results in the greater payment. For information on calculating outlier payments when a beneficiary's eligibility status changes, refer to [Chapter 6, Section 2, paragraph III.C.1.](#)

c. Provider Reporting of outliers. The provider is to identify outliers on the UB-92, form locator 24 - 30. Code 60 is to be used to report LOS outliers, and code 66 is to be used to signify that a cost outlier is not being requested. If a claim qualifies as a cost outlier and code 66 is not entered in the appropriate form locator (i.e., it is blank or code 61), the contractor is to accept this as a request for cost outlier payment by the hospital.

d. LOS outliers. The TRICARE/CHAMPUS DRG-based payment system uses both short-stay and long-stay outliers, and both are reimbursed using a per diem amount. All 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.

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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.

(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, 2010, is 0.3664. The CCR for admissions occurring on or after October 1, 2011, is 0.3460. **The CCR for admissions occurring on or after October 1, 2012, is 0.2979.**

(e) The National Operating Standard Cost as a Share of Total Costs (NOSCASTC) for calculating the cost-outlier threshold for FY 2011 is 0.920, for FY 2012 is 0.919, **and for FY 2013 is 0.920.**

(2) 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).

(3) 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).

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(4) For FY 2013, a TRICARE fixed loss cost-outlier threshold is set at \$24,230. Effective October 1, 2012, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$24,230 (also wage-adjusted).

The cost-outlier threshold shall be calculated as follows:

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

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

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%.

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(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%.

(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, 2010, the CCR was 0.3974. Effective October 1, 2011, the CCR was 0.3757. **Effective October 1, 2012, the CCR was 0.3231.** (This is equivalent to the Medicare CCR increased to account for CAP/DME costs.)

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

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(e) 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. **For admissions occurring during FY 2013, the marginal cost factor shall be adjusted by 1.03.**

(f) 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 NOSCASTC for calculating the cost-outlier threshold for FY 2013 is 0.920.** 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.)
- STEP 2: Determination of Cost-Outlier Threshold:  
{[Fixed Loss Threshold x ((Labor-Related Share x Applicable wage index) + Non-labor-related share) x NOSCASTC] + [DRG Based Payment (wage-adjusted) x (1 + IDME)]}
- STEP 3: Determination of Cost Outlier Payment  
[{(Standardized costs - Cost-Outlier Threshold) x Marginal Cost Factor} x Adjustment Factor]
- STEP 4: Total Payments = Outlier Payments + [DRG Base Rate x (1 + IDME)]

h. Neonatal outliers. Neonatal outliers in hospitals subject to the CHAMPUS DRG-based payment system (other than children's hospitals) shall be determined under the same rules applicable to children's hospitals, except that the standardized costs for cost outliers shall be calculated using the CCR of 0.64. Effective for admissions occurring on or after October 1, 2005, and subsequent years, the CCR used to calculate cost outliers for neonates in acute care hospitals shall be reduced to the same CCR used for all other acute care hospitals.

7. IDME adjustment.

α. General. The DRG-based payments for any hospital which has a teaching program approved under Medicare Regulation Section 413.85, Title 42 CFR shall be adjusted to account for IDME costs. The adjustment factor used shall be the one in effect on the date of

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discharge (see below). The adjustment will be made by multiplying the total DRG-based amount by 1.0 plus a hospital-specific factor equal to:

$$1.43 \times \left[ \left( 1.0 + \frac{\text{number of interns + residents}}{\text{number of beds}} \right)^{0.5795} - 1.0 \right]$$

For admissions occurring during FY 2008 and subsequent years, the same formula shall be used except the first number shall be 1.02.

b. Number of interns and residents. Initially, the number of interns and residents will be derived from the most recently available audited CMS cost-report data (1984). Subsequent updates to the adjustment factor will be based on the count of interns and residents on the annual reports submitted by hospitals to the contractors (see above). The number of interns and residents is to be as of the date the report is submitted and is to include only those interns and residents actually furnishing services in the reporting hospital and only in those units subject to DRG-based reimbursement. The percentage of time used in calculating the full-time equivalents is to be based on the amount of time the interns and residents spend in the portion of the hospital subject to DRG-based payment or in the outpatient department of the hospital on the reporting date. Beginning in FY 1999, TRICARE/CHAMPUS will use the number of interns and residents from CMS most recently available Provider Specific File.

c. Number of beds. Initially, the number of beds will be those reported on the most recent AHA Annual Survey of Hospitals (1986). Subsequent updates to the adjustment factor will be based on the number of beds reported annually by hospitals to the contractors (see above). The number of beds in a hospital is determined by counting the number of available bed days during the period covered by the report, not including beds or bassinets assigned to healthy newborns, custodial care, and excluded distinct part hospital units, and dividing that number by the number of days in the reporting period. Beginning in FY 1999, TRICARE/CHAMPUS will use the number of beds from CMS's most recently available Provider Specific File.

d. Updates of IDME factors. It is the contractor's responsibility to update the adjustment factors based on the data contained in the annual report. The effective date of the updated factor shall be the date payment is made to the hospital (check issued) for its CAP/DME costs, but in no case can it be later than 30 days after the hospital submits its annual report. The updated factor shall be applied to claims with a date of discharge on or after the effective date. Similarly, contractors may correct initial factors if the hospital submits information (for the same base periods) which indicates the factor provided by TMA is incorrect.

(1) Beginning in FY 1999, TRICARE/CHAMPUS will use the ratio of interns and residents to beds from CMS's most recently available Provider Specific File to update the IDME adjustment factors. The ratio will be provided to the contractors to update each hospital's IDME adjustment factor at the same time as the annual DRG update. The updated factors shall be applied to claims with a date of discharge on or after October 1 of each year.

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These amounts are effective for admissions occurring on or after October 1, 2012 through September 30, 2013.

**FIGURE 6-B-2013-1 68.8 PERCENT LABOR SHARE/31.2 PERCENT NON-LABOR SHARE IF WAGE INDEX GREATER THAN 1**

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,715.49	\$1,684.93	\$5,400.42

**FIGURE 6-B-2013-2 62 PERCENT LABOR SHARE/38 PERCENT NON-LABOR SHARE IF WAGE INDEX LESS THAN OR EQUAL TO 1**

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,348.26	\$2,052.16	\$5,400.42

FY 2013 cost-share per diem for beneficiaries other than dependents of active duty member \$698.00.

- END -



CHAPTER 6  
 ADDENDUM C (FY 2013)

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 10/01/2012)

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	24.0501	40.4	31.6	8
2	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	13.3797	15.7	12.5	2
3	Yes	No	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	19.1928	38.6	29.4	6
4	Yes	No	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	12.1863	31.1	24.3	6
5	No	No	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	11.5961	23.7	16.9	3
6	No	No	LIVER TRANSPLANT W/O MCC	5.2787	8.9	8.0	3
7	No	No	LUNG TRANSPLANT	9.8823	16.5	15.1	6
8	No	No	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.6732*	11.4	9.8	3
10	No	No	PANCREAS TRANSPLANT	4.3239*	8.6	8.0	2
11	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	3.1080	12.6	10.4	3
12	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	3.2246	9.4	8.1	2
13	No	No	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/ MCC	1.8406	6.0	5.1	1
14	No	No	ALLOGENEIC BONE MARROW TRANSPLANT	13.2505	37.2	30.0	8
16	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	6.1859	19.8	18.5	8
17	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	4.5521	13.9	12.4	4
20	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	9.3496	17.4	14.6	4
21	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	7.0083	13.4	11.9	4
22	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	6.3945	9.7	7.4	1
23	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	4.8918	11.0	7.9	1
24	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	3.7586	6.6	4.5	1
25	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W MCC	4.4508	9.0	6.8	1
26	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W CC	3.1051	5.4	4.1	1
27	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W/O CC/MCC	2.5154	3.2	2.6	1
28	Yes	Yes	SPINAL PROCEDURES W MCC	4.0132	9.6	7.0	1
29	Yes	Yes	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	2.9432	4.5	3.3	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 2013)

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 10/01/2012)

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	1.8255	3.1	2.3	1
31	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W MCC	4.0158	9.9	8.1	2
32	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W CC	1.7030	4.8	3.3	1
33	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W/O CC/MCC	1.4522	2.4	1.8	1
34	No	No	CAROTID ARTERY STENT PROCEDURE W MCC	4.0979*	7.0	4.7	1
35	No	No	CAROTID ARTERY STENT PROCEDURE W CC	1.8603	2.3	1.7	1
36	No	No	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	1.7871	1.6	1.3	1
37	No	No	EXTRACRANIAL PROCEDURES W MCC	4.7614	11.0	7.4	1
38	No	No	EXTRACRANIAL PROCEDURES W CC	2.1588	3.2	2.3	1
39	No	No	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.2502	1.5	1.3	1
40	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.1115	7.8	5.3	1
41	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	2.1175	4.9	3.5	1
42	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.8474	2.5	1.9	1
52	No	No	SPINAL DISORDERS & INJURIES W CC/MCC	1.7698	7.9	4.4	1
53	No	No	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.9711	2.3	1.9	1
54	Yes	No	NERVOUS SYSTEM NEOPLASMS W MCC	1.5253	5.4	3.8	1
55	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.1637	4.0	2.8	1
56	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	2.5277	8.5	5.9	1
57	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1429	5.3	3.6	1
58	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.6693	5.8	4.3	1
59	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.0543	4.3	3.6	1
60	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.9128	3.3	2.7	1
61	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	3.6047	9.1	6.6	1
62	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	2.3620	4.1	3.5	1
63	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	2.1336	3.5	2.6	1
64	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.2075	6.9	4.7	1
65	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	1.2757	4.3	3.4	1
66	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	1.0002	2.8	2.3	1
67	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.6732*	5.4	4.1	2
68	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	1.0105	2.4	2.0	1
69	No	No	TRANSIENT ISCHEMIA	0.8214	1.9	1.6	1
70	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.8151	6.2	4.3	1
71	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	0.8513	3.8	2.7	1
72	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.8064	2.4	1.9	1
73	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	1.1432	5.3	4.2	1
74	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9560	3.6	2.9	1
75	No	No	VIRAL MENINGITIS W CC/MCC	1.2998	4.9	4.0	1
76	No	No	VIRAL MENINGITIS W/O CC/MCC	0.6505	2.9	2.5	1
77	No	No	HYPERTENSIVE ENCEPHALOPATHY W MCC	2.3578	6.7	4.0	1
78	No	No	HYPERTENSIVE ENCEPHALOPATHY W CC	1.2860	3.8	3.2	1
79	No	No	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.9087	2.1	1.8	1
80	No	No	NONTRAUMATIC STUPOR & COMA W MCC	1.1235	4.3	3.2	1
81	No	No	NONTRAUMATIC STUPOR & COMA W/O MCC	0.6754	2.6	2.0	1
82	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.6542	6.2	3.7	1
83	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.1642	3.4	2.6	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.  
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**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	0.8645	2.3	1.8	1
85	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W MCC	2.0096	6.8	4.5	1
86	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.0552	3.4	2.6	1
87	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC/MCC	0.8864	2.3	1.8	1
88	No	No	CONCUSSION AGE >17 W MCC	1.6754	3.8	2.4	1
89	No	No	CONCUSSION AGE >17 W CC	1.0422	2.3	1.9	1
90	No	No	CONCUSSION AGE >17 W/O CC/MCC	0.8348	1.4	1.3	1
91	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.8945	6.1	4.0	1
92	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.8077	3.2	2.4	1
93	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.6896	2.1	1.8	1
94	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	5.0402	15.1	11.1	2
95	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	3.9503	10.5	7.3	1
96	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.0713	5.7	5.0	1
97	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	3.4688	10.9	8.3	1
98	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.5833	6.3	5.0	1
99	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.0505	4.5	3.6	1
100	Yes	No	SEIZURES AGE >17 W MCC	1.6692	5.8	3.9	1
101	Yes	No	SEIZURES AGE >17 W/O MCC	0.7616	2.9	2.4	1
102	No	No	HEADACHES AGE >17 W MCC	1.1384	4.2	3.1	1
103	No	No	HEADACHES AGE >17 W/O MCC	0.7395	2.7	2.2	1
104	No	No	CRANIOTOMY, VENTRICULAR SHUNT & ENDOVASC INTRACRANIAL PROC AGE 0-17	2.4125	5.8	3.5	1
105	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.6394	2.3	1.7	1
106	No	No	CONCUSSION AGE 0-17	0.4506	1.3	1.2	1
107	No	No	SEIZURES & HEADACHES AGE 0-17	0.5409	2.4	1.9	1
108	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	1.1115	4.7	1.9	1
109	No	No	OTHER DISORDERS OF THE EYE AGE 0-17	0.3950	2.3	1.9	1
110	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE 0-17	0.7068	2.2	1.7	1
111	No	No	SINUS & MASTOID PROCEDURES AGE 0-17	3.8129	8.8	5.8	1
112	No	No	OTITIS MEDIA & URI AGE 0-17	0.3098	2.0	1.7	1
113	No	No	ORBITAL PROCEDURES W CC/MCC	1.9464	4.3	3.3	1
114	No	No	ORBITAL PROCEDURES W/O CC/MCC	1.0517	2.2	1.7	1
115	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1.6687	3.9	2.8	1
116	No	No	INTRAOCULAR PROCEDURES W CC/MCC	1.6674*	5.1	3.5	1
117	No	No	INTRAOCULAR PROCEDURES W/O CC/MCC	0.8030*	2.3	1.7	1
118	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.5414	2.7	1.9	1
119	No	No	DENTAL & ORAL DISEASES AGE 0-17	0.6632	3.2	2.3	1
120	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	1.9549	9.2	7.0	1
121	No	No	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.7577	3.7	3.1	1
122	No	No	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.4273	2.9	2.5	1
123	No	No	NEUROLOGICAL EYE DISORDERS	0.7856	2.4	2.0	1
124	No	No	OTHER DISORDERS OF THE EYE AGE >17 W MCC	1.2921#	4.1	3.2	1
125	No	No	OTHER DISORDERS OF THE EYE AGE >17 W/O MCC	0.6461	2.3	2.0	1
129	No	No	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.3159	4.2	2.9	1
130	No	No	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.1889	2.2	1.8	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	2.1670	3.8	2.9	1
132	No	No	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.5133	1.7	1.5	1
133	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W CC/MCC	1.5840	3.6	2.8	1
134	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W/O CC/MCC	0.9109	1.7	1.4	1
135	No	No	SINUS & MASTOID PROCEDURES AGE >17 W CC/MCC	2.5317	8.9	6.6	1
136	No	No	SINUS & MASTOID PROCEDURES AGE >17 W/O CC/MCC	1.3267#	2.2	1.7	1
137	No	No	MOUTH PROCEDURES W CC/MCC	0.9506	3.1	2.5	1
138	No	No	MOUTH PROCEDURES W/O CC/MCC	0.8581	2.1	1.8	1
139	No	No	SALIVARY GLAND PROCEDURES	1.0985	1.4	1.3	1
140	No	No	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.4325	2.6	2.1	1
141	No	No	BRONCHITIS & ASTHMA AGE 0-17	0.3769	2.3	1.9	1
142	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	0.7799	5.6	3.1	1
143	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE 0-17	1.0319	3.8	2.7	1
144	No	No	HERNIA PROCEDURES AGE 0-17	0.7784	2.0	1.6	1
145	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.3886	2.4	1.9	1
146	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	2.4805*	9.1	6.3	1
147	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	2.1772	7.9	5.5	1
148	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.7880	3.7	2.2	1
149	No	No	DYSEQUILIBRIUM	0.6974	2.0	1.7	1
150	No	No	EPISTAXIS W MCC	1.5418*	5.2	3.8	1
151	No	No	EPISTAXIS W/O MCC	0.6042	2.4	2.0	1
152	No	No	OTITIS MEDIA & URI AGE >17 W MCC	0.7849	2.9	2.6	1
153	No	No	OTITIS MEDIA & URI AGE >17 W/O MCC	0.5646	2.4	2.0	1
154	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W MCC	2.1853	6.7	4.9	1
155	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W CC	0.8701	3.0	2.4	1
156	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W/O CC/MCC	0.5873	2.3	1.9	1
157	No	No	DENTAL & ORAL DISEASES AGE >17 W MCC	1.7645	6.2	4.7	1
158	No	No	DENTAL & ORAL DISEASES AGE >17 W CC	0.8637	3.5	2.7	1
159	No	No	DENTAL & ORAL DISEASES AGE >17 W/O CC/MCC	0.6853	2.1	1.7	1
160	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.6115	3.2	1.9	1
161	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.2502	2.7	2.2	1
162	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	1.0161	1.9	1.6	1
163	Yes	No	MAJOR CHEST PROCEDURES W MCC	4.3810	12.1	10.1	3
164	Yes	No	MAJOR CHEST PROCEDURES W CC	2.5697	6.1	4.8	1
165	Yes	No	MAJOR CHEST PROCEDURES W/O CC/MCC	1.7089	4.2	3.5	1
166	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.7524	10.8	8.3	2
167	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.2841	6.5	4.8	1
168	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.4078	3.6	2.9	1
169	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE 0-17	0.3641	1.5	1.3	1
170	No	No	CELLULITIS AGE 0-17	0.3614	2.4	2.1	1
171	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.4491	1.5	1.3	1
172	No	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES 0-17	0.3750	2.7	2.1	1
173	No	No	URETHRAL PROCEDURES AGE 0-17	0.9659#	2.9	2.3	1
174	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.3700	2.6	2.3	1
175	Yes	No	PULMONARY EMBOLISM W MCC	1.4649	5.5	4.5	1
176	Yes	No	PULMONARY EMBOLISM W/O MCC	0.9164	3.9	3.2	1

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CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	2.2711	9.4	6.7	1
178	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.5403	6.5	5.2	1
179	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC/MCC	0.9356	4.2	3.1	1
180	No	No	RESPIRATORY NEOPLASMS W MCC	1.9045	6.9	5.5	1
181	No	No	RESPIRATORY NEOPLASMS W CC	1.2097	6.0	3.5	1
182	No	No	RESPIRATORY NEOPLASMS W/O CC/MCC	0.9386	3.0	2.5	1
183	No	No	MAJOR CHEST TRAUMA W MCC	1.2288	5.1	4.1	1
184	No	No	MAJOR CHEST TRAUMA W CC	0.8578	3.2	2.7	1
185	No	No	MAJOR CHEST TRAUMA W/O CC/MCC	0.7083	2.1	1.7	1
186	Yes	No	PLEURAL EFFUSION W MCC	1.4466	5.4	4.2	1
187	Yes	No	PLEURAL EFFUSION W CC	0.8409	3.4	2.8	1
188	Yes	No	PLEURAL EFFUSION W/O CC/MCC	0.7008	3.4	2.6	1
189	No	No	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2580	4.7	3.7	1
190	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1946	5.0	4.0	1
191	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9892	4.1	3.4	1
192	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7146	3.2	2.7	1
193	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W MCC	1.5431	5.6	4.5	1
194	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.9779	4.0	3.3	1
195	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC/MCC	0.6484	2.8	2.4	1
196	Yes	No	INTERSTITIAL LUNG DISEASE W MCC	1.5452	5.8	4.6	1
197	Yes	No	INTERSTITIAL LUNG DISEASE W CC	0.9873	3.9	3.3	1
198	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.6921	3.0	2.4	1
199	No	No	PNEUMOTHORAX W MCC	1.7150	7.0	5.7	1
200	No	No	PNEUMOTHORAX W CC	0.8463	3.7	2.9	1
201	No	No	PNEUMOTHORAX W/O CC/MCC	0.5151	2.8	2.3	1
202	No	No	BRONCHITIS & ASTHMA AGE >17 W CC/MCC	0.8426	3.7	3.0	1
203	No	No	BRONCHITIS & ASTHMA AGE >17 W/O CC/MCC	0.6022	2.7	2.2	1
204	No	No	RESPIRATORY SIGNS & SYMPTOMS	0.6294	2.2	1.7	1
205	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.1336	4.8	3.4	1
206	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.7274	2.3	1.9	1
207	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	6.0440	15.2	12.9	4
208	No	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	2.0765	5.6	4.0	1
209	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.3717	1.5	1.4	1
210	No	No	URETHRAL STRICTURE AGE 0-17	0.5196#	2.2	2.1	2
211	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.5810	3.8	2.6	1
212	No	No	TESTES PROCEDURES AGE 0-17	0.4754	1.2	1.1	1
213	No	No	SPLENECTOMY AGE 0-17	1.4164#	3.3	2.7	1
214	No	No	RED BLOOD CELL DISORDERS AGE 0-17	0.4757	3.0	2.3	1
215	No	No	OTHER HEART ASSIST SYSTEM IMPLANT	15.6550*	15.0	8.5	2
216	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	10.5936	14.5	11.8	2
217	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	6.3344	9.6	8.5	2
218	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	6.6545	7.4	6.1	1
219	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7.7454	10.2	8.2	2
220	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	5.0415	6.3	5.7	2

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	4.5406	4.8	4.5	2
222	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.8573	12.2	9.4	2
223	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	8.1850	8.0	5.8	1
224	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	6.9726	9.0	7.6	2
225	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.9686	4.1	3.4	1
226	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6.3866	6.5	4.6	1
227	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	4.9215	3.3	2.3	1
228	No	No	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.2034	10.8	8.1	1
229	No	No	OTHER CARDIOTHORACIC PROCEDURES W CC	4.0467	6.5	5.7	2
230	No	No	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	2.9147	4.1	3.7	1
231	No	No	CORONARY BYPASS W PTCA W MCC	6.7697	7.6	6.4	1
232	No	No	CORONARY BYPASS W PTCA W/O MCC	6.3938	8.3	7.5	3
233	Yes	No	CORONARY BYPASS W CARDIAC CATH W MCC	7.7330	11.5	10.4	4
234	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.3806	7.9	7.5	3
235	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W MCC	6.0711	9.2	8.1	3
236	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	4.0074	5.5	5.1	2
237	No	No	MAJOR CARDIOVASC PROCEDURES W MCC	5.0299	9.1	6.4	1
238	No	No	MAJOR CARDIOVASC PROCEDURES W/O MCC	3.0495	4.5	3.3	1
239	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	6.2938	18.7	14.2	2
240	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.9982	10.4	8.9	2
241	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.6456*	5.7	4.7	3
242	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3.9505	5.9	4.4	1
243	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.8324	3.7	3.0	1
244	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.3180	2.7	2.2	1
245	No	No	AICD GENERATOR PROCEDURES	3.5876	2.4	1.9	1
246	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	3.4076	4.0	3.1	1
247	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.5124	2.2	1.9	1
248	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	3.4900	4.8	3.7	1
249	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	2.3365	2.5	2.2	1
250	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3.5302	5.8	4.2	1
251	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	2.8191	2.3	1.9	1
252	No	No	OTHER VASCULAR PROCEDURES W MCC	3.6584	8.3	5.4	1
253	No	No	OTHER VASCULAR PROCEDURES W CC	2.6449	5.0	3.7	1
254	No	No	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.8882	2.4	1.9	1
255	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.7063*	8.8	6.7	2
256	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	2.1726	9.4	6.3	1
257	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	1.0584*	4.2	3.2	2
258	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	2.9909*	6.5	5.0	1
259	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.0635*	3.3	2.5	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	3.1514	7.7	4.7	1
261	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.6153	3.0	2.5	1
262	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.5981	2.7	2.2	1
263	No	No	VEIN LIGATION & STRIPPING	2.1191*	5.9	3.8	1
264	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.4407	7.5	5.4	1
265	No	No	AICD LEAD PROCEDURES	2.8361	4.5	3.0	1
266	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	5.6193	18.0	10.3	1
267	No	No	VIRAL ILLNESS & FEVER AGE 0-17	0.3568	2.3	2.0	1
268	No	No	SEPTICEMIA OR SEVERE SEPSIS AGE 0-17	1.6880	6.6	4.5	1
269	No	No	TRAUMATIC INJURY AGE 0-17	0.5883	2.5	1.7	1
270	No	No	ALLERGIC REACTIONS AGE 0-17	0.2292	1.2	1.2	1
271	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.3666	1.7	1.4	1
280	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	2.1075	5.4	4.4	1
281	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.2214	2.8	2.4	1
282	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	0.9778	1.9	1.7	1
283	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	2.2532	4.7	2.8	1
284	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.8927*	2.6	1.9	1
285	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5942*	1.7	1.4	1
286	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.2248	6.0	4.3	1
287	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.2656	2.4	1.9	1
288	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W MCC	2.9101	13.1	10.1	2
289	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.4955	5.0	3.9	1
290	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.3422*	5.0	4.1	2
291	Yes	No	HEART FAILURE & SHOCK W MCC	1.4982	5.7	4.4	1
292	Yes	No	HEART FAILURE & SHOCK W CC	0.9439	4.3	3.4	1
293	Yes	No	HEART FAILURE & SHOCK W/O CC/MCC	0.6698	2.9	2.4	1
294	No	No	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	1.3672	5.1	4.3	1
295	No	No	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.7188*	4.0	3.5	1
296	No	No	CARDIAC ARREST, UNEXPLAINED W MCC	1.5108	2.1	1.8	1
297	No	No	CARDIAC ARREST, UNEXPLAINED W CC	0.7165*	1.5	1.3	1
298	No	No	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.5074*	1.2	1.1	1
299	Yes	No	PERIPHERAL VASCULAR DISORDERS W MCC	1.1728	4.8	3.9	1
300	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC	0.8001	3.8	3.0	1
301	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.6205	3.0	2.4	1
302	No	No	ATHEROSCLEROSIS W MCC	1.1460	3.0	2.5	1
303	No	No	ATHEROSCLEROSIS W/O MCC	0.6296	1.9	1.6	1
304	No	No	HYPERTENSION W MCC	0.8446	3.4	2.8	1
305	No	No	HYPERTENSION W/O MCC	0.6927	2.2	1.8	1
306	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W MCC	0.9977#	4.6	3.4	1
307	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O MCC	0.6586	2.3	1.9	1
308	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.2688	4.4	3.2	1
309	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7165	2.7	2.2	1
310	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.4968	1.8	1.6	1
311	No	No	ANGINA PECTORIS	0.6015	1.7	1.5	1
312	No	No	SYNCOPE & COLLAPSE	0.7650	2.3	1.8	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
313	No	No	CHEST PAIN	0.6117	1.6	1.4	1
314	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.0604	7.3	5.3	1
315	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	0.9695	3.7	2.8	1
316	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.6734	2.3	1.9	1
326	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W MCC	5.4235	12.6	9.0	1
327	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC	2.6106	6.5	4.7	1
328	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W/O CC/MCC	1.5631	2.7	2.1	1
329	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	5.2180	14.5	11.0	2
330	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.3735	7.3	6.2	2
331	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6941	4.5	4.0	1
332	Yes	No	RECTAL RESECTION W MCC	5.4237	13.1	9.9	1
333	Yes	No	RECTAL RESECTION W CC	2.2248	6.4	5.8	2
334	Yes	No	RECTAL RESECTION W/O CC/MCC	1.9400	4.4	3.8	1
335	Yes	No	PERITONEAL ADHESIOLYSIS W MCC	4.5194	12.8	10.2	2
336	Yes	No	PERITONEAL ADHESIOLYSIS W CC	2.3487	7.1	5.8	1
337	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.5386	4.2	3.3	1
338	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	3.0977	9.0	7.3	2
339	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.7546	5.9	4.8	1
340	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.2840	3.6	3.0	1
341	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	1.8714	4.9	3.6	1
342	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.3231	3.0	2.3	1
343	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.0059	1.5	1.4	1
344	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	2.6783	5.7	4.6	1
345	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.4694	5.7	4.8	1
346	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.1287	3.9	3.5	1
347	No	No	ANAL & STOMAL PROCEDURES W MCC	2.7332	7.7	5.5	1
348	No	No	ANAL & STOMAL PROCEDURES W CC	1.2767	3.9	3.0	1
349	No	No	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.8050	2.5	2.1	1
350	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W MCC	2.5149#	5.9	4.3	1
351	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.3761	3.1	2.4	1
352	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC/MCC	1.0643	2.0	1.7	1
353	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W MCC	2.7694	8.5	6.1	1
354	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.5908	4.2	3.5	1
355	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC/MCC	1.2754	2.7	2.3	1
356	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	4.2785	12.8	9.0	1
357	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1.8821	6.0	4.6	1
358	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3219	3.0	2.4	1
368	No	No	MAJOR ESOPHAGEAL DISORDERS W MCC	1.9957	5.6	4.1	1
369	No	No	MAJOR ESOPHAGEAL DISORDERS W CC	0.9928	3.6	2.8	1
370	No	No	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.7814	2.9	2.2	1
371	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.8951	8.0	5.8	1
372	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.0137	5.2	4.1	1
373	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.6580	3.4	2.9	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
374	Yes	No	DIGESTIVE MALIGNANCY W MCC	2.8282	9.3	6.5	1
375	Yes	No	DIGESTIVE MALIGNANCY W CC	1.2191	5.0	3.5	1
376	Yes	No	DIGESTIVE MALIGNANCY W/O CC/MCC	1.1303	4.1	3.1	1
377	Yes	No	G.I. HEMORRHAGE W MCC	1.9726	5.8	4.4	1
378	Yes	No	G.I. HEMORRHAGE W CC	0.9043	3.1	2.7	1
379	Yes	No	G.I. HEMORRHAGE W/O CC/MCC	0.6301	2.3	2.0	1
380	Yes	No	COMPLICATED PEPTIC ULCER W MCC	1.5901	6.4	4.8	1
381	Yes	No	COMPLICATED PEPTIC ULCER W CC	1.0818	4.4	3.4	1
382	Yes	No	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7236	2.8	2.3	1
383	No	No	UNCOMPLICATED PEPTIC ULCER W MCC	1.3087	4.1	3.3	1
384	No	No	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.8790	3.1	2.5	1
385	No	No	INFLAMMATORY BOWEL DISEASE W MCC	1.4401	6.6	4.9	1
386	No	No	INFLAMMATORY BOWEL DISEASE W CC	0.9901	4.6	3.7	1
387	No	No	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.8047	3.7	3.0	1
388	Yes	No	G.I. OBSTRUCTION W MCC	1.4539	6.2	4.4	1
389	Yes	No	G.I. OBSTRUCTION W CC	0.8181	3.9	3.2	1
390	Yes	No	G.I. OBSTRUCTION W/O CC/MCC	0.5508	2.7	2.3	1
391	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W MCC	1.1394	4.6	3.4	1
392	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O MCC	0.7353	3.0	2.4	1
393	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W MCC	1.5155	6.0	4.5	1
394	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	0.9296	3.9	3.1	1
395	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC/MCC	0.6786	2.6	2.2	1
405	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	6.1605	16.1	11.8	2
406	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.9212	8.4	6.5	1
407	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	2.0204	5.3	4.7	1
408	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	4.0473	12.9	10.4	2
409	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.0456	5.5	5.1	2
410	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.7247	4.6	3.9	1
411	No	No	CHOLECYSTECTOMY W C.D.E. W MCC	4.2224*	11.7	9.7	1
412	No	No	CHOLECYSTECTOMY W C.D.E. W CC	2.8848*	8.2	7.0	1
413	No	No	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	2.0626*	5.3	4.6	1
414	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.3234	8.8	6.6	1
415	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.2231	6.1	5.1	1
416	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3475	3.5	3.1	1
417	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	2.0817	5.2	4.2	1
418	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6280	3.9	3.1	1
419	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.2710	2.4	2.0	1
420	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	4.2745*	12.3	8.7	1
421	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	2.1475	6.2	3.9	1
422	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.4437*	4.0	3.2	2
423	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	4.8567	16.9	12.2	2
424	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.6730*	8.3	6.3	1
425	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.7489*	4.9	3.8	2
432	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	1.8633	6.5	4.8	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 2013)

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 10/01/2012)

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	0.9789	4.2	3.4	1
434	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.5243	2.8	2.2	1
435	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	1.9013	6.6	5.2	1
436	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	1.2823	4.7	3.6	1
437	No	No	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	1.1497	3.2	2.6	1
438	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	2.3578	8.2	5.6	1
439	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	1.0894	4.7	3.6	1
440	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.7241	3.3	2.7	1
441	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	1.9927	7.3	5.0	1
442	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	0.9673	4.2	3.3	1
443	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.7001	3.2	2.5	1
444	No	No	DISORDERS OF THE BILIARY TRACT W MCC	1.7531	5.8	4.3	1
445	No	No	DISORDERS OF THE BILIARY TRACT W CC	0.9606	3.2	2.5	1
446	No	No	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.7511	2.4	2.0	1
453	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	8.9163	11.9	9.4	2
454	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	8.1279	5.7	4.8	1
455	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.4382	3.3	2.8	1
456	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	8.8842	11.1	8.9	2
457	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	7.0927	5.6	4.9	1
458	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.6355	4.4	4.1	1
459	Yes	No	SPINAL FUSION EXCEPT CERVICAL W MCC	6.7023	8.4	6.1	1
460	Yes	No	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4.0188	2.9	2.5	1
461	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.4459*	7.7	6.4	2
462	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.2753	3.9	3.6	1
463	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	5.6156	16.6	12.4	2
464	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.4703	8.2	5.8	1
465	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	2.0092	4.5	3.5	1
466	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.2293	8.8	7.3	2
467	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.3087	4.1	3.6	1
468	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.6994	2.9	2.7	1
469	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	2.8705	5.5	4.7	1
470	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2.1258	3.0	2.8	1
471	No	No	CERVICAL SPINAL FUSION W MCC	4.6793	7.5	4.7	1
472	No	No	CERVICAL SPINAL FUSION W CC	2.6183	2.2	1.7	1
473	No	No	CERVICAL SPINAL FUSION W/O CC/MCC	2.1335	1.3	1.2	1
474	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	4.7632	13.7	9.7	1
475	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	1.8460	6.4	4.9	1
476	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.1979	3.2	2.5	1
477	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	4.0867	11.5	7.7	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.  
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**TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002**

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	2.1381	6.6	5.1	1
479	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.6126	3.1	2.3	1
480	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W MCC	3.7023	8.1	6.7	2
481	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.3095	5.4	4.7	1
482	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC/MCC	1.6720	3.2	2.7	1
483	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	2.4007	2.6	2.2	1
484	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	2.1079	1.8	1.6	1
485	No	No	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.3947*	10.3	8.6	4
486	No	No	KNEE PROCEDURES W PDX OF INFECTION W CC	1.8627	5.7	4.6	1
487	No	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.4995	5.5	4.1	1
488	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	2.0681	3.9	3.0	1
489	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.4570	2.3	1.9	1
490	No	No	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	2.0971	3.2	2.3	1
491	No	No	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.2526	1.6	1.3	1
492	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W MCC	2.8255	7.4	6.0	1
493	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	2.3352	4.4	3.5	1
494	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC/MCC	1.5190	2.4	2.0	1
495	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	3.0608	9.1	5.9	1
496	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5950	3.9	3.1	1
497	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.2101	2.0	1.7	1
498	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	1.2511	4.0	3.2	1
499	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	1.0594	1.7	1.5	1
500	Yes	Yes	SOFT TISSUE PROCEDURES W MCC	2.9254	8.3	5.4	1
501	Yes	Yes	SOFT TISSUE PROCEDURES W CC	1.4938	4.2	3.3	1
502	Yes	Yes	SOFT TISSUE PROCEDURES W/O CC/MCC	1.2378	2.5	2.0	1
503	No	No	FOOT PROCEDURES W MCC	2.5537*	8.7	6.8	1
504	No	No	FOOT PROCEDURES W CC	1.7853	5.0	3.9	1
505	No	No	FOOT PROCEDURES W/O CC/MCC	1.4517	2.1	1.8	1
506	No	No	MAJOR THUMB OR JOINT PROCEDURES	1.0380	3.2	2.6	1
507	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	2.1415	7.5	4.7	1
508	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.5971	1.6	1.4	1
509	No	No	ARTHROSCOPY	1.4978*	3.7	2.6	1
510	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	4.2959	6.9	4.0	1
511	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.7998	3.0	2.5	1
512	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.1618	1.8	1.6	1
513	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.7007	3.2	2.6	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	0.8842	2.1	1.8	1
515	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	3.2384	6.8	5.4	1
516	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.2751	4.6	3.7	1
517	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.6483	2.6	2.1	1
533	Yes	No	FRACTURES OF FEMUR W MCC	1.6345*	6.1	4.5	1
534	Yes	No	FRACTURES OF FEMUR W/O MCC	0.5833	2.0	1.7	1
535	Yes	No	FRACTURES OF HIP & PELVIS W MCC	1.1975	5.2	4.3	1
536	Yes	No	FRACTURES OF HIP & PELVIS W/O MCC	0.6894	2.9	2.4	1
537	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.9588*	4.0	3.4	1
538	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.7343	1.7	1.6	1
539	Yes	No	OSTEOMYELITIS W MCC	1.4611	6.2	5.2	1
540	Yes	No	OSTEOMYELITIS W CC	1.1836	5.6	4.2	1
541	Yes	No	OSTEOMYELITIS W/O CC/MCC	0.8120	4.1	3.2	1
542	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	2.9749	10.6	7.2	1
543	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.1955	5.5	4.1	1
544	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.7233	3.2	2.5	1
545	Yes	No	CONNECTIVE TISSUE DISORDERS W MCC	3.2538	10.1	7.3	1
546	Yes	No	CONNECTIVE TISSUE DISORDERS W CC	1.2278	5.1	4.0	1
547	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.7740	3.4	2.6	1
548	No	No	SEPTIC ARTHRITIS W MCC	1.9386*	7.6	5.8	1
549	No	No	SEPTIC ARTHRITIS W CC	0.6441	3.6	3.3	1
550	No	No	SEPTIC ARTHRITIS W/O CC/MCC	0.5845	3.4	3.0	1
551	Yes	No	MEDICAL BACK PROBLEMS W MCC	1.2926	4.6	3.5	1
552	Yes	No	MEDICAL BACK PROBLEMS W/O MCC	0.7815	2.9	2.3	1
553	No	No	BONE DISEASES & ARTHROPATHIES W MCC	1.2270	4.4	3.5	1
554	No	No	BONE DISEASES & ARTHROPATHIES W/O MCC	0.6029	2.8	2.2	1
555	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.0509	3.6	2.9	1
556	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.8039	2.5	2.0	1
557	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.4791	6.1	4.9	1
558	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.6118	3.2	2.6	1
559	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	2.0803*	7.0	5.2	1
560	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	0.9776	4.8	3.7	1
561	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.8642	3.1	2.1	1
562	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W MCC	1.2716	4.4	3.3	1
563	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W/O MCC	0.7391	2.5	1.9	1
564	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.6049*	6.2	4.7	1
565	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.8115	3.3	2.6	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	0.4343	2.0	1.6	1
570	Yes	No	SKIN DEBRIDEMENT W MCC	2.6896	10.6	8.2	2
571	Yes	No	SKIN DEBRIDEMENT W CC	1.3599	5.9	4.5	1
572	Yes	No	SKIN DEBRIDEMENT W/O CC/MCC	0.9988	4.2	3.4	1
573	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	4.2179	19.5	7.6	1
574	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	2.1130	7.7	5.6	1
575	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.0422	6.0	5.6	2
576	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.7127*	12.9	8.5	1
577	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	2.2804	3.2	2.2	1
578	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.6655	2.6	1.9	1
579	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.5143	7.6	5.5	1
580	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.7303	3.6	2.8	1
581	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.5381	2.4	2.0	1
582	No	No	MASTECTOMY FOR MALIGNANCY W CC/MCC	2.0199	2.4	2.1	1
583	No	No	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	1.8876	2.1	1.8	1
584	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	2.4668	4.1	3.3	1
585	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.9978	2.5	2.1	1
592	Yes	No	SKIN ULCERS W MCC	1.4951	7.8	5.8	1
593	Yes	No	SKIN ULCERS W CC	0.5562	4.1	3.6	1
594	Yes	No	SKIN ULCERS W/O CC/MCC	0.7528*	3.9	3.2	2
595	No	No	MAJOR SKIN DISORDERS W MCC	2.3678	7.3	5.3	1
596	No	No	MAJOR SKIN DISORDERS W/O MCC	0.8553	4.0	3.1	1
597	No	No	MALIGNANT BREAST DISORDERS W MCC	1.7789*	7.2	5.4	1
598	No	No	MALIGNANT BREAST DISORDERS W CC	1.1017	5.7	3.8	1
599	No	No	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.7382*	3.1	2.3	1
600	No	No	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.9826	3.9	3.5	1
601	No	No	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.5445	2.5	2.2	1
602	Yes	No	CELLULITIS AGE >17 W MCC	1.4389	5.7	4.6	1
603	Yes	No	CELLULITIS AGE >17 W/O MCC	0.6652	3.4	2.9	1
604	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W MCC	2.7693	7.6	5.1	1
605	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O MCC	0.7843	1.9	1.5	1
606	No	No	MINOR SKIN DISORDERS W MCC	1.2583	5.4	3.8	1
607	No	No	MINOR SKIN DISORDERS W/O MCC	0.5015	2.8	2.2	1
608	No	No	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1.8019#	12.7	7.4	1
609	No	No	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	0.8576	6.7	3.2	1
610	No	No	NEONATE, DIED W/IN ONE DAY OF BIRTH	0.1250	1.0	1.0	1
611	No	No	NEONATE, TRANSFERRED <5 DAYS OLD	0.2687	1.2	1.1	1
612	No	No	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	22.5265	88.3	62.1	6
613	No	No	NEONATE, BIRTHWT <750G, DIED	6.5191	11.7	3.3	1
614	No	No	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.4622	4.8	3.7	1
615	No	No	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.6141	2.5	2.1	1
616	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	2.9750	10.1	9.0	3
617	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	1.7178	5.8	4.7	1
618	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.2529*	5.0	4.0	2

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	3.3735	6.0	4.2	1
620	No	No	O.R. PROCEDURES FOR OBESITY W CC	2.0682	2.6	2.2	1
621	No	No	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.8079	1.8	1.7	1
622	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.9591*	12.8	9.7	2
623	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.6895	6.0	4.7	1
624	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.0725*	4.4	3.6	2
625	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.8406	8.2	5.3	1
626	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.4417	2.5	1.9	1
627	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	1.0434	1.4	1.2	1
628	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	4.5824	14.2	11.2	3
629	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2.1568	6.8	5.1	1
630	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.3348	3.0	2.4	1
631	No	No	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	17.3324	73.1	63.8	18
632	No	No	NEONATE, BIRTHWT 750-999G, DIED	4.8285#	10.4	4.8	1
633	No	No	NEONATE, BIRTHWT 1000-1499G, W SIGNIF O.R. PROC, DISCHARGED ALIVE	21.3201	87.1	79.9	35
634	No	No	NEONATE, BIRTHWT 1000-1499G, W/O SIGNIF O.R. PROC, DISCHARGED ALIVE	8.1524	45.2	40.6	15
635	No	No	NEONATE, BIRTHWT 1000-1499G, DIED	7.5721	18.2	8.5	1
636	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	13.7842	58.8	55.0	26
637	Yes	No	DIABETES W MCC	1.5690	5.2	4.3	1
638	Yes	No	DIABETES W CC	0.6965	3.1	2.5	1
639	Yes	No	DIABETES W/O CC/MCC	0.4885	2.3	2.0	1
640	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W MCC	1.3038	5.1	3.6	1
641	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W/O MCC	0.6438	3.0	2.3	1
642	No	No	INBORN AND OTHER DISORDERS OF METABOLISM	1.4252	4.8	3.1	1
643	Yes	No	ENDOCRINE DISORDERS W MCC	1.3488	5.7	4.7	1
644	Yes	No	ENDOCRINE DISORDERS W CC	0.9666	4.2	3.3	1
645	Yes	No	ENDOCRINE DISORDERS W/O CC/MCC	0.5642	2.5	2.1	1
646	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	11.3081#	37.3	33.9	21
647	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	5.9715	30.3	27.0	9
648	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MAJOR PROB	3.9660	23.1	20.2	6
649	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MINOR PROB	3.1185	21.3	17.8	4
650	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W OTHER PROB	2.2537	15.3	12.1	2
651	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	13.4064	49.7	37.0	8
652	No	No	KIDNEY TRANSPLANT	3.2033	6.2	5.5	2
653	Yes	No	MAJOR BLADDER PROCEDURES W MCC	6.8430*	16.0	13.1	4
654	Yes	No	MAJOR BLADDER PROCEDURES W CC	3.1299	9.5	7.7	2
655	Yes	No	MAJOR BLADDER PROCEDURES W/O CC/MCC	1.4793	3.0	2.4	1
656	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.4163	8.2	6.0	1
657	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	2.0340	4.4	3.9	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	1.6761	2.9	2.6	1
659	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.7950	7.5	5.6	1
660	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.5660	3.6	2.7	1
661	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.2733	2.1	1.8	1
662	No	No	MINOR BLADDER PROCEDURES W MCC	3.3235*	10.3	7.5	1
663	No	No	MINOR BLADDER PROCEDURES W CC	1.6189	3.4	2.5	1
664	No	No	MINOR BLADDER PROCEDURES W/O CC/MCC	0.9765	1.7	1.4	1
665	No	No	PROSTATECTOMY W MCC	3.4118*	11.9	9.5	1
666	No	No	PROSTATECTOMY W CC	1.8428*	6.2	4.5	1
667	No	No	PROSTATECTOMY W/O CC/MCC	0.7597	1.6	1.5	1
668	No	No	TRANSURETHRAL PROCEDURES W MCC	3.5906	10.0	6.5	1
669	No	No	TRANSURETHRAL PROCEDURES W CC	1.0997	2.3	1.8	1
670	No	No	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.9454	1.8	1.5	1
671	No	No	URETHRAL PROCEDURES AGE >17 W CC/MCC	1.5500#	4.7	3.5	1
672	No	No	URETHRAL PROCEDURES AGE >17 W/O CC/MCC	0.9627	1.7	1.5	1
673	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.0874	9.7	6.1	1
674	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.1554	6.8	5.0	1
675	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.2922	3.2	2.2	1
676	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	5.2262#	25.5	21.0	7
677	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	3.4189	16.5	13.8	4
678	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	2.2412	13.0	10.6	2
679	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.4835	9.3	6.8	1
680	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.8820	6.8	4.9	1
681	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	10.5769	32.0	20.6	3
682	Yes	No	RENAL FAILURE W MCC	1.6658	6.0	4.4	1
683	Yes	No	RENAL FAILURE W CC	0.8703	3.9	3.1	1
684	Yes	No	RENAL FAILURE W/O CC/MCC	0.5929	2.8	2.4	1
685	No	No	ADMIT FOR RENAL DIALYSIS	2.0058	4.9	3.5	1
686	No	No	KIDNEY & URINARY TRACT NEOPLASMS W MCC	1.8674*	7.2	5.4	1
687	No	No	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.2125	5.1	4.0	1
688	No	No	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.7554*	2.9	2.2	1
689	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W MCC	1.3314	6.1	4.4	1
690	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O MCC	0.7123	3.2	2.6	1
691	No	No	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.2728	2.4	2.0	1
692	No	No	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	0.8196	1.9	1.7	1
693	No	No	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.1129	4.2	3.0	1
694	No	No	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.6453	1.8	1.5	1
695	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W MCC	1.0985#	4.4	3.6	1
696	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O MCC	0.4744	2.5	2.0	1
697	No	No	URETHRAL STRICTURE AGE >17	0.7642#	2.2	1.8	1
698	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W MCC	1.3861	6.0	4.7	1
699	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	0.9046	3.9	3.1	1
700	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC/MCC	0.7151	2.9	2.3	1
707	No	No	MAJOR MALE PELVIC PROCEDURES W CC/MCC	2.0731	3.5	2.7	1

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

CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	1.6916	1.5	1.3	1
709	No	No	PENIS PROCEDURES W CC/MCC	2.1855	8.0	3.4	1
710	No	No	PENIS PROCEDURES W/O CC/MCC	1.4653	1.6	1.3	1
711	No	No	TESTES PROCEDURES AGE >17 W CC/MCC	2.2283#	6.7	4.6	1
712	No	No	TESTES PROCEDURES AGE >17 W/O CC/MCC	0.7745	1.4	1.3	1
713	No	No	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.2877	3.3	2.3	1
714	No	No	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.9058	1.6	1.5	1
715	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	2.1255*	6.6	4.4	1
716	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	1.3689	1.6	1.3	1
717	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.9160*	6.2	4.5	1
718	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.9609*	3.0	2.2	1
722	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.8526*	7.2	5.4	1
723	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.2283*	5.1	4.0	1
724	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.7225*	2.6	2.0	1
725	No	No	BENIGN PROSTATIC HYPERTROPHY W MCC	1.4403*	5.9	4.6	1
726	No	No	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.6051	2.7	2.4	1
727	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.0785	4.1	3.6	1
728	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.5670	2.8	2.3	1
729	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	1.1496*	4.4	3.4	1
730	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.4865	2.1	1.6	1
734	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.4886	5.5	4.0	1
735	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.6105	1.9	1.6	1
736	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	3.9333	10.3	8.7	2
737	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	1.8522	5.3	4.6	1
738	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.3606	2.6	2.3	1
739	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	3.6873*	9.2	6.8	1
740	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.7034	3.4	2.7	1
741	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.3257	1.7	1.5	1
742	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.4668	2.8	2.3	1
743	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	1.1746	1.8	1.6	1
744	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.4487	3.6	2.5	1
745	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	1.0195	1.7	1.5	1
746	No	No	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.4194	4.0	2.3	1
747	No	No	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	1.0025	1.5	1.3	1
748	No	No	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.1318	1.4	1.3	1
749	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.2754	6.0	4.2	1
750	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2243	2.3	2.0	1
754	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	1.8859	6.9	4.5	1

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND  
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS  
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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	0.9028	3.7	2.7	1
756	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6412*	2.7	2.1	1
757	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.8809*	7.8	6.0	1
758	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	0.9398	4.0	3.2	1
759	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5623	2.8	2.4	1
760	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.7379	2.7	2.2	1
761	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.4454	1.7	1.5	1
765	No	No	CESAREAN SECTION W CC/MCC	0.8662	4.2	3.6	1
766	No	No	CESAREAN SECTION W/O CC/MCC	0.6936	2.9	2.8	1
767	No	No	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7358	2.6	2.2	1
768	No	No	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.7527	3.4	2.9	1
769	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.4139	3.0	2.4	1
770	No	No	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.6955	1.6	1.3	1
774	No	No	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.5059	2.6	2.3	1
775	No	No	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.4076	2.1	2.0	1
776	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5182	2.7	2.2	1
777	No	No	ECTOPIC PREGNANCY	0.9387	1.8	1.5	1
778	No	No	THREATENED ABORTION	0.4433	3.5	2.3	1
779	No	No	ABORTION W/O D&C	0.3956	1.5	1.3	1
780	No	No	FALSE LABOR	0.2204	1.8	1.3	1
781	No	No	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5543	3.4	2.3	1
782	No	No	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.3666	2.5	1.7	1
787	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	1.8921	8.7	4.8	1
788	No	No	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROCEDURE	0.5578	2.2	2.0	1
789	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	2.3790	10.0	6.7	1
790	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	0.7795	4.9	3.7	1
791	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	0.3980	3.4	2.8	1
792	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.2144	2.5	2.3	1
793	No	No	NEONATAL AFTERCARE FOR WEIGHT GAIN	0.9702#	8.0	6.4	4
794	No	No	NEONATAL DIAGNOSIS, AGE > 28 DAYS	2.7497	15.8	7.1	1
795	No	No	NORMAL NEWBORN	0.1140	2.0	1.9	1
796	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W CC/MCC	2.9865#	9.0	4.3	1
797	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W/O CC/MCC	0.4052#	2.1	2.0	1
799	No	No	SPLENECTOMY AGE >17 W MCC	3.5444	11.6	8.4	2
800	No	No	SPLENECTOMY AGE >17 W CC	1.9623	4.5	3.6	1
801	No	No	SPLENECTOMY AGE >17 W/O CC/MCC	1.9024	2.9	2.5	1
802	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	4.0462*	11.4	8.3	1
803	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	2.1858	5.6	4.5	1
804	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.3884	3.1	2.6	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 2013)

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 10/01/2012)

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	2.2522	8.2	6.3	1
809	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.1009	4.7	3.7	1
810	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.8698	3.2	2.7	1
811	No	No	RED BLOOD CELL DISORDERS AGE >17 W MCC	1.2283	4.8	3.7	1
812	No	No	RED BLOOD CELL DISORDERS AGE >17 W/O MCC	0.6983	3.0	2.3	1
813	No	No	COAGULATION DISORDERS	1.2282	3.1	2.3	1
814	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	1.5786	5.0	3.7	1
815	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.0937	4.2	3.1	1
816	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.4606	2.5	2.1	1
820	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	10.5150	25.2	16.8	2
821	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	3.1156	6.8	5.0	1
822	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.5344	2.7	2.1	1
823	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	8.5590	20.0	13.6	1
824	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.8427	7.0	5.2	1
825	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.6036	3.0	2.3	1
826	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	3.9575	12.5	11.0	4
827	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.3759	6.4	4.9	1
828	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.3433	3.6	2.8	1
829	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	3.6932	15.6	9.3	1
830	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.8973	3.3	2.5	1
834	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W MCC	7.4156	23.0	15.7	2
835	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	4.0199	16.2	7.8	1
836	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC/MCC	1.6816	7.3	3.6	1
837	No	No	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	6.4393	21.7	15.9	2
838	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	3.0093	8.0	5.7	1
839	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	0.7766	4.1	3.6	1
840	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	4.6995	13.8	8.5	1
841	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.7070	6.2	4.2	1
842	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.6520	4.0	2.8	1
843	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	1.4095	7.0	5.4	1
844	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.0094	4.9	3.7	1
845	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.9147	3.7	2.5	1
846	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	3.1068	9.9	7.0	1
847	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.1106	3.5	2.9	1
848	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.7224	2.6	2.1	1
849	No	No	RADIOTHERAPY	1.5747	5.6	4.1	1
853	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	6.3883	15.4	11.9	2

**Notes:** (1) \* = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.  
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CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	2.1325	6.7	5.7	1
855	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.2583	4.7	4.2	1
856	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	4.1840	13.1	9.4	2
857	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.6398	5.7	4.4	1
858	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.2723	4.5	3.6	1
862	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.6671	6.7	4.9	1
863	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.8222	3.9	3.2	1
864	No	No	FEVER AGE > 17	0.7521	3.0	2.5	1
865	No	No	VIRAL ILLNESS AGE >17 W MCC	2.9612	8.5	5.3	1
866	No	No	VIRAL ILLNESS AGE >17 W/O MCC	0.6875	2.8	2.3	1
867	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.2770	7.3	5.8	1
868	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	0.8927	4.1	3.3	1
869	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.5619	3.1	2.6	1
870	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS AGE >17	7.0336	15.4	12.9	4
871	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W MCC	1.9698	6.5	4.9	1
872	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W/O MCC	1.0113	4.2	3.5	1
876	No	No	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1.7209	6.4	3.8	1
880	No	No	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.5728	3.2	2.3	1
881	No	No	DEPRESSIVE NEUROSES	0.5953	6.6	4.4	1
882	No	No	NEUROSES EXCEPT DEPRESSIVE	0.5410	6.0	4.0	1
883	No	No	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.4407	14.9	8.7	1
884	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.6267	3.8	2.5	1
885	No	No	PSYCHOSES	0.6202	6.6	5.0	1
886	No	No	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.5978	7.2	5.6	1
887	No	No	OTHER MENTAL DISORDER DIAGNOSES	0.9006	9.9	5.3	1
894	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3311	3.0	2.1	1
895	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.7173	16.5	12.8	2
896	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.2999	5.1	3.6	1
898	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE >21 W/O MCC	0.4649	4.3	3.2	1
899	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE <=21 W/O MCC	0.2709	3.8	3.2	1
901	No	No	WOUND DEBRIDEMENTS FOR INJURIES W MCC	4.8259*	14.9	9.9	1
902	No	No	WOUND DEBRIDEMENTS FOR INJURIES W CC	2.7489	7.1	4.8	1
903	No	No	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	0.8643	3.0	2.2	1
904	No	No	SKIN GRAFTS FOR INJURIES W CC/MCC	5.0277	12.0	8.6	1
905	No	No	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.3812	4.7	3.5	1
906	No	No	HAND PROCEDURES FOR INJURIES	1.5278	3.3	2.1	1
907	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W MCC	4.9711	12.5	7.9	1
908	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.8298	5.4	3.8	1
909	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1976	2.7	2.1	1
913	No	No	TRAUMATIC INJURY AGE >17 W MCC	1.6740#	5.2	3.4	1
914	No	No	TRAUMATIC INJURY AGE >17 W/O MCC	0.8074	2.0	1.7	1
915	No	No	ALLERGIC REACTIONS AGE >17 W MCC	1.3586	3.3	2.6	1

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CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	0.4029	1.8	1.5	1
917	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W MCC	1.4047	4.0	3.0	1
918	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O MCC	0.5325	2.1	1.7	1
919	No	No	COMPLICATIONS OF TREATMENT W MCC	1.8227	6.2	3.8	1
920	No	No	COMPLICATIONS OF TREATMENT W CC	0.9242	3.7	2.7	1
921	No	No	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.5787	2.4	2.0	1
922	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.4537	3.7	2.7	1
923	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.4928	1.9	1.5	1
927	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	10.7739	29.2	25.0	8
928	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	4.5323	14.8	10.3	2
929	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1.5237	6.3	4.4	1
933	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	2.6351*	5.3	2.5	1
934	No	No	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	0.4252	3.0	2.3	1
935	No	No	NON-EXTENSIVE BURNS	0.8238	3.6	2.4	1
939	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	3.7659	13.6	9.0	1
940	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	2.4318	8.4	4.6	1
941	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.7371	2.4	1.9	1
945	Yes	No	REHABILITATION W CC/MCC	1.7535	13.8	11.0	2
946	Yes	No	REHABILITATION W/O CC/MCC	0.8186	7.2	5.8	1
947	Yes	No	SIGNS & SYMPTOMS W MCC	1.1225	5.0	3.7	1
948	Yes	No	SIGNS & SYMPTOMS W/O MCC	0.6709	2.8	2.2	1
949	No	No	AFTERCARE W CC/MCC	0.5049	3.0	2.3	1
950	No	No	AFTERCARE W/O CC/MCC	0.3776	2.1	1.5	1
951	No	No	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3583	2.3	1.8	1
955	No	No	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	8.2466	13.5	9.9	1
956	Yes	No	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	5.0956	9.1	7.3	1
957	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.5596	13.2	9.6	1
958	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.4776	9.4	7.4	1
959	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	3.0541	6.2	5.0	1
963	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	3.2774	9.6	5.5	1
964	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.4954	5.3	4.1	1
965	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1.0266	3.3	2.8	1
969	No	No	HIV W EXTENSIVE O.R. PROCEDURE W MCC	6.0845*	16.3	12.0	3
970	No	No	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.9560*	7.4	5.5	3
974	No	No	HIV W MAJOR RELATED CONDITION W MCC	3.1171	9.2	7.2	1
975	No	No	HIV W MAJOR RELATED CONDITION W CC	1.3792	5.6	4.9	1
976	No	No	HIV W MAJOR RELATED CONDITION W/O CC/MCC	1.0083	3.3	2.8	1
977	No	No	HIV W OR W/O OTHER RELATED CONDITION	1.3654	5.4	3.6	1
981	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	5.7280	14.3	10.0	1
982	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.6287	6.3	4.4	1
983	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.5658	2.7	2.1	1

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(3) w CC = with Complications or Comorbidities.  
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CHAPTER 6, ADDENDUM C (FY 2013)

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 10/01/2012)

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	4.0201*	13.1	10.6	2
985	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.3193*	8.2	6.1	2
986	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1888*	3.6	2.5	2
987	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.8681	11.8	7.5	1
988	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.6167	5.0	3.6	1
989	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1023	2.3	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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(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 2011 - FY 2013)
ADDENDUM B	Table Of Maximum Rates For Freestanding Psychiatric Partial Hospitalization Programs (PHPs) Reimbursement (FY 2011 - FY 2013)
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 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 G	(FY 2013) - TRICARE-Authorized Residential Treatment Centers - For Payment Of Services Provided On Or After 10/01/2012
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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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
1,015	10/01/2012 through 09/30/2013

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.

a. 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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PER DIEM PAYMENT SYSTEM

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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%	2013	2.6%

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
September 30, 2011	250.77%	3.5077

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

TABLE OF REGIONAL SPECIFIC RATES FOR PSYCHIATRIC  
 HOSPITALS AND UNITS WITH LOW TRICARE VOLUME  
 (FY 2011 - FY 2013)

UNITED STATES CENSUS REGIONS	FY 2011 REGIONAL RATES 10/01/10 - 09/30/11	FY 2012 REGIONAL RATES 10/01/11 - 09/30/12	FY 2013 REGIONAL RATES 10/01/12 - 09/30/13
<b>Northeast:</b>			
New England (ME, NH, VT, MA, RI, CT)	\$764	\$787	\$807
Mid-Atlantic (NY, NJ, PA)	\$736	\$758	\$778
<b>Midwest:</b>			
East North Central (OH, IN, IL, MI, WI)	\$636	\$655	\$672
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$600	\$618	\$634
<b>South:</b>			
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$757	\$780	\$800
East South Central (KY, TN, AL, MS)	\$810	\$834	\$856
West South Central (AR, LA, TX, OK)	\$690	\$711	\$729
<b>West:</b>			
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$689	\$710	\$728
Pacific (WA, OR, CA, AK, HI)	\$814	\$838	\$860
Puerto Rico	\$519	\$535	\$549

NOTE: This table reflects maximum rates.

FOR FYs 2011, 2012, AND 2013: 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 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.

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TABLE OF REGIONAL SPECIFIC RATES FOR PSYCHIATRIC HOSPITALS AND UNITS WITH  
LOW TRICARE VOLUME (FY 2011 - FY 2013)

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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.

FOR FY 2013/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 \$213 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2012.

- END -

CHAPTER 7  
 ADDENDUM B

TABLE OF MAXIMUM RATES FOR FREESTANDING PSYCHIATRIC  
 PARTIAL HOSPITALIZATION PROGRAMS (PHPs) REIMBURSEMENT  
 (FY 2011 - FY 2013)

UNITED STATES CENSUS REGIONS	FULL-DAY RATE (6 HOURS OR MORE)			HALF-DAY RATE (3-5 HOURS)		
	10/01/10-09/30/11	10/01/11-09/30/12	10/01/12-09/30/13	10/01/10-09/30/11	10/01/11-09/30/12	10/01/12-09/30/13
<b>Northeast:</b>						
New England (ME, NH, VT, MA, RI, CT)	\$306	\$315	\$323	\$227	\$234	\$242
Mid-Atlantic (NY, NJ, PA)	\$333	\$343	\$352	\$250	\$258	\$264
<b>Midwest:</b>						
East North Central (OH, IN, IL, MI, WI)	\$293	\$302	\$310	\$218	\$225	\$233
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$293	\$302	\$310	\$218	\$225	\$233
<b>South:</b>						
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$314	\$323	\$331	\$237	\$244	\$248
East South Central (KY, TN, AL, MS)	\$340	\$350	\$359	\$256	\$264	\$269
West South Central (AR, LA, TX, OK)	\$340	\$350	\$359	\$256	\$264	\$269
<b>West:</b>						
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$343	\$353	\$362	\$259	\$267	\$272
Pacific (WA, OR, CA, AK, HI)	\$337	\$347	\$356	\$252	\$260	\$267
Puerto Rico	\$218	\$225	\$231	\$165	\$170	\$173
<b>Days of three hours or less: no payment authorized.</b>						

NOTE: This table reflects maximum rates.

- 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

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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
LaAmistad Behavioral Health Services dba Central Florida Behavioral Health 6601 Central Florida Parkway Orlando, FL 32821 EIN: 58-1791069	489.00
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

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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>
UHS of Laurel Heights, LP Laurel Heights Hospital 934 Briarcliff Road NE Atlanta, GA 30306 EIN: 23-3045288	764.00
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

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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 Broschart 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

CHAPTER 7  
 ADDENDUM G (FY 2013)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR  
 PAYMENT OF SERVICES PROVIDED ON OR AFTER 10/01/2012

The rates in this Addendum will be used for payment of claims for services rendered on or after October 1, 2012. The rates were adjusted by the lesser of the FY 2013 Medicare update factor (2.6%) or the amount that brought the rate up to the new cap amount of \$822.

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	822.00
<b>ARIZONA</b>	
Southwest Children's Health Services dba Parc Place 2190 North Grace Blvd Chandler, AZ 85225 EIN: 86-0768611	441.00
<b>ARKANSAS</b>	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	817.00
<b>COLORADO</b>	
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc. 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	822.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	757.00
<b>FLORIDA</b>	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	780.00
LaAmistad Behavioral Health Services dba Central Florida Behavioral Health 6601 Central Florida Parkway Orlando, FL 32821 EIN: 58-1791069	502.00
Manatee Palms Youth Service 4480 51st Street West Bradenton, FL 34210 EIN: 65-0816927	732.00
The National Deaf Academy, LLC RTC 19650 Hwy 441 Mt. Dora, FL 32757 EIN 59-3653865	822.00
River Point Behavioral Health TBJ Behavioral, LLC 6300 Beach Blvd Jacksonville, FL 32216 EIN: 20-4865566	634.00
University Behavioral, LLC dba University Behavioral Center 2500 Discovery Drive Orlando, FL 32826 EIN: 20-5202458	702.00
<b>GEORGIA</b>	
Costal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	454.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
UHS of Laurel Heights, LP Laurel Heights Hospital 934 Briarcliff Road NE Atlanta, GA 30306 EIN: 23-3045288	784.00
Youth Villages, Inc 4685 Dorsett Shoals Road Douglasville, GA 30135 EIN: 58-1716970	822.00
<b>HAWAII</b>	
Kahi Mohala Behavioral Health Sutter Health Pacific 91-2301 Fort Weaver Road Ewa Beach, HI 96706 EIN: 99-0298651	822.00
Queen's Medical Center/Family Treatment Ctr The Queen's Healthcare System 1301 Punchbowl Honolulu, HI 96813 EIN: 99-0073524	794.00
<b>IDAHO</b>	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	373.00
<b>INDIANA</b>	
Michiana Behavioral Health Center HHC Indiana, Inc 1800 North Oak Road Plymouth, IN 46563 EIN: 20-0768028	464.00
Valle Vista Hospital, LLC Valle Vista Health System 898 East Main Street Greenwood, IN 46143 EIN: 62-1740366	491.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<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	739.00
Ten Broeck Hospital -- Dupont TBD Acquisition, LLC Louisville, KY 40207 EIN: 20-5048087	695.00
<b>MARYLAND</b>	
Adventist Healthcare Inc dba Adventist Behavior Health 14901 Broschart Road Rockville, MD 20850 EIN: 52-1532556	427.00
<b>MISSOURI</b>	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	354.00
Heartland Behavioral Health Services, Inc Great Plains Hospital, Inc 1500 W. Asland Nevada, MO 64772 EIN: 43-1328523	433.00
Lakeland Regional Hospital Lakeland Hospital Acquisition Corporation 440 South Market Avenue Springfield, MO 65806 EIN: 58-2291915	443.00
<b>MONTANA</b>	
Acadia Montana 55 Basin Creek Road Butte, MT 59701 EIN: 62-1681724	476.00

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TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<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	473.00
<b>NEVADA</b>	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	822.00
<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	347.00
<b>NORTH CAROLINA</b>	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 561317433	504.00
<b>OHIO</b>	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	434.00
<b>PENNSYLVANIA</b>	
KidsPeace National Centers, Inc. 5300 KidsPeace Drive Orefield, PA 18069 EIN: 23-2654908	576.00
<b>SOUTH CAROLINA</b>	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	472.00

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

CHAPTER 7, ADDENDUM G (FY 2013)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	788.00
<b>TENNESSEE</b>	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	489.00
<b>TEXAS</b>	
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	756.00
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	822.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	686.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	771.00
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	708.00
<b>UTAH</b>	
UHS of Provo Canyon, Inc / Provo Canyon School 4501 North University Avenue Provo, UT 84604 EIN: 23-3044423	487.00

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

CHAPTER 7, ADDENDUM G (FY 2013)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

<b>FACILITY</b>	<b>TRICARE/CHAMPUS RATE</b>
UHS of Provo Canyon, Inc / Provo Canyon School 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	487.00
UHS of Timpanogos Center of Change 1790 N. State Street Orem, UT 84057 EIN: 20-3687800	611.00
<b>VIRGINIA</b>	
Cumberland Hospital for Children and Adolescents dba Cumberland Hospital 9407 Cumberland Road New Kent, VA 23124 EIN 02-0567575	806.00
Hallmark Youthcare - Richmond 12800 West Creek Parkway Richmond, VA 23238 EIN: 58-2156548	817.00
Harbor Point Behavioral Health Center 301 Fort Lane Portsmouth, VA 23704 EIN: 54-1465094	686.00
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	483.00
North Spring Behavioral Healthcare 42009 Victory Lane Leesburg, VA 20176 EIN: 20-1215130	518.00
The Pines Residential Treatment Center - Kempsville 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	686.00
Poplar West HHC Poplar Springs, Inc. 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	792.00

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

CHAPTER 7, ADDENDUM G (FY 2013)

TRICARE-AUTHORIZED RESIDENTIAL TREATMENT CENTERS - FOR PAYMENT OF SERVICES  
PROVIDED ON OR AFTER 10/01/2012

FACILITY	TRICARE/CHAMPUS RATE
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	537.00
<b>WASHINGTON</b>	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	682.00

- 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 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 B	(FY 2013) - Example Of Computation Of Adjusted PPS Rates And SNF Payment For Fiscal Year 2013
ADDENDUM C	Fact Sheet Regarding Consolidated Billing and Ambulance Services
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)
	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)

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

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SECTION	SUBJECT
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)
<b>ADDENDUM D (FY 2013) - Case-Mix Adjusted Federal Rates For SNFs - Fiscal Year 2013</b>	
FIGURE 8-D-1-2013	Case-Mix Adjusted Federal Rates For Urban SNFs By Labor And Non-Labor Component (RUG-66 Rates)
FIGURE 8-D-2-2013	Case-Mix Adjusted Federal Rates For Rural SNFs By Labor And Non-Labor Component (RUG-66 Rates)
FIGURE 8-D-3-2013	Case-Mix Adjusted Federal Rates And Associated Indexes - Urban (RUG-66 Rates)
FIGURE 8-D-4-2013	Case-Mix Adjusted Federal Rates And Associated Indexes - Rural (RUG-66 Rates)
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	
<b>ADDENDUM E (FY 2013) - Wage Indexes For Urban Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2013</b>	
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	
<b>ADDENDUM F (FY 2013) - Wage Indexes For Rural Areas For SNFs Based On CBSA Labor Market Areas - Fiscal Year 2013</b>	
ADDENDUM G Letter To Skilled Nursing Facility (SNF) RE: New Participation Agreement	

CHAPTER 8  
 ADDENDUM B (FY 2013)

EXAMPLE OF COMPUTATION OF ADJUSTED PPS RATES AND  
 SNF PAYMENT FOR FISCAL YEAR 2013

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 \$41,149.70. The Labor and Non-Labor columns are derived from [Addendum D \(FY 2013\)](#). Wage index is derived from [Addendum E \(FY 2013\)](#).

**SNF XYZ: LOCATED IN CEDAR RAPIDS, IA (URBAN CBSA 16300) WAGE INDEX: 0.8944**

RUG-IV GROUP	LABOR	WAGE INDEX	ADJ. LABOR	NON-LABOR	ADJ. RATE	PERCENT ADJ.	SNF DAYS	PAYMENT
RVX	\$456.89	0.8944	\$408.64	\$211.25	\$619.99	\$619.99	14	\$8,678.46
ES2	\$366.85	0.8944	\$328.11	\$169.62	\$497.73	\$497.73	30	\$14,931.90
RHA	\$230.51	0.8944	\$206.17	\$106.57	\$312.74	\$312.74	16	\$5,003.84
CC2*	\$212.49	0.8944	\$190.05	\$98.24	\$288.29	\$657.30	10	\$6,573.00
BA2	\$146.49	0.8944	\$131.02	\$67.73	\$198.75	\$198.75	30	\$5,962.50
							100	\$41,149.70

\* 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: 77 FR 46224 Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities For FY 2013.**

- END -



CASE-MIX ADJUSTED FEDERAL RATES FOR SNFs - FISCAL YEAR 2013

FIGURE 8-D-1-2013 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	RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
RUX	750.66	513.32	237.34	LE2	420.33	287.43	132.90
RUL	734.30	502.14	232.16	LE1	351.62	240.45	111.17
RVX	668.14	456.89	211.25	LD2	403.97	276.25	127.72
RVL	599.44	409.92	189.52	LD1	338.54	231.50	107.04
RHX	605.35	413.96	191.39	LC2	354.89	242.68	112.21
RHL	539.92	369.21	170.71	LC1	299.28	204.66	94.62
RMX	555.29	379.72	175.57	LB2	336.90	230.38	106.52
RML	509.49	348.40	161.09	LB1	286.19	195.71	90.48
RLX	487.67	333.48	154.19	CE2	374.52	256.11	118.41
RUC	569.08	389.15	179.93	CE1	345.08	235.98	109.10
RUB	569.08	389.15	179.93	CD2	354.89	242.68	112.21
RUA	475.84	325.39	150.45	CD1	325.45	222.55	102.90
RVC	488.21	333.85	154.36	CC2	310.73	212.49	98.24
RVB	422.77	289.10	133.67	CC1	287.83	196.83	91.00
RVA	421.14	287.99	133.15	CB2	287.83	196.83	91.00
RHC	425.41	290.91	134.50	CB1	266.56	182.28	84.28
RHB	382.88	261.82	121.06	CA2	243.66	166.62	77.04
RHA	337.08	230.51	106.57	CA1	227.30	155.43	71.87
RMC	373.72	255.56	118.16	BB2	258.38	176.69	81.69
RMB	350.82	239.90	110.92	BB1	246.93	168.86	78.07
RMA	288.66	197.39	91.27	BA2	214.22	146.49	67.73
RLB	363.35	248.47	114.88	BA1	204.40	139.77	64.63
RLA	234.12	160.10	74.02	PE2	345.08	235.98	109.10
ES3	685.33	468.65	216.68	PE1	328.72	224.79	103.93
ES2	536.47	366.85	169.62	PD2	325.45	222.55	102.90
ES1	479.22	327.71	151.51	PD1	309.09	211.37	97.72
HE2	462.86	316.52	146.34	PC2	279.65	191.23	88.42
HE1	384.34	262.82	121.52	PC1	266.56	182.28	84.28
HD2	433.41	296.38	137.03	PB2	237.12	162.15	74.97
HD1	361.44	247.16	114.28	PB1	227.30	155.43	71.87
HC2	408.88	279.60	129.28	PA2	196.22	134.18	62.04
HC1	341.81	233.74	108.07	PA1	188.04	128.59	59.45
HB2	403.97	276.25	127.72				
HB1	338.54	231.50	107.04				

Source: 77 FR 46222; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

Source: 77 FR 46222; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

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

CHAPTER 8, ADDENDUM D (FY 2013)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2013

**FIGURE 8-D-2-2013 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	RUG-IV CATEGORY	TOTAL RATE	LABOR PORTION	NON-LABOR PORTION
RUX	767.99	525.17	242.82	LE2	408.67	279.46	129.21
RUL	752.36	514.49	237.87	LE1	343.03	234.57	108.46
RVX	674.78	461.43	213.35	LD2	393.04	268.77	124.27
RVL	609.14	416.55	192.59	LD1	330.53	226.03	104.50
RHX	604.31	413.25	191.06	LC2	346.16	236.71	109.45
RHL	541.80	370.50	171.30	LC1	293.02	200.38	92.64
RMX	549.18	375.55	173.63	LB2	328.97	224.96	104.01
RML	505.42	345.62	159.80	LB1	280.52	191.83	88.69
RLX	478.00	326.87	151.13	CE2	364.91	249.54	115.37
RUC	594.52	406.55	187.97	CE1	336.78	230.30	106.48
RUB	594.52	406.55	187.97	CD2	346.16	236.71	109.45
RUA	505.44	345.64	159.80	CD1	318.03	217.48	100.55
RVC	502.87	343.88	158.99	CC2	303.96	207.86	96.10
RVB	440.36	301.13	139.23	CC1	282.08	192.89	89.19
RVA	438.80	300.06	138.74	CB2	282.08	192.89	89.19
RHC	432.41	295.69	136.72	CB1	261.77	179.01	82.76
RHB	391.77	267.90	123.87	CA2	239.89	164.04	75.85
RHA	348.01	237.98	110.03	CA1	224.26	153.36	70.90
RMC	375.71	256.92	118.79	BB2	253.95	173.66	80.29
RMB	353.83	241.96	111.87	BB1	243.01	166.18	76.83
RMA	294.45	201.35	93.10	BA2	211.76	144.81	66.95
RLB	359.23	245.65	113.58	BA1	202.38	138.39	63.99
RLA	235.77	161.23	74.54	PE2	336.78	230.30	106.48
ES3	661.84	452.59	209.25	PE1	321.15	219.61	101.54
ES2	519.63	355.34	164.29	PD2	318.03	217.48	100.55
ES1	464.93	317.93	147.00	PD1	302.40	206.79	95.61
HE2	449.30	307.24	142.06	PC2	274.27	187.55	86.72
HE1	374.29	255.95	118.34	PC1	261.77	179.01	82.76
HD2	421.17	288.01	133.16	PB2	233.64	159.77	73.87
HD1	352.41	240.99	111.42	PB1	224.26	153.36	70.90
HC2	397.73	271.98	125.75	PA2	194.57	133.05	61.52
HC1	333.65	228.16	105.49	PA1	186.75	127.71	59.04
HB2	393.04	268.77	124.27				
HB1	330.53	226.03	104.50				

**Source: 77 FR 46222; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.**

**Source: 77 FR 46222; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.**

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

CHAPTER 8, ADDENDUM D (FY 2013)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2013

**FIGURE 8-D-3-2013 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	436.76	230.42	.....	83.48	750.66
RUL	2.57	1.87	420.40	230.42	.....	83.48	734.30
RVX	2.61	1.28	426.94	157.72	.....	83.48	668.14
RVL	2.19	1.28	358.24	157.72	.....	83.48	599.44
RHX	2.55	0.85	417.13	104.74	.....	83.48	605.35
RHL	2.15	0.85	351.70	104.74	.....	83.48	539.92
RMX	2.47	0.55	404.04	67.77	.....	83.48	555.29
RML	2.19	0.55	358.24	67.77	.....	83.48	509.49
RLX	2.26	0.28	369.69	34.50	.....	83.48	487.67
RUC	1.56	1.87	255.18	230.42	.....	83.48	569.08
RUB	1.56	1.87	255.18	230.42	.....	83.48	569.08
RUA	0.99	1.87	161.94	230.42	.....	83.48	475.84
RVC	1.51	1.28	247.01	157.72	.....	83.48	488.21
RVB	1.11	1.28	181.57	157.72	.....	83.48	422.77
RVA	1.10	1.28	179.94	157.72	.....	83.48	421.14
RHC	1.45	0.85	237.19	104.74	.....	83.48	425.41
RHB	1.19	0.85	194.66	104.74	.....	83.48	382.88
RHA	0.91	0.85	148.86	104.74	.....	83.48	337.08
RMC	1.36	0.55	222.47	67.77	.....	83.48	373.72
RMB	1.22	0.55	199.57	67.77	.....	83.48	350.82
RMA	0.84	0.55	137.41	67.77	.....	83.48	288.66
RLB	1.50	0.28	245.37	34.50	.....	83.48	363.35
RLA	0.71	0.28	116.14	34.50	.....	83.48	234.12
ES3	3.58	.....	585.62	.....	16.23	83.48	685.33
ES2	2.67	.....	436.76	.....	16.23	83.48	536.47
ES1	2.32	.....	379.51	.....	16.23	83.48	479.22
HE2	2.22	.....	363.15	.....	16.23	83.48	462.86
HE1	1.74	.....	284.63	.....	16.23	83.48	384.34
HD2	2.04	.....	333.70	.....	16.23	83.48	433.41
HD1	1.60	.....	261.73	.....	16.23	83.48	361.44
HC2	1.89	.....	309.17	.....	16.23	83.48	408.88
HC1	1.48	.....	242.10	.....	16.23	83.48	341.81
HB2	1.86	.....	304.26	.....	16.23	83.48	403.97
HB1	1.46	.....	238.83	.....	16.23	83.48	338.54

Source: 77 FR 46620; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

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

CHAPTER 8, ADDENDUM D (FY 2013)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2013

**FIGURE 8-D-3-2013 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	.....	320.62	.....	16.23	83.42	420.33
LE1	1.54	.....	251.91	.....	16.23	83.48	351.62
LD2	1.86	.....	304.26	.....	16.23	83.48	403.97
LD1	1.46	.....	238.83	.....	16.23	83.48	338.54
LC2	1.56	.....	255.18	.....	16.23	83.48	354.89
LC1	1.22	.....	199.57	.....	16.23	83.48	299.28
LB2	1.45	.....	237.19	.....	16.23	83.48	336.90
LB1	1.14	.....	186.48	.....	16.23	83.48	286.19
CE2	1.68	.....	274.81	.....	16.23	83.48	374.52
CE1	1.50	.....	245.37	.....	16.23	83.48	345.08
CD2	1.56	.....	255.18	.....	16.23	83.48	354.89
CD1	1.38	.....	225.74	.....	16.23	83.48	325.45
CC2	1.29	.....	211.02	.....	16.23	83.48	310.73
CC1	1.15	.....	188.12	.....	16.23	83.48	287.83
CB2	1.15	.....	188.12	.....	16.23	83.48	287.83
CB1	1.02	.....	166.85	.....	16.23	83.48	266.56
CA2	0.88	.....	143.95	.....	16.23	83.48	243.66
CA1	0.78	.....	127.59	.....	16.23	83.48	227.30
BB2	0.97	.....	158.67	.....	16.23	83.48	258.38
BB1	0.90	.....	147.22	.....	16.23	83.48	246.93
BA2	0.70	.....	114.51	.....	16.23	83.48	214.22
BA1	0.64	.....	104.69	.....	16.23	83.48	204.40
PE2	1.50	.....	245.37	.....	16.23	83.48	345.08
PE1	1.40	.....	229.01	.....	16.23	83.48	328.72
PD2	1.38	.....	225.74	.....	16.23	83.48	325.45
PD1	1.28	.....	209.38	.....	16.23	83.48	309.09
PC2	1.10	.....	179.94	.....	16.23	83.48	279.65
PC1	1.02	.....	166.85	.....	16.23	83.48	266.56
PB2	0.84	.....	137.41	.....	16.23	83.48	237.12
PB1	0.78	.....	127.59	.....	16.23	83.48	227.30
PA2	0.59	.....	96.51	.....	16.23	83.48	196.22
PA1	0.54	.....	88.33	.....	16.23	83.48	188.04

Source: 77 FR 46620; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

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

CHAPTER 8, ADDENDUM D (FY 2013)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2013

**FIGURE 8-D-4-2013 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	417.27	265.69	.....	85.03	767.99
RUL	2.57	1.87	401.64	265.69	.....	85.03	752.36
RVX	2.61	1.28	407.89	181.86	.....	85.03	674.78
RVL	2.19	1.28	342.25	181.86	.....	85.03	609.14
RHX	2.55	0.85	398.51	120.77	.....	85.03	604.31
RHL	2.15	0.85	336.00	120.77	.....	85.03	541.80
RMX	2.47	0.55	386.01	78.14	.....	85.03	549.18
RML	2.19	0.55	342.25	78.14	.....	85.03	505.42
RLX	2.26	0.28	353.19	39.78	.....	85.03	478.00
RUC	1.56	1.87	243.80	265.69	.....	85.03	594.52
RUB	1.56	1.87	243.80	265.69	.....	85.03	594.52
RUA	0.99	1.87	154.72	265.69	.....	85.03	505.44
RVC	1.51	1.28	235.98	181.86	.....	85.03	502.87
RVB	1.11	1.28	173.47	181.86	.....	85.03	440.36
RVA	1.10	1.28	171.91	181.86	.....	85.03	438.80
RHC	1.45	0.85	226.61	120.77	.....	85.03	432.41
RHB	1.19	0.85	185.97	120.77	.....	85.03	391.77
RHA	0.91	0.85	142.21	120.77	.....	85.03	348.01
RMC	1.36	0.55	212.54	78.14	.....	85.03	375.71
RMB	1.22	0.55	190.66	78.14	.....	85.03	353.83
RMA	0.84	0.55	131.28	78.14	.....	85.03	294.45
RLB	1.50	0.28	234.42	39.78	.....	85.03	359.23
RLA	0.71	0.28	110.96	39.78	.....	85.03	235.77
ES3	3.58	.....	559.48	.....	17.33	85.03	661.84
ES2	2.67	.....	417.27	.....	17.33	85.03	519.63
ES1	2.32	.....	362.57	.....	17.33	85.03	464.93
HE2	2.22	.....	346.94	.....	17.33	85.03	449.30
HE1	1.74	.....	271.93	.....	17.33	85.03	374.29
HD2	2.04	.....	318.81	.....	17.33	85.03	421.17
HD1	1.60	.....	250.05	.....	17.33	85.03	352.41
HC2	1.89	.....	295.37	.....	17.33	85.03	397.73
HC1	1.48	.....	231.29	.....	17.33	85.03	333.65
HB2	1.86	.....	290.68	.....	17.33	85.03	393.04
HB1	1.46	.....	228.17	.....	17.33	85.03	330.53

Source: 77 FR 46221; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

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

CHAPTER 8, ADDENDUM D (FY 2013)

CASE-MIX ADJUSTED FEDERAL RATES FOR SNFS - FISCAL YEAR 2013

**FIGURE 8-D-4-2013 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	.....	306.31	.....	17.33	85.03	408.67
LE1	1.54	.....	240.67	.....	17.33	85.03	343.03
LD2	1.86	.....	290.68	.....	17.33	85.03	393.04
LD1	1.46	.....	228.17	.....	17.33	85.03	330.53
LC2	1.56	.....	243.80	.....	17.33	85.03	346.16
LC1	1.22	.....	190.66	.....	17.33	85.03	293.02
LB2	1.45	.....	226.61	.....	17.33	85.03	328.97
LB1	1.14	.....	178.16	.....	17.33	85.03	280.52
CE2	1.68	.....	262.55	.....	17.33	85.03	364.91
CE1	1.50	.....	234.42	.....	17.33	85.03	336.78
CD2	1.56	.....	243.80	.....	17.33	85.03	346.16
CD1	1.38	.....	215.67	.....	17.33	85.03	318.03
CC2	1.29	.....	201.60	.....	17.33	85.03	303.96
CC1	1.15	.....	179.72	.....	17.33	85.03	282.08
CB2	1.15	.....	179.72	.....	17.33	85.03	282.08
CB1	1.02	.....	159.41	.....	17.33	85.03	261.77
CA2	0.88	.....	137.53	.....	17.33	85.03	239.89
CA1	0.78	.....	121.90	.....	17.33	85.03	224.26
BB2	0.97	.....	151.59	.....	17.33	85.03	253.95
BB1	0.90	.....	140.65	.....	17.33	85.03	243.01
BA2	0.70	.....	109.40	.....	17.33	85.03	211.76
BA1	0.64	.....	100.02	.....	17.33	85.03	202.38
PE2	1.50	.....	234.42	.....	17.33	85.03	336.78
PE1	1.40	.....	218.79	.....	17.33	85.03	321.15
PD2	1.38	.....	215.67	.....	17.33	85.03	318.03
PD1	1.28	.....	200.04	.....	17.33	85.03	302.40
PC2	1.10	.....	171.91	.....	17.33	85.03	274.27
PC1	1.02	.....	159.41	.....	17.33	85.03	261.77
PB2	0.84	.....	131.28	.....	17.33	85.03	233.64
PB1	0.78	.....	121.90	.....	17.33	85.03	224.26
PA2	0.59	.....	92.21	.....	17.33	85.03	194.57
PA1	0.54	.....	84.39	.....	17.33	85.03	186.75

Source: 77 FR 46221; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

- END -

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON  
 CBSA LABOR MARKET AREAS - FISCAL YEAR 2013

SOURCE: 77 FR 46232; Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

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 Callahan, TX Jones, TX Taylor, TX	0.8324		Grant, LA Rapides, LA			Henderson, NC Madison, NC	
10380	Aguadilla-Isabela-San Sebastian, PR Aguada, PR Aguadilla, PR Anasco, PR Isabela, PR Lares, PR Moca, PR Rincon, PR San Sebastian, PR	0.3532	10900	Allentown-Bethlehem-Easton, PA-NJ Warren, NJ Carbon, PA Lehigh, PA Northampton, PA	0.9084	12020	Athens-Clarke, GA Clarke, GA Madison, GA Oconee, GA Oglethorpe, GA	0.9488
10420	Akron, OH Portage, OH Summit, OH	0.8729	11020	Altoona, PA Blair, PA	0.8898	12060	Atlanta-Sandy Springs-Marietta, GA Barrow, GA Bartow, GA Butts, GA Carroll, GA Cherokee, GA Clayton, GA Cobb, GA Coweta, GA Dawson, GA DeKalb, GA Douglas, GA Fayette, GA Forsyth, GA Fulton, GA Gwinnett, GA Haralson, GA Heard, GA Henry, GA Jasper, GA Lamar, GA Meriwether, GA Newton, GA Paulding, GA Pickens, GA Pike, GA Rockdale, GA Spalding, GA	0.9517
10500	Albany, GA Baker, GA Dougherty, GA Lee, GA Terrell, GA Worth, GA	0.8435	11100	Amarillo, TX Armstrong, TX Carson, TX Potter, TX Randall, TX	0.8506			
10580	Albany-Schenectady-Troy, NY Albany, NY Rensselaer, NY Saratoga, NY Schenectady, NY Schoharie, NY	0.8647	11180	Ames, IA Story, IA	0.9595			
10740	Albuquerque, NM Bernalillo, NM Sandoval, NM Torrance, NM Valencia, NM	0.9542	11260	Anchorage, AK Anchorage Municipality, AK Matanuska-Susitna Borough, AK	1.2147			
10780	Alexandria, LA	0.7857	11300	Anderson, IN Madison, IN	0.9547			
			11340	Anderson, SC Anderson, SC	0.8929			
			11460	Ann Arbor, MI Washtenaw, MI	1.0115			
			11500	Anniston-Oxford, AL Calhoun, AL	0.7539			
			11540	Appleton, WI Calumet, WI Outagamie, WI	0.9268			
			11700	Asheville, NC Buncombe, NC Haywood, NC	0.8555			

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

CHAPTER 8, ADDENDUM E (FY 2013)

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON CBSA LABOR MARKET  
AREAS - FISCAL YEAR 2013

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	1.1977	12980	Battle Creek, MI Calhoun, MI	0.9912	14060	Bloomington-Normal, IL McLean, IL	0.9502
12220	Auburn-Opelika, AL Lee, AL	0.7437	13020	Bay City, MI Bay, MI	0.9181	14260	Boise City-Nampa, ID Ada, ID	0.8897
12260	Augusta-Richmond, GA-SC Burke, GA Columbia, GA McDuffie, GA Richmond, GA Aiken, SC Edgefield, SC	0.9373	13140	Beaumont-Port Arthur, TX Hardin, TX Jefferson, TX Orange, TX	0.8533		Boise, ID Canyon, ID Gem, ID Owyhee, ID	
12420	Austin-Round Rock, TX Bastrop, TX Caldwell, TX Hays, TX Travis, TX Williamson, TX	0.9746	13380	Bellingham, WA Whatcom, WA	1.1415	14484	Boston-Quincy, MA Norfolk, MA Plymouth, MA Suffolk, MA	1.2378
12540	Bakersfield, CA Kern, CA	1.1611	13460	Bend, OR Deschutes, OR	1.1119	14500	Boulder, CO Boulder, CO	1.0574
12580	Baltimore-Towson, MD Anne Arundel, MD Baltimore, MD Carroll, MD Harford, MD Howard, MD Queen Anne's, MD Baltimore City, MD	1.0147	13644	Bethesda-Frederick-Gaithersburg, MD Frederick, MD Montgomery, MD	1.0374	14540	Bowling Green, KY Edmonson, KY Warren, KY	0.8665
12620	Bangor, ME Penobscot, ME	1.0184	13740	Billings, MT Carbon, MT Yellowstone, MT	0.8737	14740	Bremerton-Silverdale, WA Kitsap, WA	1.0829
12700	Barnstable Town, MA Barnstable, MA	1.2843	13780	Binghamton, NY Broome, NY Tioga, NY	0.8707	14860	Bridgeport-Stamford-Norwalk, CT Fairfield, CT	1.3170
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	0.8147	13820	Birmingham-Hoover, AL Bibb, AL Blount, AL Chilton, AL Jefferson, AL St. Clair, AL Shelby, AL Walker, AL	0.8516	15180	Brownsville-Harlingen, TX Cameron, TX	0.8612
			13900	Bismarck, ND Burleigh, ND Morton, ND	0.7261	15260	Brunswick, GA Brantley, GA Glynn, GA McIntosh, GA	0.8792
			13980	Blacksburg-Christiansburg-Radford, VA Giles, VA Montgomery, VA Pulaski, VA Radford City, VA	0.8348	15380	Buffalo-Niagara Falls, NY Erie, NY Niagara, NY	0.9999
			14020	Bloomington, IN Greene, IN Monroe, IN Owen, IN	0.8752	15500	Burlington, NC Alamance, NC	0.8485
						15540	Burlington-South Burlington, VT Chittenden, VT Franklin, VT Grand Isle, VT	0.9997
						15764	Cambridge-Newton-Framingham, MA Middlesex, MA	1.1262
						15804	Camden, NJ Burlington, NJ	1.0474

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CHAPTER 8, ADDENDUM E (FY 2013)

WAGE INDEXES FOR URBAN AREAS FOR SNFS BASED ON CBSA LABOR MARKET  
AREAS - FISCAL YEAR 2013

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Camden, NJ			Albemarle, VA			Christian, KY	
	Gloucester, NJ			Fluvanna, VA			Trigg, KY	
15940	Canton-Massillon, OH	0.8834		Greene, VA			Montgomery, TN	
	Carroll, OH			Nelson, VA			Stewart, TN	
	Stark, OH			Charlottesville City, VA		17420	Cleveland, TN	0.7592
15980	Cape Coral-Fort Myers, FL	0.9153	16860	Chattanooga, TN-GA	0.8678		Bradley, TN	
	Lee, FL			Catoosa, GA		17460	Cleveland-Elyria-Mentor, OH	0.9082
16020	Cape Girardeau-Jackson, MO-IL	0.8860		Dade, GA			Cuyahoga, OH	
	Alexander, IL			Walker, GA			Geauga, OH	
	Bollinger, MO			Hamilton, TN			Lake, OH	
	Cape Girardeau, MO			Marion, TN			Lorain, OH	
16180	Carson City, NV	1.0559	16940	Cheyenne, WY	0.9730		Medina, OH	
	Carson City, NV			Laramie, WY		17660	Coeur d'Alene, ID	0.9218
16220	Casper, WY	1.0143	16974	Chicago-Naperville-Joliet, IL	1.0600		Kootenai, ID	
	Natrona, WY			Cook, IL		17780	College Station-Bryan, TX	0.9584
16300	Cedar Rapids, IA	0.8944		DeKalb, IL			Brazos, TX	
	Benton, IA			DuPage, IL			Burleson, TX	
	Jones, IA			Grundy, IL			Robertson, TX	
	Linn, IA			Kane, IL		17820	Colorado Springs, CO	0.9364
16580	Champaign-Urbana, IL	0.9907		Kendall, IL			El Paso, CO	
	Champaign, IL			McHenry, IL			Teller, CO	
	Ford, IL			Will, IL		17860	Columbia, MO	0.8339
	Piatt, IL		17020	Chico, CA	1.1197		Boone, MO	
16620	Charleston, WV	0.8050		Butte, CA			Howard, MO	
	Boone, WV		17140	Cincinnati-Middletown, OH-KY-IN	0.9508	17900	Columbia, SC	0.8560
	Clay, WV			Dearborn, IN			Calhoun, SC	
	Kanawha, WV			Franklin, IN			Fairfield, SC	
	Lincoln, WV			Ohio, IN			Kershaw, SC	
	Putnam, WV			Boone, KY			Lexington, SC	
16700	Charleston-North Charleston-Summerville, SC	0.8820		Bracken, KY			Richland, SC	
	Berkeley, SC			Campbell, KY		17980	Columbus, GA-AL	0.8857
	Charleston, SC			Gallatin, KY			Russell, AL	
	Dorchester, SC			Grant, KY			Chattahoochee, GA	
16740	Charlotte-Gastonia-Concord, NC-SC	0.9215		Kenton, KY			Harris, GA	
	Anson, NC			Pendleton, KY			Marion, GA	
	Cabarrus, NC			Brown, OH		18020	Columbus, IN	0.9564
	Gaston, NC			Butler, OH			Bartholomew, IN	
	Mecklenburg, NC			Clermont, OH		18140	Columbus, OH	0.9763
	Union, NC			Hamilton, OH			Delaware, OH	
	York, SC			Warren, OH			Fairfield, OH	
16820	Charlottesville, VA	0.9195	17300	Clarksville, TN-KY	0.8082		Franklin, OH	

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CHAPTER 8, ADDENDUM E (FY 2013)

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON CBSA LABOR MARKET  
AREAS - FISCAL YEAR 2013

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	0.7261		Person, NC	
	Morrow, OH			Lawrence, AL		20740	Eau Claire, WI	0.9705
	Pickaway, OH			Morgan, AL			Chippewa, WI	
	Union, OH		19500	Decatur, IL	0.7993		Eau Claire, WI	
18580	Corpus Christi, TX	0.8591		Macon, IL		20764	Edison-New Brunswick, NJ	1.0806
	Aransas, TX		19660	Deltona-Daytona Beach-Ormond Beach, FL	0.8716		Middlesex, NJ	
	Nueces, TX			Volusia, FL			Monmouth, NJ	
	San Patricio, TX			Denver-Aurora, CO	1.0469		Ocean, NJ	
18700	Corvallis, OR	1.0715	19740	Adams, CO		20940	El Centro, CA	0.8602
	Benton, OR			Arapahoe, CO			Imperial, CA	
18880	Crestview-Fort Walton Beach-Destin, FL	0.8916		Broomfield, CO		21060	Elizabethtown, KY	0.8294
	Okaloosa, FL			Clear Creek, CO			Hardin, KY	
19060	Cumberland, MD-WV	0.8836		Denver, CO			Larue, KY	
	Allegany, MD			Douglas, CO		21140	Elkhart-Goshen, IN	0.9097
	Mineral, WV			Elbert, CO			Elkhart, IN	
19124	Dallas-Plano-Irving, TX	0.9835		Gilpin, CO		21300	Elmira, NY	0.8205
	Collin, TX			Jefferson, CO			Chemung, NY	
	Dallas, TX		19780	Park, CO		21340	El Paso, TX	0.8426
	Delta, TX			Des Moines-West Des Moines, IA	0.9616		El Paso, TX	
	Denton, TX			Dallas, IA		21500	Erie, PA	0.7823
	Ellis, TX			Guthrie, IA			Erie, PA	
	Hunt, TX			Madison, IA		21660	Eugene-Springfield, OR	1.1454
	Kaufman, TX			Polk, IA			Lane, OR	
	Rockwall, TX			Warren, IA		21780	Evansville, IN-KY	0.8401
19140	Dalton, GA	0.8828	19804	Detroit-Livonia-Dearborn, MI	0.9361		Gibson, IN	
	Murray, GA			Wayne, MI			Posey, IN	
	Whitfield, GA			Dothan, AL	0.7398		Vanderburgh, IN	
19180	Danville, IL	0.9977	20020	Geneva, AL			Warrick, IN	
	Vermilion, IL			Henry, AL			Henderson, KY	
19260	Danville, VA	0.8218		Houston, AL			Webster, KY	
	Pittsylvania, VA			Dover, DE	0.9893	21820	Fairbanks, AK	1.0816
	Danville City, VA		20100	Kent, DE			Fairbanks North Star Borough, AK	
19340	Davenport-Moline-Rock Island, IA-IL	0.9145		Dubuque, IA	0.8662	21940	Fajardo, PR	0.3663
	Henry, IL		20220	Dubuque, IA			Ceiba, PR	
	Mercer, IL		20260	Duluth, MN-WI	1.0741		Fajardo, PR	
	Rock Island, IL			Carlton, MN			Luquillo, PR	
	Scott, IA			St. Louis, MN		22020	Fargo, ND-MN	0.8108
19380	Dayton, OH	0.9136		Douglas, WI			Cass, ND	
	Greene, OH		20500	Durham, NC	0.9525		Clay, MN	
	Miami, OH			Chatham, NC		22140	Farmington, NM	0.9323
	Montgomery, OH			Durham, NC			San Juan, NM	

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CHAPTER 8, ADDENDUM E (FY 2013)

WAGE INDEXES FOR URBAN AREAS FOR SNFS BASED ON CBSA LABOR MARKET  
AREAS - FISCAL YEAR 2013

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	0.8971		Fresno, CA		24860	Greenville-Mauldin-Easley, SC Greenville, SC	0.9737
22220	Fayetteville-Springdale-Rogers, AR-MO Benton, AR Madison, AR Washington, AR McDonald, MO	0.9288	23460	Gadsden, AL Etowah, AL	0.7697		Laurens, SC Pickens, SC	
22380	Flagstaff, AZ Coconino, AZ	1.2369	23540	Gainesville, FL Alachua, FL Gilchrist, FL	0.9631	25020	Guayama, PR Arroyo, PR Guayama, PR Patillas, PR	0.3696
22420	Flint, MI Genesee, MI	1.1257	23580	Gainesville, GA Hall, GA	0.9327	25060	Gulfport-Biloxi, MS Hancock, MS Harrison, MS Stone, MS	0.8544
22500	Florence, SC Darlington, SC Florence, SC	0.8087	23844	Gary, IN Jasper, IN Lake, IN Newton, IN Porter, IN	0.9259	25180	Hagerstown-Martinsburg, MD-WV Washington, MD Berkeley, WV Morgan, WV	0.9422
22520	Florence-Muscle Shoals, AL Colbert, AL Lauderdale, AL	0.7679	24020	Glens Falls, NY Warren, NY Washington, NY	0.8340	25260	Hanford-Corcoran, CA Kings, CA	1.0992
22540	Fond du Lac, WI Fond du Lac, WI	0.9158	24140	Goldsboro, NC Wayne, NC	0.8560	25420	Harrisburg-Carlisle, PA Cumberland, PA Dauphin, PA Perry, PA	0.9525
22660	Fort Collins-Loveland, CO Larimer, CO	0.9833	24220	Grand Forks, ND-MN Polk, MN Grand Forks, ND	0.7250	25500	Harrisonburg, VA Rockingham, VA Harrisonburg City, VA	0.9087
22744	Fort Lauderdale-Pompano Beach-Deerfield Beach, FL Broward, FL	1.0363	24300	Grand Junction, CO Mesa, CO	0.9415	25540	Hartford-West Hartford-East Hartford, CT Hartford, CT Middlesex, CT Tolland, CT	1.0869
22900	Fort Smith, AR-OK Crawford, AR Franklin, AR Sebastian, AR Le Flore, OK Sequoyah, OK	0.7848	24340	Grand Rapids-Wyoming, MI Barry, MI Ionia, MI Kent, MI Newaygo, MI	0.9125	25620	Hattiesburg, MS Forrest, MS Lamar, MS Perry, MS	0.8035
23060	Fort Wayne, IN Allen, IN Wells, IN Whitley, IN	0.9633	24500	Great Falls, MT Cascade, MT	0.7927	25860	Hickory-Lenoir-Morganton, NC Alexander, NC Burke, NC Caldwell, NC Catawba, NC	0.8677
23104	Fort Worth-Arlington, TX Johnson, TX Parker, TX Tarrant, TX Wise, TX	0.9516	24540	Greeley, CO Weld, CO	0.9593	25980	Hinesville-Fort Stewart, GA <sup>1</sup>	0.8843
23420	Fresno, CA	1.1593	24580	Green Bay, WI Brown, WI Kewaunee, WI Oconto, WI	0.9793			
			24660	Greensboro-High Point, NC Guilford, NC Randolph, NC Rockingham, NC	0.8638			
			24780	Greenville, NC Greene, NC Pitt, NC	0.9694			

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CHAPTER 8, ADDENDUM E (FY 2013)

WAGE INDEXES FOR URBAN AREAS FOR SNFs BASED ON CBSA LABOR MARKET  
AREAS - FISCAL YEAR 2013

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Liberty, GA			Marion, IN			Newton, MO	
	Long, GA			Morgan, IN		28020	Kalamazoo-Portage, MI	0.9834
26100	Holland-Grand Haven, MI	0.8024		Putnam, IN			Kalamazoo, MI	
	Ottawa, MI		26980	Iowa City, IA	1.0120		Van Buren, MI	
26180	Honolulu, HI	1.2156		Johnson, IA		28100	Kankakee-Bradley, IL	1.0127
	Honolulu, HI			Washington, IA			Kankakee, IL	
26300	Hot Springs, AR	0.8944	27060	Ithaca, NY	0.9249	28140	Kansas City, MO-KS	0.9614
	Garland, AR			Tompkins, NY			Franklin, KS	
26380	Houma-Bayou Cane-Thibodaux, LA	0.7928	27100	Jackson, MI	0.8511		Johnson, KS	
	Lafourche, LA			Jackson, MI			Leavenworth, KS	
	Terrebonne, LA		27140	Jackson, MS	0.8177		Linn, KS	
26420	Houston-Sugar Land-Baytown, TX	0.9933		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	0.7672		Clay, MO	
	Harris, TX			Chester, TN			Clinton, MO	
	Liberty, TX			Madison, TN			Jackson, MO	
	Montgomery, TX		27260	Jacksonville, FL	0.8883		Lafayette, MO	
	San Jacinto, TX			Baker, FL			Platte, MO	
	Waller, TX			Clay, FL			Ray, MO	
26580	Huntington-Ashland, WV-KY-OH	0.8635		Duval, FL		28420	Kennewick-Pasco-Richland, WA	0.9708
	Boyd, KY			Nassau, FL			Benton, WA	
	Greenup, KY		27340	St. Johns, FL			Franklin, WA	
	Lawrence, OH			Jacksonville, NC	0.7957	28660	Killeen-Temple-Fort Hood, TX	0.9102
	Cabell, WV		27500	Onslow, NC			Bell, TX	
	Wayne, WV			Janesville, WI	0.9458		Coryell, TX	
26620	Huntsville, AL	0.8667	27620	Rock, WI			Lampasas, TX	
	Limestone, AL			Jefferson City, MO	0.8263			
	Madison, AL			Callaway, MO		28700	Kingsport-Bristol-Bristol, TN-VA	0.7325
26820	Idaho Falls, ID	0.9114		Cole, MO			Hawkins, TN	
	Bonneville, ID			Moniteau, MO			Sullivan, TN	
	Jefferson, ID		27740	Osage, MO			Bristol City, VA	
26900	Indianapolis-Carmel, IN	0.9870		Johnson City, TN	0.7359		Scott, VA	
	Boone, IN			Carter, TN			Washington, VA	
	Brown, IN			Unicoi, TN				
	Hamilton, IN			Washington, TN		28740	Kingston, NY	0.8953
	Hancock, IN		27780	Johnstown, PA	0.8116		Ulster, NY	
	Hendricks, IN			Cambria, PA		28940	Knoxville, TN	0.7575
	Johnson, IN		27860	Jonesboro, AR	0.8084		Anderson, TN	
				Craighead, AR			Blount, TN	
				Poinsett, AR			Knox, TN	
			27900	Joplin, MO	0.7828		Loudon, TN	
				Jasper, MO				

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CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
	Union, TN			Lebanon, PA			Henry, KY	
29020	Kokomo, IN	0.8756	30300	Lewiston, ID-WA	0.9326		Meade, KY	
	Howard, IN			Nez Perce, ID			Nelson, KY	
	Tipton, IN			Asotin, WA			Oldham, KY	
29100	La Crosse, WI-MN	1.0070	30340	Lewiston-Auburn, ME	0.9178		Shelby, KY	
	Houston, MN			Androscoggin, ME			Spencer, KY	
	La Crosse, WI		30460	Lexington-Fayette, KY	0.9023		Trimble, KY	
29140	Lafayette, IN	0.9316		Bourbon, KY		31180	Lubbock, TX	0.8870
	Benton, IN			Clark, KY			Crosby, TX	
	Carroll, IN			Fayette, KY			Lubbock, TX	
	Tippecanoe, IN			Jessamine, KY		31340	Lynchburg, VA	0.8615
29180	Lafayette, LA	0.8565		Scott, KY			Amherst, VA	
	Lafayette, LA			Woodford, KY			Appomattox, VA	
	St. Martin, LA		30620	Lima, OH	0.9226		Bedford, VA	
29340	Lake Charles, LA	0.7813		Allen, OH			Campbell, VA	
	Calcasieu, LA		30700	Lincoln, NE	0.9726		Bedford City, VA	
	Cameron, LA			Lancaster, NE			Lynchburg City, VA	
29404	Lake County-Kenosha, IL-WI	1.0558		Seward, NE		31420	Macon, GA	0.8584
	Lake, IL		30780	Little Rock-North	0.8595		Bibb, GA	
	Kenosha, WI			Little Rock-Conway, AR			Crawford, GA	
29420	Lake Havasu City-Kingman, AZ	0.9760		Faulkner, AR			Jones, GA	
	Mohave, AZ			Grant, AR			Monroe, GA	
29460	Lakeland-Winter Haven, FL	0.8262		Lonoke, AR		31460	Madera, CA	0.8050
	Polk, FL			Perry, AR			Madera, CA	
29540	Lancaster, PA	0.9452	30860	Pulaski, AR	0.8456	31540	Madison, WI	1.1264
	Lancaster, PA			Saline, AR			Columbia, WI	
29620	Lansing-East Lansing, MI	1.0065		Logan, UT-ID			Dane, WI	
	Clinton, MI			Franklin, ID			Iowa, WI	
	Eaton, MI		30980	Cache, UT		31700	Manchester-Nashua, NH	1.0042
	Ingham, MI			Longview, TX	0.8550		Hillsborough, NH	
29700	Laredo, TX	0.7486		Gregg, TX			Manhattan, KS	0.7839
	Webb, TX		31020	Rusk, TX		31740	Manhattan, KS	0.7839
29740	Las Cruces, NM	0.9044		Upshur, TX			Geary, KS	
	Dona Ana, NM			Longview, WA	1.0081		Pottawatomie, KS	
29820	Las Vegas-Paradise, NV	1.2076	31084	Cowlitz, WA		31860	Mankato-North	0.9413
	Clark, NV			Los Angeles-Long Beach-Santa Ana, CA	1.2293		Mankato, MN	
29940	Lawrence, KS	0.8676		Los Angeles, CA			Blue Earth, MN	
	Douglas, KS		31140	Louisville-Jefferson, KY-IN	0.8862		Nicollet, MN	
30020	Lawton, OK	0.8351		Clark, IN		31900	Mansfield, OH	0.8993
	Comanche, OK			Floyd, IN			Richland, OH	
30140	Lebanon, PA	0.7994		Harrison, IN		32420	Mayaguez, PR	0.3586
				Washington, IN			Hormigueros, PR	
				Bullitt, KY			Mayaguez, PR	

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CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES)	WAGE INDEX
32580	McAllen-Edinburg-Mission, TX Hidalgo, TX	0.8603		Missoula, MT			Macon, TN	
32780	Medford, OR Jackson, OR	1.0400	33660	Mobile, AL Mobile, AL	0.7467		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	0.9049	33700	Modesto, CA Stanislaus, CA	1.2841		Smith, TN Sumner, TN	
32900	Merced, CA Merced, CA	1.2996	33740	Monroe, LA Ouachita, LA Union, LA	0.7717		Trousdale, TN Williamson, TN Wilson, TN	
33124	Miami-Miami Beach-Kendall, FL Miami-Dade, FL	1.0130	33780	Monroe, MI Monroe, MI	0.8472	35004	Nassau-Suffolk, NY Nassau, NY Suffolk, NY	1.2698
33140	Michigan City-La Porte, IN LaPorte, IN	0.9694	33860	Montgomery, AL Autauga, AL Elmore, AL Lowndes, AL Montgomery, AL	0.7858	35084	Newark-Union, NJ-PA Essex, NJ Hunterdon, NJ Morris, NJ	1.1223
33260	Midland, TX Midland, TX	1.0640	34060	Morgantown, WV	0.8284		Sussex, NJ	
33340	Milwaukee-Waukesha-West Allis, WI Milwaukee, WI Ozaukee, WI Washington, WI Waukesha, WI	0.9931	34100	Monongalia, WV Preston, WV			Union, NJ Pike, PA	
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	1.1336	34100	Morristown, TN Grainger, TN Hamblen, TN Jefferson, TN	0.6768	35300	New Haven-Milford, CT New Haven, CT	1.2061
33540	Missoula, MT	0.9001	34580	Mount Vernon-Anacortes, WA Skagit, WA	1.0340	35380	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	0.8932
			34620	Muncie, IN Delaware, IN	0.8734			
			34740	Muskegon-Norton Shores, MI Muskegon, MI	1.1007			
			34820	Myrtle Beach-North Myrtle Beach-Conway, SC Horry, SC	0.8717	35644	New York-White Plains-Wayne, NY-NJ Bergen, NJ Hudson, NJ Passaic, NJ	1.2914
			34900	Napa, CA Napa, CA	1.6045			
			34940	Naples-Marco Island, FL Collier, FL	0.9265		Bronx, NY Kings, NY New York, NY	
			34980	Nashville-Davidson-Murfreesboro-Franklin, TN Cannon, TN Cheatham, TN Davidson, TN Dickson, TN Hickman, TN	0.9061	35660	Niles-Benton Harbor, MI	0.8237

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35840	Berrien, MI North Port-Bradenton-Sarasota-Venice, FL Manatee, FL Sarasota, FL	0.9375	36780	Osceola, FL Seminole, FL Oshkosh-Neenah, WI Winnebago, WI	0.9433	38060	Phoenix-Mesa-Scottsdale, AZ Maricopa, AZ Pinal, AZ	1.0477
35980	Norwich-New London, CT New London, CT	1.1376	36980	Owensboro, KY Davies, KY Hancock, KY McLean, KY	0.8117	38220	Pine Bluff, AR Cleveland, AR Jefferson, AR Lincoln, AR	0.7847
36084	Oakland-Fremont-Hayward, CA Alameda, CA Contra Costa, CA	1.6654	37100	Oxnard-Thousand Oaks-Ventura, CA Ventura, CA	1.3079	38300	Pittsburgh, PA Allegheny, PA Armstrong, PA	0.8585
36100	Ocala, FL Marion, FL	0.8455	37340	Palm Bay-Melbourne-Titusville, FL Brevard, FL	0.8838		Beaver, PA Butler, PA Fayette, PA	
36140	Ocean City, NJ Cape May, NJ	1.0307	37380	Palm Coast, FL Flagler, FL	0.9880		Washington, PA Westmoreland, PA	
36220	Odessa, TX Ector, TX	0.9741	37460	Panama City-Lynn Haven, FL Bay, FL	0.7976	38340	Pittsfield, MA Berkshire, MA	1.0721
36260	Ogden-Clearfield, UT Davis, UT Morgan, UT Weber, UT	0.9031	37620	Parkersburg-Marietta-Vienna, WV-OH Washington, OH Pleasants, WV	0.7487	38540	Pocatello, ID Bannock, ID Power, ID	0.9555
36420	Oklahoma City, OK Canadian, OK Cleveland, OK Grady, OK Lincoln, OK Logan, OK McClain, OK Oklahoma, OK	0.8810		Wirt, WV Wood, WV		38660	Ponce, PR Juana Diaz, PR Ponce, PR Villalba, PR	0.4314
36500	Olympia, WA Thurston, WA	1.1397	37700	Pascagoula, MS George, MS Jackson, MS	0.7662	38860	Portland-South Portland-Biddeford, ME	0.9975
36540	Omaha-Council Bluffs, NE-IA Harrison, IA Mills, IA Pottawattamie, IA Cass, NE Douglas, NE Sarpy, NE Saunders, NE Washington, NE	1.0037	37764	Peabody, MA Essex, MA	1.0551		Cumberland, ME Sagadahoc, ME York, ME	
			37860	Pensacola-Ferry Pass-Brent, FL Escambia, FL	0.7819	38900	Portland-Vancouver-Beaverton, OR-WA Clackamas, OR Columbia, OR Multnomah, OR Washington, OR Yamhill, OR Clark, WA Skamania, WA	1.1673
			37900	Santa Rosa, FL Peoria, IL Marshall, IL Peoria, IL Stark, IL Tazewell, IL Woodford, IL	0.8882			
			37964	Philadelphia, PA Bucks, PA Chester, PA	1.0806	38940	Port St. Lucie, FL Martin, FL St. Lucie, FL	0.9577
36740	Orlando-Kissimmee, FL Lake, FL Orange, FL	0.9082		Delaware, PA Montgomery, PA Philadelphia, PA		39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess, NY	1.1325

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39140	Orange, NY Prescott, AZ Yavapai, AZ	1.2009		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	1.0699		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	0.8820
39340	Provo-Orem, UT Juab, UT Utah, UT	0.9133	40140	Riverside-San Bernardino-Ontario, CA Riverside, CA San Bernardino, CA	1.1396	41060	St. Cloud, MN Benton, MN Stearns, MN	1.1010
39380	Pueblo, CO Pueblo, CO	0.8518	40220	Roanoke, VA Botetourt, VA Craig, VA Franklin, VA Roanoke, VA Roanoke City, VA Salem City, VA	0.9088	41100	St. George, UT Washington, UT	0.8870
39460	Punta Gorda, FL Charlotte, FL	0.8590				41140	St. Joseph, MO-KS Doniphan, KS Andrew, MO Buchanan, MO DeKalb, MO	0.9856
39540	Racine, WI Racine, WI	0.9158				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	0.9420
39580	Raleigh-Cary, NC Franklin, NC Johnston, NC Wake, NC	0.9488	40340	Rochester, MN Dodge, MN Olmsted, MN Wabasha, MN	1.0708			
39660	Rapid City, SD Meade, SD Pennington, SD	0.9823	40380	Rochester, NY Livingston, NY Monroe, NY Ontario, NY Orleans, NY Wayne, NY	0.8704			
39740	Reading, PA Berks, PA	0.9072	40420	Rockford, IL Boone, IL Winnebago, IL	0.9935	41420	Salem, OR Marion, OR Polk, OR	1.1069
39820	Redding, CA Shasta, CA	1.4555	40484	Rockingham, NH Strafford, NH	1.0234	41500	Salinas, CA Monterey, CA	1.6074
39900	Reno-Sparks, NV Storey, NV Washoe, NV	1.0328	40580	Rocky Mount, NC Edgecombe, NC Nash, NC	0.8898	41540	Salisbury, MD Somerset, MD Wicomico, MD	0.9260
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	0.9695	40660	Rome, GA Floyd, GA	0.8844	41620	Salt Lake City, UT Salt Lake, UT Summit, UT Tooele, UT	0.9063
			40900	Sacramento--Arden-Arcade--Roseville, CA El Dorado, CA	1.4752			

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41660	San Angelo, TX Irion, TX Tom Green, TX	0.8221		Ciales, PR Cidra, PR Comerio, PR		42340	Savannah, GA Bryan, GA Chatham, GA Effingham, GA	0.8968
41700	San Antonio, TX Atascosa, TX Bandera, TX Bexar, TX Comal, TX Guadalupe, TX Kendall, TX Medina, TX Wilson, TX	0.8936		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	0.8260
41740	San Diego-Carlsbad-San Marcos, CA San Diego, CA	1.1922		Loiza, PR Manati, PR Maunabo, PR		42644	Seattle-Bellevue-Everett, WA King, WA Snohomish, WA	1.1771
41780	Sandusky, OH Erie, OH	0.8347		Morovis, PR Naguabo, PR		42680	Sebastian-Vero Beach, FL Indian River, FL	0.8850
41884	San Francisco-San Mateo-Redwood City, CA Marin, CA San Francisco, CA San Mateo, CA	1.6327		Naranjito, PR Orocovis, PR Quebradillas, PR Rio Grande, PR San Juan, PR San Lorenzo, PR		43100	Sheboygan, WI Sheboygan, WI	0.9515
41900	San German-Cabo Rojo, PR Cabo Rojo, PR Lajas, PR Sabana Grande, PR San German, PR	0.4804		Trujillo Alto, PR Vega Alta, PR Vega Baja, PR Yabucoa, PR		43300	Sherman-Denison, TX Grayson, TX	0.8544
41940	San Jose-Sunnyvale-Santa Clara, CA San Benito, CA Santa Clara, CA	1.7396	42020	San Luis Obispo-Paso Robles, CA San Luis Obispo, CA	1.3081	43340	Shreveport-Bossier City, LA Bossier, LA Caddo, LA De Soto, LA	0.8412
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	0.4318	42044	Santa Ana-Anaheim-Irvine, CA Orange, CA	1.2038	43580	Sioux City, IA-NE-SD Woodbury, IA Dakota, NE Dixon, NE Union, SD	0.9010
			42060	Santa Barbara-Santa Maria-Goleta, CA Santa Barbara, CA	1.2670	43620	Sioux Falls, SD Lincoln, SD McCook, SD Minnehaha, SD Turner, SD	0.8338
			42100	Santa Cruz-Watsonville, CA Santa Cruz, CA	1.8062	43780	South Bend-Mishawaka, IN-MI St. Joseph, IN Cass, MI	0.9531
			42140	Santa Fe, NM Santa Fe, NM	1.0400	43900	Spartanburg, SC Spartanburg, SC	0.9186
			42220	Santa Rosa-Petaluma, CA Sonoma, CA	1.6440	44060	Spokane, WA Spokane, WA	1.0824
						44100	Springfield, IL Menard, IL Sangamon, IL	0.9179

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44140	Springfield, MA Franklin, MA Hampden, MA Hampshire, MA	1.0377	45500	Texarkana, TX- Texarkana, AR Miller, AR Bowie, TX	0.7967		Victoria, TX	
44180	Springfield, MO Christian, MO Dallas, MO Greene, MO Polk, MO Webster, MO	0.8581	45780	Toledo, OH Fulton, OH Lucas, OH Ottawa, OH Wood, OH	0.9034	47220	Vineland-Millville- Bridgeton, NJ Cumberland, NJ	1.0596
44220	Springfield, OH Clark, OH	0.9236	45820	Topeka, KS Jackson, KS Jefferson, KS	0.8969	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	0.9208
44300	State College, PA Centre, PA	0.9511	45940	Trenton-Ewing, NJ Mercer, NJ	1.0360		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	0.7640	46060	Tucson, AZ Pima, AZ	0.9065	47300	Visalia-Porterville, CA Tulare, CA	1.0349
44700	Stockton, CA San Joaquin, CA	1.3356	46140	Tulsa, OK Creek, OK Okmulgee, OK Osage, OK	0.8139	47380	Waco, TX McLennan, TX	0.8458
44940	Sumter, SC Sumter, SC	0.7454	46220	Tuscaloosa, AL Greene, AL Hale, AL Tuscaloosa, AL	0.8533	47580	Warner Robins, GA Houston, GA	0.8197
45060	Syracuse, NY Madison, NY Onondaga, NY Oswego, NY	0.9829	46340	Tyler, TX Smith, TX	0.8361	47644	Warren-Troy- Farmington Hills, MI Lapeer, MI Livingston, MI Macomb, MI Oakland, MI St. Clair, MI	0.9543
45104	Tacoma, WA Pierce, WA	1.1741	46540	Utica-Rome, NY Herkimer, NY Oneida, NY	0.8653			
45220	Tallahassee, FL Gadsden, FL Jefferson, FL Leon, FL Wakulla, FL	0.8521	46660	Valdosta, GA Brooks, GA Echols, GA Lanier, GA	0.7918	47894	Washington- Arlington-Alexandria, DC-VA-MD-WV District of Columbia, DC Calvert, MD Charles, MD Prince George's, MD Arlington, VA	1.0659
45300	Tampa-St. Petersburg- Clearwater, FL Hernando, FL Hillsborough, FL Pasco, FL Pinellas, FL	0.9032	46700	Vallejo-Fairfield, CA Solano, CA	1.5844			
45460	Terre Haute, IN Clay, IN Sullivan, IN Vermillion, IN Vigo, IN	0.9113	47020	Victoria, TX Calhoun, TX Goliad, TX	0.8992			

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	Clarke, VA		48864	Wilmington, DE-MD-NJ	1.0687
	Fairfax, VA			New Castle, DE	
	Fauquier, VA			Cecil, MD	
	Loudoun, VA			Salem, NJ	
	Prince William, VA		48900	Wilmington, NC	0.9155
	Spotsylvania, VA			Brunswick, NC	
	Stafford, VA			New Hanover, NC	
	Warren, VA			Pender, NC	
	Alexandria City, VA		49020	Winchester, VA-WV	0.9249
	Fairfax City, VA			Frederick, VA	
	Falls Church City, VA			Winchester City, VA	
	Fredericksburg City, VA			Hampshire, WV	
	Manassas City, VA		49180	Winston-Salem, NC	0.8660
	Manassas Park City, VA			Davie, NC	
	Jefferson, WV			Forsyth, NC	
47940	Waterloo-Cedar Falls, IA	0.8422		Stokes, NC	
	Black Hawk, IA		49340	Yadkin, NC	
	Bremer, IA			Worcester, MA	1.1205
	Grundy, IA			Worcester, MA	
48140	Wausau, WI	0.8921	49420	Yakima, WA	1.0097
	Marathon, WI			Yakima, WA	
48300	Wenatchee, WA	1.0037	49500	Yauco, PR	0.4059
	Chelan, WA			Guanica, PR	
	Douglas, WA			Guayanilla, PR	
48424	West Palm Beach-Boca Raton-Boynton Beach, FL	0.9661	49620	Penuelas, PR	
	Palm Beach, FL			Yauco, PR	
48540	Wheeling, WV-OH	0.6863	49620	York-Hanover, PA	0.9557
	Belmont, OH			York, PA	
	Marshall, WV		49660	Youngstown-Warren-Boardman, OH-PA	0.8283
	Ohio, WV			Mahoning, OH	
48620	Wichita, KS	0.8681	49700	Trumbull, OH	
	Butler, KS			Mercer, PA	
	Harvey, KS			Yuba City, CA	1.2004
	Sedgwick, KS			Sutter, CA	
	Sumner, KS			Yuba, CA	
48660	Wichita Falls, TX	0.9048	49740	Yuma, AZ	0.9517
	Archer, TX			Yuma, AZ	
	Clay, TX				
	Wichita, TX				
48700	Williamsport, PA	0.8230			
	Lycoming, PA				

<sup>1</sup> 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 2013)

WAGE INDEXES FOR RURAL AREAS FOR SNFs BASED ON  
 CBSA LABOR MARKET AREAS - FISCAL YEAR 2013

SOURCE: 77 FR 46255. Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2013.

STATE CODE	RURAL AREA	WAGE INDEX	STATE CODE	RURAL AREA	WAGE INDEX
1	Alabama	0.7121	35	North Dakota	0.6891
2	Alaska	1.2807	36	Ohio	0.8470
3	Arizona	0.9182	37	Oklahoma	0.7783
4	Arkansas	0.7350	38	Oregon	0.9500
5	California	1.2567	39	Pennsylvania	0.8380
6	Colorado	1.0208	40	Puerto Rico <sup>1</sup>	0.4047
7	Connecticut	1.1128	41	Rhode Island <sup>1</sup>	.....
8	Delaware	1.0171	42	South Carolina	0.8338
10	Florida	0.8062	43	South Dakota	0.8124
11	Georgia	0.7421	44	Tennessee	0.7559
12	Hawaii	1.0728	45	Texas	0.7978
13	Idaho	0.7583	46	Utah	0.8516
14	Illinois	0.8438	47	Vermont	0.9725
15	Indiana	0.8472	48	Virgin Islands	0.7185
16	Iowa	0.8351	49	Virginia	0.7728
17	Kansas	0.7997	50	Washington	1.0092
18	Kentucky	0.7877	51	West Virginia	0.7333
19	Louisiana	0.7718	52	Wisconsin	0.9142
20	Maine	0.8300	53	Wyoming	0.9238
21	Maryland	0.8797	65	Guam	0.9611
22	Massachusetts	1.3540			
23	Michigan	0.8387			
24	Minnesota	0.9053			
25	Mississippi	0.7537			
26	Missouri	0.7622			
27	Montana	0.8600			
28	Nebraska	0.8733			
29	Nevada	0.9739			
30	New Hampshire	1.0372			
31	New Jersey <sup>1</sup>	.....			
32	New Mexico	0.8879			
33	New York	0.8199			
34	North Carolina	0.8272			

<sup>1</sup> 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 2013. The Puerto Rico wage index is the same as FY 2012.

- 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 2011) - Fiscal Year 2011 Rates For Hospice Care
ADDENDUM A	(FY 2012) - Fiscal Year 2012 Rates For Hospice Care
ADDENDUM A	(FY 2013) - Fiscal Year 2013 Rates For Hospice Care
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 B	(FY 2013) - Hospice Rate Information - FY 2013 Hospice Wage Indexes For Urban 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 C	(FY 2013) - Hospice Rate Information - FY 2013 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

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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:

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**IMPLEMENTING INSTRUCTIONS/SECTION**

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General Overview/Chapter 11, Section 1

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Coverage/Benefits/[Chapter 11, Section 2](#)

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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 2011 ([Chapter 11, Addendum A \(FY 2011\)](#))  
for FY 2012 ([Chapter 11, Addendum A \(FY 2012\)](#))  
for FY 2013 ([Chapter 11, Addendum A \(FY 2013\)](#))

Urban Wage Indexes

for FY 2011 ([Chapter 11, Addendum B \(FY 2011\)](#))  
for FY 2012 ([Chapter 11, Addendum B \(FY 2012\)](#))  
for FY 2013 ([Chapter 11, Addendum B \(FY 2013\)](#))

Rural Wage Indexes

for FY 2011 ([Chapter 11, Addendum C \(FY 2011\)](#))  
for FY 2012 ([Chapter 11, Addendum C \(FY 2012\)](#))  
for FY 2013 ([Chapter 11, Addendum C \(FY 2013\)](#))

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

(12) Item 38. Transferring Hospice I.D. Required. Only when the admission is for a patient who has changed an election from one hospice to another.

When a receiving (second) hospice submits an admission notice involving a patient who changed the hospice election, this item reflects the transferring hospice's complete name, address, and provider number. This information alerts the contractor that the admission continues a current hospice benefit period rather than begins a new one.

(13) Items 39, 40, and 41. Value Codes and Amounts. The only value codes that apply to hospice benefits are those that indicate TRICARE payment is secondary to another payer. Enter the appropriate code(s) and related dollar amount(s) where the primary payer is other than TRICARE, and where the primary payer has made payment at the time of billing TRICARE. If the primary payer has denied payment, indicate this with zeros in the value amount. Enter the date of the denial and occurrence code 24 in the appropriate field. The value codes are two numeric digits, and each value allows up to eight numeric digits (000000.00). If more than one value code is shown for a billing period, show codes in ascending numeric sequence. There are four lines of data: a, b, c, and d. Use items 39a through 41a before items 39b through 41b (i.e., the first line is used up before the second line is used).

CODE	TITLE	DEFINITION
12	Working Age/Beneficiary/ Spouse With Employer Group Health Plan (EGHP)	This code indicates the amount shown in that portion of a higher priority EGHP payment that you are applying to covered TRICARE charges on this bill.
13	End Stage Renal Disease (ESRD) in the 12-Month Coordination Period With an EGHP	This code indicates the amount shown is that portion of a higher priority EGHP payment made on behalf of an ESRD beneficiary that you are applying to covered TRICARE charges on the bill.
14	Automobile, No-Fault or Any Liability Insurance	This code indicates the amount shown is that portion of a higher priority automobile, no-fault or liability insurance payment made on behalf of a TRICARE beneficiary you are applying to covered TRICARE charges on this bill.
15	Worker's Compensation (WC) including Black Lung (BL)	This code indicates the amount shown is that portion of a higher priority WC insurance payment made on behalf of a TRICARE beneficiary you are applying to covered TRICARE charges on this bill.
16	Veterans Administration (VA), Public Health Service (PHS), Other Federal Agency	This code indicates the amount shown is that portion of a higher priority VA, PHS, or other Federal Agency's payment made on behalf of a TRICARE beneficiary that you are applying to covered TRICARE charges on this bill.

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HOSPICE REIMBURSEMENT - GUIDELINES FOR PAYMENT OF DESIGNATED LEVELS OF CARE

(14) **Item 42. Revenue Code Required.** Assign a revenue code for each reimbursement rate. Enter the appropriate three-digit numeric revenue code on the adjacent line in column 42 to explain each charge in column 43.

NOTE: Use revenue code 657 to identify the charges for services furnished to patients by physicians employed by, or receiving compensation from the hospice. In conjunction with revenue code 657, enter the appropriate physician CPT procedure codes in item 44. CPT procedure codes are required in order that the contractor may make allowable charge determinations when reimbursing hospice physicians.

Use these revenue codes to bill TRICARE.

CODE	DESCRIPTION	STANDARD ABBREVIATION
651	Routine Home Care	RTN Home
652	Continuous Home Care	CTNS Home (a minimum of 8 hours, not necessarily consecutive, in a 24-hour period is required. Less than 8 hours is routine home care for reimbursement purposes. A portion of an hour is 1 hour).
655	Inpatient Respite Care	IP Respite
656	General Inpatient Care	GNL IP
657	Physician Services	PHY Ser (must be accompanied by a physician CPT procedure code)

As of October 1, 1997, hospices will be required to submit claims for payment for hospice care furnished in an individual's home (i.e., revenue codes 651 and 652) based on the geographic location at which the service is furnished as opposed to the location of the hospice. Providers will be required to indicate the **Core Based Statistical Area (CBSA)** code number with value code 61 on the bill. For dates of service beginning on or after October 1, 1997, hospice claim bill types 81X and 82X with revenue codes 651 and 652 that do not contain value code 61 and a **CBSA** code will be rejected.

(15) **Item 46. Units of Service Required.** Enter the number of units for each type of service on the line adjacent to the revenue code and description. Units are measured in days for codes 651, 655, and 656, in hours for code 652, and in procedures for code 657.

(16) **Item 47. Total Charges Required.** Enter the total charges for the billing period by revenue code (column 42) on the adjacent line in column 47. The last revenue code entered in column 42 represents the grand total of all charges billed. The total is in column 47 on the adjacent line. Each line allows up to eight numeric digits (000000.00).

(17) **Item 50A, B, C. Payer Identification Required.** If TRICARE is the only insurer other than Medicaid and TRICARE Supplemental Plans, TRICARE is the primary payer. Enter the correct contractor in line 50A. If there are other insurers besides Medicaid and TRICARE supplemental plans, TRICARE is not the primary payer. Enter the name of the group(s) or plan(s) in line 50A or 50A and 50B. Enter the correct contractor in line 50B or 50C.

(18) **Item 58A, B, C. Insured's Name Required.** If the primary payer(s) is other than TRICARE, enter the name of person(s) carrying other insurance in 58A or 58A and

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HOSPICE REIMBURSEMENT - GUIDELINES FOR PAYMENT OF DESIGNATED LEVELS OF CARE

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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 \(FY 2011\)](#) 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.

b. 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.

c. The rates in [Chapter 11, Addendum A \(FY 2013\)](#) will be used for payment of claims for services rendered on or after October 1, 2012, through September 30, 2013. The hospice cap amount applies to the cap year ending October 31, 2012.

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

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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 2013)

FISCAL YEAR 2013 RATES FOR HOSPICE CARE

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The following national hospice rates are for care and services provided on or after October 1, 2012, through September 30, 2013. The hospice rates applicable to the above period are:

DESCRIPTION	RATE	WAGE COMPONENT SUBJECT	UNWEIGHTED AMOUNT
Routine Home Care	\$153.45	\$105.44	\$ 48.01
Continuous Home Care	\$895.56 full rate = 24 hours of care/\$37.32 hourly rate	\$615.34	\$280.22
Inpatient Respite Care	\$158.72	\$ 85.92	\$ 72.80
General Inpatient Care	\$682.59	\$436.93	\$245.66
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.			
<b>Hospice Cap Amount:</b>	The latest hospice cap amount, for the cap year ending October 31, 2012, is <b>\$25,377.01</b> .		

- END -



CHAPTER 11  
ADDENDUM B (FY 2013)

HOSPICE RATE INFORMATION - FY 2013 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, 2012.

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>
10180	Abilene, TX	0.8674	10900	Allentown-Bethlehem-Easton, PA-NJ	0.9512		Madison, GA	
	Callahan, TX			Warren, NJ			Oconee, GA	
	Jones, TX			Carbon, PA			Oglethorpe, GA	
	Taylor, TX			Lehigh, PA		12060	Atlanta-Sandy Springs-Marietta, GA	0.9835
10380	Aguadilla-Isabela-San Sebastian, PR	0.4153		Northampton, PA			Barrow, GA	
	Aguada, PR		11020	Altoona, PA	0.9160		Bartow, GA	
	Aguadilla, PR			Blair, PA			Butts, GA	
	Anasco, PR		11100	Amarillo, TX	0.8951		Carrroll, GA	
	Isabela, PR			Armstrong, TX			Cherokee, GA	
	Lares, PR			Carson, TX			Clayton, GA	
	Moca, PR			Potter, TX			Cobb, GA	
	Rincon, PR			Randall, TX			Coweta, GA	
	San Sebastian, PR		11180	Ames, IA	1.0281		Dawson, GA	
10420	Akron, OH	0.9054		Story, IA			DeKalb, GA	
	Portage, OH		11260	Anchorage, AK	1.2463		Douglas, GA	
	Summit, OH			Anchorage Municipality, AK			Fayette, GA	
10500	Albany, GA	0.8923		Matanuska-Susitna Borough, AK			Forsyth, GA	
	Baker, GA		11300	Anderson, IN	0.9518		Fulton, GA	
	Dougherty, GA			Madison, IN			Gwinnett, GA	
	Lee, GA		11340	Anderson, SC	0.8756		Haralson, GA	
	Terrell, GA			Anderson, SC			Heard, GA	
	Worth, GA		11460	Ann Arbor, MI	1.0403		Henry, GA	
10580	Albany-Schenectady-Troy, NY	0.8916		Washtenaw, MI			Jasper, GA	
	Albany, NY		11500	Anniston-Oxford, AL	0.8196		Lamar, GA	
	Rensselaer, NY			Calhoun, AL			Meriwether, GA	
	Saratoga, NY		11540	Appleton, WI	0.9477		Newton, GA	
	Schenectady, NY			Calumet, WI			Paulding, GA	
	Schoharie, NY			Outagamie, WI			Pickens, GA	
10740	Albuquerque, NM	0.9810	11700	Asheville, NC	0.9161		Pike GA	
	Bernalillo, NM			Buncombe, NC			Rockdale, GA	
	Sandoval, NM			Haywood, NC			Spalding, GA	
	Torrance, NM			Haywood, NC			Walton, GA	
	Valencia, NM			Henderson, NC		12100	Atlantic City-Hammonton, NJ	1.1333
10780	Alexandria, LA	0.8244		Madison, NC			Atlantic, NJ	
	Grant, LA		12020	Athens-Clarke, GA	0.9904	12220	Auburn-Opelika, AL	0.8091
	Rapides, LA			Clarke, GA			Lee, AL	

<sup>1</sup> 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 \(FY 2013\)](#).

<sup>2</sup> Wage index values are based on FY 2008 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 to be the greater of (a) the 55% reduced BNAF OR (b) the minimum of the pre-floor, pre-classified hospital wage index value x 1.15, or 0.8000. For the FY 2013 hospice wage index, the BNAF was reduced by a total of 55%.

<sup>3</sup> 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 2013)

HOSPICE RATE INFORMATION - FY 2013 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>
12260	Augusta-Richmond County, GA-SC	0.9788	13644	Bethesda-Rockville-Frederick, MD	1.0585		Fairfield, CT	
	Burke, GA			Frederick, MD		15180	Brownsville-Harlingen, TX	0.9433
	Columbia, GA			Montgomery, MD			Cameron, TX	
	McDuffie, GA		13740	Billings, MT	0.8809	15260	Brunswick, GA	0.9315
	Richmond, GA			Carbon, MT			Brantley, GA	
	Aiken, SC			Yellowstone, MT			Glynn, GA	
	Edgefield, SC		13780	Binghamton, NY	0.8968		McIntosh, GA	
12420	Austin-Round Rock-San Marcos, TX	0.9794		Broome, NY		15380	Buffalo-Niagara Falls, NY	1.0015
	Bastrop, TX			Tioga, NY			Erie, NY	
	Caldwell, TX		13820	Birmingham-Hoover, AL	0.8665	15500	Burlington, NC	0.8901
	Hays, TX			Bibb, AL			Alamance, NC	
	Travis, TX			Blount, AL		15540	Burlington-South Burlington, VT	1.0294
	Williamson, TX			Chilton, AL			Chittenden, VT	
12540	Bakersfield-Delano, CA	1.2138		Jefferson, AL			Franklin, VT	
	Kern, CA			St. Clair, AL			Grand Isle, VT	
12580	Baltimore-Towson, MD	1.0427		Shelby, AL		15764	Cambridge-Newton-Framingham, MA	1.1515
	Anne Arundel, MD		13900	Walker, AL	0.8000		Middlesex, MA	
	Baltimore, MD			Bismarck, ND		15804	Camden, NJ	1.0479
	Carroll, MD			Burleigh, ND			Burlington, NJ	
	Harford, MD		13980	Morton, ND	0.8506		Camden, NJ	
	Howard, MD			Blacksburg-Christiansburg-Radford, VA			Gloucester, NJ	
	Queen Anne's, MD			Giles, VA		15940	Canton-Massillon, OH	0.9182
	Baltimore City, MD			Montgomery, VA			Carroll, OH	
12620	Bangor, ME	1.0250		Pulaski, VA			Stark, OH	
	Penobscot, ME			Radford City, VA		15980	Cape Coral-Fort Myers, FL	0.9595
12700	Barnstable Town, MA	1.3187	14020	Bloomington, IN	0.8962		Lee, FL	
	Barnstable, MA			Greene, IN		16020	Cape Girardeau-Jackson, MO-IL	0.8908
12940	Baton Rouge, LA	0.8755		Monroe, IN			Alexander, IL	
	Ascension, LA			Owen, IN			Bollinger, MO	
	East Baton Rouge, LA		14060	Bloomington-Normal, IL	0.9735		Cape Girardeau, MO	
	East Feliciana, LA			McLean, IL		16180	Carson City, NV	1.0885
	Iberville, LA		14260	Boise City-Nampa, ID	0.9531		Carson City, NV	
	Livingston, LA			Ada, ID		16220	Casper, WY	1.0392
	Pointe Coupee, LA			Boise, ID			Natrona, WY	
	St. Helena, LA			Canyon, ID		16300	Cedar Rapids, IA	0.9071
	West Baton Rouge, LA			Gem, ID			Benton, IA	
	West Feliciana, LA			Owyhee, ID			Jones, IA	
12980	Battle Creek, MI	1.0205	14484	Boston-Quincy, MA	1.2617		Linn, IA	
	Calhoun, MI			Norfolk, MA		16580	Champaign-Urbana, IL	1.0159
13020	Bay City, MI	0.9170		Plymouth, MA			Champaign, IL	
	Bay, MI			Suffolk, MA			Ford, IL	
13140	Beaumont-Port Arthur, TX	0.8960	14500	Boulder, CO	1.0360		Piatt, IL	
	Hardin, TX			Boulder, CO		16620	Charleston, WV	0.8365
	Jefferson, TX		14540	Bowling Green, KY	0.8833		Boone, WV	
	Orange, TX			Edmonson, KY			Clay, WV	
13380	Bellingham, WA	1.2068		Warren, KY			Kanawha, WV	
	Whatcom, WA		14740	Bremerton-Silverdale, WA	1.1595		Lincoln, WV	
13460	Bend, OR	1.1705		Kitsap, WA			Putnam, WV	
	Deschutes, OR		14860	Bridgeport-Stamford-Norwalk, CT	1.3265			

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

CHAPTER 11, ADDENDUM B (FY 2013)

HOSPICE RATE INFORMATION - FY 2013 HOSPICE WAGE INDEXES FOR URBAN AREAS

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) <sup>1</sup>	WAGE INDEX <sup>2</sup>
16700	Charleston-North Charleston-Summerville, SC Berkeley, SC Charleston, SC Dorchester, SC	0.9309		Butler, OH Clermont, OH Hamilton, OH Warren, OH			Pickaway, OH Union, OH	
16740	Charlotte-Gastonia-Rock Hill, NC-SC Anson, NC Cabarrus, NC Gaston, NC Mecklenburg, NC Union, NC York, SC	0.9575	17300	Clarksville, TN-KY Christian, KY Trigg, KY Montgomery, TN Stewart, TN	0.8416	18580	Corpus Christi, TX Aransas, TX Nueces, TX San Patricio, TX	0.8913
16820	Charlottesville, VA Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA Charlottesville City, VA	0.9438	17420	Cleveland, TN Bradley, TN Polk, TN	0.8000	18700	Corvallis, OR Benton, OR	1.1194
16860	Chattanooga, TN-GA Catoosa, GA Dade, GA Walker, GA Hamilton, TN Marion, TN Sequatchie, TN	0.8978	17460	Cleveland-Elyria-Mentor, OH Cuyahoga, OH Geauga, OH Lake, OH Lorain, OH Medina, OH	0.9184	18880	Crestview-Fort Walton Beach-Destin, FL Okaloosa, FL	0.9205
16940	Cheyenne, WY Laramie, WY	1.0112	17660	Coeur d'Alene, ID Kootenai, ID	0.9622	19060	Cumberland, MD-WV Allegany, MD Mineral, WV	0.8038
16974	Chicago-Joliet-Naperville, IL Cook, IL DeKalb, IL DuPage, IL Grundy, IL Kane, IL Kendall, IL McHenry, IL Will, IL	1.0888	17780	College Station-Bryan, TX Brazos, TX Burleson, TX Robertson, TX	0.9954	19124	Dallas-Plano-Irving, TX Collin, TX Dallas, TX Delta, TX Denton, TX Ellis, TX Hunt, TX Kaufman, TX Rockwall, TX	1.0112
17020	Chico, CA Butte, CA	1.1396	17820	Colorado Springs, CO El Paso, CO Teller, CO	1.0114	19140	Dalton, GA Murray, GA Whitfield, GA	0.8602
17140	Cincinnati-Middletown, OH-KY-IN Dearborn, IN Franklin, IN Ohio, IN Boone, KY Bracken, KY Campbell, KY Gallatin, KY Grant, KY Kenton, KY Pendleton, KY Brown, OH	0.9686	17860	Columbia, MO Boone, MO Howard, MO	0.8325	19180	Danville, IL Vermilion, IL	1.0099
			17900	Columbia, SC Calhoun, SC Fairfield, SC Kershaw, SC Lexington, SC Richland, SC Saluda, SC	0.8996	19260	Danville, VA Pittsylvania, VA Danville City, VA	0.8111
			17980	Columbus, GA-AL Russell, AL	0.9286	19340	Davenport-Moline-Rock Island, IA-IL Henry, IL Mercer, IL Rock Island, IL Scott, IA	0.9302
			18020	Columbus, IN Bartholomew, IN	0.9987	19380	Dayton, OH Greene, OH Miami, OH Montgomery, OH Preble, OH	0.9533
			18140	Columbus, OH Delaware, OH Fairfield, OH Franklin, OH Licking, OH Madison, OH Morrow, OH	1.0266	19460	Decatur, AL Lawrence, AL Morgan, AL	0.8000
						19500	Decatur, IL Macon, IL	0.8226
						19660	Deltona-Daytona Beach-Ormond Beach, FL Volusia, FL	0.9106
						19740	Denver-Aurora-Broomfield, CO Adams, CO	1.0937

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HOSPICE RATE INFORMATION - FY 2013 HOSPICE WAGE INDEXES FOR URBAN AREAS

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	Arapahoe, CO		21340	El Paso, TX	0.8747		Franklin, AR	
	Broomfield, CO			El Paso, TX			Sebastian, AR	
	Clear Creek, CO		21500	Erie, PA	0.8369		Le Flore, OK	
	Denver, CO			Erie, PA			Sequoyah, OK	
	Douglas, CO		21660	Eugene-Springfield, OR	1.1902	23060	Fort Wayne, IN	0.9623
	Elbert, CO			Lane, OR			Allen, IN	
	Gilpin, CO		21780	Evansville, IN-KY	0.8915		Wells, IN	
	Jefferson, CO			Gibson, IN			Whitley, IN	
	Park, CO			Posey, IN		23104	Forth Worth-Arlington, TX	0.9784
19780	Des Moines-West Des Moines, IA	1.0068		Vanderburgh, IN			Johnson, TX	
	Dallas, IA			Warrick, IN			Parker, TX	
	Guthrie, IA			Henderson, KY			Tarrant, TX	
	Madison, IA		21820	Webster, KY			Wise, TX	
	Polk, IA			Fairbanks, AK	1.1630	23420	Fresno, CA	1.1588
	Warren, IA			Fairbanks North Star, AK			Fresno, CA	
19804	Detroit-Livonia-Dearborn, MI	0.9770	21940	Fajardo, PR	0.4396	23460	Gadsden, AL	0.8150
	Wayne, MI			Ceiba, PR			Etowah, AL	
20020	Dothan, AL	0.8000		Fajardo, PR		23540	Gainesville, FL	0.9630
	Geneva, AL		22020	Luquillo, PR			Alachua, FL	
	Henry, AL			Fargo, ND-MN	0.8357		Gilchrist, FL	
	Houston, AL			Cass, ND		23580	Gainesville, GA	0.9255
20100	Dover, DE	1.0178	22140	Clay, MN			Hall, GA	
	Kent, DE			Farmington, NM	1.0061	23844	Gary, IN	0.9443
20220	Dubuque, IA	0.8935		San Juan, NM			Jasper, IN	
	Dubuque, IA		22180	Fayetteville, NC	0.9464		Lake, IN	
20260	Duluth, MN-WI	1.0616		Cumberland, NC			Newton, IN	
	Carlton, MN			Hoke, NC			Porter, IN	
	St. Louis, MN		22220	Fayetteville-Springdale-Rogers, AR-MO	0.9515	24020	Glens Falls, NY	0.8735
	Douglas, WI			Benton, AR			Warren, NY	
20500	Durham-Chapel Hill, NC	0.9963		Madison, AR			Washington, NY	
	Chatham, NC			Washington, AR		24140	Goldsboro, NC	0.8926
	Durham, NC			McDonald, MO			Wayne, NC	
	Orange, NC		22380	Flagstaff, AZ	1.2765	24220	Grand Forks, ND-MN	0.8000
	Person, NC			Coconino, AZ			Polk, MN	
20740	Eau Claire, WI	0.9858	22420	Flint, MI	1.1440		Grand Forks, ND	
	Chippewa, WI			Genesee, MI		24300	Grand Junction, CO	0.9649
	Eau Claire, WI		22500	Florence, SC	0.8440		Mesa, CO	
20764	Edison-New Brunswick, NJ	1.1164		Darlington, SC		24340	Grand Rapids-Wyoming, MI	0.9394
	Middlesex, NJ			Florence, SC			Barry, MI	
	Monmouth, NJ		22520	Florence-Muscle Shoals, AL	0.8000		Ionia, MI	
	Ocean, NJ			Colbert, AL			Kent, MI	
	Somerset, NJ			Lauderdale, AL			Newaygo, MI	
20940	El Centro, CA	0.9862	22540	Fond Du Lac, WI	0.9544	24500	Great Falls, MT	0.8692
	Imperial, CA			Fond Du Lac, WI			Cascade, MT	
21060	Elizabethtown, KY	0.8956	22660	Fort Collins-Loveland, CO	1.0145	24540	Greeley, CO	0.9813
	Hardin, KY			Larimer, CO			Weld, CO	
	Larue, KY		22744	Ft. Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0436	24580	Green Bay, WI	1.0091
21140	Elkhart-Goshen, IN	0.9661		Broward, FL			Brown, WI	
	Elkhart, IN		22900	Fort Smith, AR-OK	0.8000		Kewaunee, WI	
21300	Elmira, NY	0.8754		Crawford, AR		24660	Oconto, WI	
	Chemung, NY						Greensboro-High Point, NC	0.9037
							Guilford, NC	

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	Randolph, NC		26180	Honolulu, HI	1.2016	27140	Jackson, MS	0.8394
24780	Rockingham, NC	0.9899		Honolulu, HI			Copiah, MS	
	Greenville, NC		26300	Hot Springs, AR	0.9323		Hinds, MS	
	Greene, NC			Garland, AR			Madison, MS	
	Pitt, NC		26380	Houma-Bayou Cane-Thibodaux, LA	0.8054		Rankin, MS	
24860	Greenville-Mauldin-Easley, SC	0.9882		Lafourche, LA		27180	Simpson, MS	
	Greenville, SC			Terrebonne, LA			Jackson, TN	0.8371
	Laurens, SC		26420	Houston-Sugar Land-Baytown, TX	1.0215		Chester, TN	
	Pickens, SC			Austin, TX		27260	Madison, TN	
25020	Guayama, PR	0.4290		Brazoria, TX			Jacksonville, FL	0.9124
	Arroyo, PR			Chambers, TX			Baker, FL	
	Guayama, PR			Fort Bend, TX			Clay, FL	
	Patillas, PR			Galveston, TX			Duval, FL	
25060	Gulfport-Biloxi, MS	0.8736		Harris, TX			Nassau, FL	
	Hancock, MS			Liberty, TX			St. Johns, FL	
	Harrison, MS			Montgomery, TX		27340	Jacksonville, NC	0.8294
	Stone, MS			San Jacinto, TX			Onslow, NC	
25180	Hagerstown-Martinsburg, MD-WV	0.9417		Waller, TX		27500	Janesville, WI	0.9485
	Washington, MD		26580	Huntington-Ashland, WV-KY-OH	0.9135		Rock, WI	
	Berkeley, WV			Boyd, KY		27620	Jefferson City, MO	0.8446
	Morgan, WV			Greenup, KY			Callaway, MO	
25260	Hanford-Corcoran, CA	1.0991		Lawrence, OH			Cole, MO	
	Kings, CA			Cabell, WV			Moniteau, MO	
25420	Harrisburg-Carlisle, PA	0.9656		Wayne, WV		27740	Osage, MO	
	Cumberland, PA		26620	Huntsville, AL	0.9241		Johnson City, TN	0.8008
	Dauphin, PA			Limestone, AL			Carter, TN	
	Perry, PA			Madison, AL			Unicoi, TN	
25500	Harrisonburg, VA	0.9012		Idaho Falls, ID	0.9590		Washington, TN	
	Rockingham, VA		26820	Bonneville, ID		27780	Johnstown, PA	0.8952
	Harrisonburg City, VA			Jefferson, ID			Cambria, PA	
25540	Hartford-West Hartford-East Hartford, CT	1.0991	26900	Indianapolis-Carmel, IN	0.9925	27860	Jonesboro, AR	0.8000
	Hartford, CT			Boone, IN			Craighead, AR	
	Middlesex, CT			Brown, IN			Poinsett, AR	
	Tolland, CT			Hamilton, IN		27900	Joplin, MO	0.8451
25620	Hattiesburg, MS	0.8156		Hancock, IN			Jasper, MO	
	Forrest, MS			Hendricks, IN		28020	Newton, MO	
	Lamar, MS			Johnson, IN			Kalamazoo-Portage, MI	1.0209
	Perry, MS			Marion, IN			Kalamazoo, MI	
25860	Hickory-Lenoir-Morganton, NC	0.9100		Morgan, IN		28100	Van Buren, MI	
	Alexander, NC			Putnam, IN			Kankakee-Bradley, IL	1.0074
	Burke, NC			Shelby, IN			Kankakee, IL	
	Caldwell, NC		26980	Iowa City, IA	1.0344	28140	Kansas City, MO-KS	0.9899
	Catawba, NC			Johnson, IA			Franklin, KS	
25980	Hinesville-Fort Stewart, GA <sup>3</sup>	0.9169	27060	Washington, IA			Johnson, KS	
	Liberty, GA			Ithaca, NY	0.9059		Leavenworth, KS	
	Long, GA		27100	Tompkins, NY			Linn, KS	
26100	Holland-Grand Haven, MI	0.8755		Jackson, MI	0.9181		Miami, KS	
	Ottawa, MI			Jackson, MI			Wyandotte, KS	
							Bates, MO	
							Caldwell, MO	
							Cass, MO	
							Clay, MO	

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	Clinton, MO		29460	Lakeland-Winter Haven, FL	0.8661	31020	Longview, WA	1.0261
	Jackson, MO			Polk, FL			Cowlitz, WA	
	Lafayette, MO		29540	Lancaster, PA	0.9696	31084	Los Angeles-Long Beach-Glendale, CA	1.2621
	Platte, MO			Lancaster, PA			Los Angeles, CA	
	Ray, MO		29620	Lansing-East Lansing, MI	1.0762	31140	Louisville-Jefferson County, KY-IN	0.9142
28420	Kennewick-Pasco-Richland, WA	0.9843		Clinton, MI			Clark, IN	
	Benton, WA			Eaton, MI			Floyd, IN	
	Franklin, WA		29700	Ingham, MI	0.8000		Harrison, IN	
28660	Killeen-Temple-Fort Hood, TX	0.9759		Laredo, TX			Washington, IN	
	Bell, TX		29740	Webb, TX	0.9354		Bullitt, KY	
	Coryell, TX			Las Cruces, NM			Henry, KY	
	Lampasas, TX		29820	Dona Ana, NM	1.2378		Jefferson, KY	
28700	Kingsport-Bristol-Bristol, TN-VA	0.8000		Las Vegas-Paradise, NV			Meade, KY	
	Hawkins, TN		29940	Clark, NV	0.9094		Nelson, KY	
	Sullivan, TN			Lawrence, KS			Oldham, KY	
	Bristol City, VA		30020	Douglas, KS	0.8777		Shelby, KY	
	Scott, VA			Lawton, OK			Spencer, KY	
	Washington, VA		30140	Comanche, OK	0.8261		Trimble, KY	
28740	Kingston, NY	0.9419		Lebanon, PA		31180	Lubbock, TX	0.9033
	Ulster, NY		30300	Lebanon, PA	0.9314		Crosby, TX	
28940	Knoxville, TN	0.8051		Lewiston, ID-WA			Lubbock, TX	
	Anderson, TN			Nez Perce, ID				
	Blount, TN			Asotin, WA		31340	Lynchburg, VA	0.9006
	Knox, TN		30340	Lewiston-Auburn, ME	0.9284		Amherst, VA	
	Loudon, TN			Androscoggin, ME			Appomattox, VA	
	Union, TN		30460	Lexington-Fayette, KY	0.9073		Bedford, VA	
29020	Kokomo, IN	0.9436		Bourbon, KY			Campbell, VA	
	Howard, IN			Clark, KY			Bedford City, VA	
	Tipton, IN			Fayette, KY			Lynchburg City, VA	
29100	La Crosse, WI-MN	0.9948		Jessamine, KY		31420	Macon, GA	0.9370
	Houston, MN			Scott, KY			Bibb, GA	
	La Crosse, WI		30620	Woodford, KY	0.9626		Crawford, GA	
29140	Lafayette, IN	0.9766		Lima, OH			Jones, GA	
	Benton, IN		30700	Allen, OH	0.9873		Monroe, GA	
	Carroll, IN			Lincoln, NE			Twiggs, GA	
	Tippecanoe, IN			Lancaster, NE		31460	Madera-Chowchilla, CA	0.8335
29180	Lafayette, LA	0.8545		Seward, NE			Madera, CA	
	Lafayette, LA		30780	Little Rock-North Little Rock-Conway, AR	0.8791	31540	Madison, WI	1.1540
	St. Martin, LA			Faulkner, AR			Columbia, WI	
29340	Lake Charles, LA	0.8216		Grant, AR			Dane, WI	
	Calcasieu, LA			Lonoke, AR			Iowa, WI	
	Cameron, LA			Perry, AR		31700	Manchester-Nashua, NH	1.0357
29404	Lake County-Kenosha County, IL-WI	1.0591		Pulaski, AR			Hillsborough, NH	
	Lake, IL		30860	Saline, AR	0.8826	31740	Manhattan, KS	0.8127
	Kenosha, WI			Logan, UT-ID			Geary, KS	
29420	Lake Havasu City-Kingman, AZ	1.0238		Franklin, ID			Pottawatomie, KS	
	Mohave, AZ			Cache, UT			Riley, KS	
			30980	Longview, TX	0.8762	31860	Mankato-North Mankato, MN	0.9600
				Gregg, TX			Blue Earth, MN	
				Rusk, TX			Nicollet, MN	
				Upshur, TX				

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31900	Mansfield, OH	0.9466	33700	Modesto, CA	1.3015		Hunterdon, NJ	
	Richland, OH			Stanislaus, CA			Morris, NJ	
32420	Mayaguez, PR	0.4227	33740	Monroe, LA	0.8181		Sussex, NJ	
	Hormigueros, PR			Ouachita, LA			Union, NJ	
	Mayaguez, PR			Union, LA			Pike, PA	
32580	McAllen-Edinburg-Mission, TX	0.9119	33780	Monroe, MI	0.8964	35300	New Haven-Milford, CT	1.1870
	Hidalgo, TX			Monroe, MI			New Haven, CT	
32780	Medford, OR	1.0599	33860	Montgomery, AL	0.8323	35380	New Orleans-Metairie-Kenner, LA	0.9271
	Jackson, OR			Autauga, AL			Jefferson, LA	
32820	Memphis, TN-MS-AR	0.9527		Elmore, AL			Orleans, LA	
	Crittenden, AR			Lowndes, AL			Plaquemines, LA	
	DeSoto, MS			Montgomery, AL			St. Bernard, LA	
	Marshall, MS		34060	Morgantown, WV	0.8420		St. Charles, LA	
	Tate, MS			Monongalia, WV			St. John the Baptist, LA	
	Tunica, MS			Preston, WV			St. Tammany, LA	
	Fayette, TN		34100	Morristown, TN	0.8000			
	Shelby, TN			Grainger, TN		35644	New York-White Plains-Wayne, NY-NJ	1.3407
	Tipton, TN			Hamblen, TN			Bergen, NJ	
32900	Merced, CA	1.2762	34580	Mount Vernon-Anacortes, WA	1.0513		Hudson, NJ	
	Merced, CA			Skagit, WA			Passaic, NJ	
33124	Miami-Miami Beach-Kendall, FL	1.0359	34620	Muncie, IN	0.8030		Bronx, NY	
	Miami-Dade, FL			Delaware, IN			Kings, NY	
33140	Michigan City-La Porte, IN	0.9613	34740	Muskegon-Norton Shores, MI	1.0238		New York, NY	
	LaPorte, IN			Muskegon, MI			Putnam, NY	
33260	Midland, TX	1.0800	34820	Myrtle Beach-North Myrtle Beach-Conway, SC	0.8888		Queens, NY	
	Midland, TX			Horry, SC			Richmond, NY	
33340	Milwaukee-Waukesha-West Allis, WI	1.0232	34900	Napa, CA	1.4906		Rockland, NY	
	Milwaukee, WI			Napa, CA			Westchester, NY	
	Ozaukee, WI		34940	Naples-Marco Island, FL	1.0005	35660	Niles-Benton Harbor, MI	0.8888
	Washington, WI			Collier, FL			Berrien, MI	
	Waukesha, WI		34980	Nashville-Davidson-Murfreesboro-Franklin, TN	0.9594	35840	North Port-Bradenton-Sarasota, FL	0.9692
33460	Minneapolis-St. Paul-Bloomington, MN-WI	1.1407		Cannon, TN			Manatee, FL	
	Anoka, MN			Cheatham, TN		35980	Sarasota, FL	
	Carver, MN			Davidson, TN			Norwich-New London, CT	1.1532
	Chisago, MN			Dickson, TN			New London, CT	
	Dakota, MN			Hickman, TN		36084	Oakland-Fremont-Hayward, CA	1.6517
	Hennepin, MN			Macon, TN			Alameda, CA	
	Isanti, MN			Robertson, TN			Contra Costa, CA	
	Ramsey, MN			Rutherford, TN		36100	Ocala, FL	0.8679
	Scott, MN			Smith, TN			Marion, FL	
	Sherburne, MN			Sumner, TN		36140	Ocean City, NJ	1.0930
	Washington, MN			Trousdale, TN			Cape May, NJ	
	Wright, MN			Williamson, TN		36220	Odessa, TX	1.0076
	Pierce, WI			Wilson, TN			Ector, TX	
	St. Croix, WI		35004	Nassau-Suffolk, NY	1.2754	36260	Ogden-Clearfield, UT	0.9471
33540	Missoula, MT	0.9403		Nassau, NY			Davis, UT	
	Missoula, MT			Suffolk, NY			Morgan, UT	
33660	Mobile, AL	0.8220	35084	Newark-Union, NJ-PA	1.1630		Weber, UT	
	Mobile, AL			Essex, NJ		36420	Oklahoma City, OK	0.9177
							Canadian, OK	

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	Cleveland, OK			Escambia, FL		38940	Port St. Lucie, FL	1.0050
	Grady, OK			Santa Rosa, FL			Martin, FL	
	Lincoln, OK		37900	Peoria, IL	0.9070		St. Lucie, FL	
	Logan, OK			Marshall, IL		39100	Poughkeepsie-Newburgh-Middletown, NY	1.1647
	McClain, OK			Peoria, IL			Dutchess, NY	
	Oklahoma, OK			Stark, IL			Orange, NY	
36500	Olympia, WA	1.1647		Tazewell, IL		39140	Prescott, AZ	1.2594
	Thurston, WA			Woodford, IL			Yavapai, AZ	
36540	Omaha-Council Bluffs, NE-IA	1.0132	37964	Philadelphia, PA	1.1053	39300	Providence-New Bedford-Fall River, RI-MA	1.0928
	Harrison, IA			Bucks, PA			Bristol, MA	
	Mills, IA			Chester, PA			Bristol, RI	
	Pottawattamie, IA			Delaware, PA			Kent, RI	
	Cass, NE			Montgomery, PA			Newport, RI	
	Douglas, NE		38060	Philadelphia, PA	1.0853		Providence, RI	
	Sarpy, NE			Phoenix-Mesa-Glendale, AZ			Washington, RI	
	Saunders, NE			Maricopa, AZ		39340	Provo-Orem, UT	0.9660
	Washington, NE		38220	Pinal, AZ	0.8000		Juab, UT	
36740	Orlando-Kissimmee-Sanford, FL	0.9376		Pine Bluff, AR	0.8000		Utah, UT	
	Lake, FL			Cleveland, AR		39380	Pueblo, CO	0.8904
	Orange, FL			Jefferson, AR			Pueblo, CO	
	Osceola, FL		38300	Lincoln, AR	0.8905	39460	Punta Gorda, FL	0.9040
	Seminole, FL			Pittsburgh, PA			Charlotte, FL	
36780	Oshkosh-Neenah, WI	0.9572		Allegheny, PA		39540	Racine, WI	0.8865
	Winnebago, WI			Armstrong, PA			Racine, WI	
36980	Owensboro, KY	0.8425		Beaver, PA		39580	Raleigh-Cary, NC	0.9910
	Daviess, KY			Butler, PA			Franklin, NC	
	Hancock, KY			Fayette, PA			Johnston, NC	
	McLean, KY			Washington, PA			Wake, NC	
37100	Oxnard-Thousand Oaks-Ventura, CA	1.3179	38340	Westmoreland, PA	1.0905	39660	Rapid City, SD	1.0480
	Ventura, CA			Pittsfield, MA			Meade, SD	
				Berkshire, MA			Pennington, SD	
37340	Palm Bay-Melbourne-Titusville, FL	0.9288	38540	Pocatello, ID	0.9682	39740	Reading, PA	0.9463
	Brevard, FL			Bannock, ID			Berks, PA	
37380	Palm Coast, FL	0.9628	38660	Power, ID	0.4813	39820	Redding, CA	1.6008
	Flagler, FL			Ponce, PR			Shasta, CA	
37460	Panama City-Lynn Haven-Panama City Beach, FL	0.8616		Juana Diaz, PR		39900	Reno-Sparks, NV	1.0884
	Bay, FL			Ponce, PR			Storey, NV	
37620	Parkersburg-Marietta-Vienna, WV-OH	0.8000	38860	Villalba, PR	0.9924		Washoe, NV	
	Washington, OH			Portland-South Portland-Biddeford, ME		40060	Richmond, VA	1.0057
	Pleasants, WV			Cumberland, ME			Amelia, VA	
	Wirt, WV			Sagadahoc, ME			Caroline, VA	
	Wood, WV		38900	York, ME	1.1766		Charles City, VA	
37700	Pascagoula, MS	0.8099		Portland-Vancouver-Hillsboro, OR-WA			Chesterfield, VA	
	George, MS			Clackamas, OR			Cumberland, VA	
	Jackson, MS			Columbia, OR			Dinwiddie, VA	
37764	Peabody, MA	1.0989		Multnomah, OR			Goochland, VA	
	Essex, MA			Washington, OR			Hanover, VA	
37860	Pensacola-Ferry Pass-Brent, FL	0.8231		Yamhill, OR			Henrico, VA	
				Clark, WA			King and Queen, VA	
				Skamania, WA			King William, VA	

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	Louisa, VA			Stearns, MN		41740	San Diego-Carlsbad-San Marcos, CA	1.2275
	New Kent, VA		41100	St. George, UT	0.9317		San Diego, CA	
	Powhatan, VA			Washington, UT			Erie, OH	
	Prince George, VA		41140	St. Joseph, MO-KS	1.0534	41780	Sandusky, OH	0.8389
	Sussex, VA			Doniphan, KS			Erie, OH	
	Colonial Heights City, VA			Andrew, MO		41884	San Francisco-San Mateo-Redwood City, CA	1.6337
	Hopewell City, VA			Buchanan, MO			Marin, CA	
	Petersburg City, VA			De Kalb, MO			San Francisco, CA	
	Richmond City, VA		41180	St. Louis, MO-IL	0.9414		San Mateo, CA	
40140	Riverside-San Bernardino-Ontario, CA	1.1775		Bond, IL		41900	San German-Cabo Rojo, PR	0.5304
	Riverside, CA			Calhoun, IL			Cabo Rojo, PR	
	San Bernardino, CA			Clinton, IL			Lajas, PR	
40220	Roanoke, VA	0.9415		Jersey, IL			Sabana Grande, PR	
	Botetourt, VA			Macoupin, IL			San German, PR	
	Craig, VA			Madison, IL		41940	San Jose-Sunnyvale-Santa Clara, CA	1.7337
	Franklin, VA			Monroe, IL			San Benito, CA	
	Roanoke, VA			St. Clair, IL			Santa Clara, CA	
	Roanoke City, VA			Crawford, MO				
	Salem City, VA			Franklin, MO		41980	San Juan-Caguas-Guaynabo, PR	0.4991
40340	Rochester, MN	1.1096		Jefferson, MO			Aguas Buenas, PR	
	Dodge, MN			Lincoln, MO			Aibonito, PR	
	Olmsted, MN			St. Charles, MO			Arecibo, PR	
	Wabasha, MN			St. Louis, MO			Barceloneta, PR	
40380	Rochester, NY	0.8836		Warren, MO			Barranquitas, PR	
	Livingston, NY			Washington, MO			Bayamon, PR	
	Monroe, NY			St. Louis City, MO			Caguas, PR	
	Ontario, NY		41420	Salem, OR	1.1529		Camuy, PR	
	Orleans, NY			Marion, OR			Canovanas, PR	
	Wayne, NY			Polk, OR			Carolina, PR	
40420	Rockford, IL	1.0208	41500	Salinas, CA	1.6028		Catano, PR	
	Boone, IL			Monterey, CA			Cayey, PR	
	Winnebago, IL		41540	Salisbury, MD	0.9478		Ciales, PR	
40484	Rockingham County-Strafford County, NH	1.0462		Somerset, MD			Cidra, PR	
	Rockingham, NH			Wicomico, MD			Comerio, PR	
	Strafford, NH		41620	Salt Lake City, UT	0.9671		Corozal, PR	
40580	Rocky Mount, NC	0.9263		Salt Lake, UT			Dorado, PR	
	Edgecombe, NC			Summit, UT			Florida, PR	
	Nash, NC			Tooele, UT			Guaynabo, PR	
40660	Rome, GA	0.9078	41660	San Angelo, TX	0.8498		Gurabo, PR	
	Floyd, GA			Irion, TX			Hatillo, PR	
40900	Sacramento-Arden-Arcade-Roseville, CA	1.4152	41700	San Antonio-New Braunfels, TX	0.9251		Humacao, PR	
	El Dorado, CA			Atascosa, TX			Juncos, PR	
	Placer, CA			Bandera, TX			Las Piedras, PR	
	Sacramento, CA			Bexar, TX			Loiza, PR	
	Yolo, CA			Comal, TX			Manati, PR	
40980	Saginaw-Saginaw Township North, MI	0.8744		Comal, TX			Maunabo, PR	
	Saginaw, MI			Guadalupe, TX			Morovis, PR	
41060	St. Cloud, MN	1.1016		Kendall, TX			Naguabo, PR	
	Benton, MN			Medina, TX			Naranjito, PR	
				Wilson, TX			Orocovis, PR	
							Quebradillas, PR	

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	Rio Grande, PR			McCook, SD			Pasco, FL	
	San Juan, PR			Minnehaha, SD			Pinellas, FL	
	San Lorenzo, PR			Turner, SD		45460	Terre Haute, IN	0.9459
	Toa Alta, PR		43780	South Bend-Mishawaka, IN-MI	0.9682		Clay, IN	
	Toa Baja, PR			St. Joseph, IN			Sullivan, IN	
	Trujillo Alto, PR			St. Joseph, IN			Vermillion, IN	
	Vega Alta, PR			Cass, MI			Vigo, IN	
	Vega Baja, PR		43900	Spartanburg, SC	0.9579	45500	Texarkana, TX-Texarkana, AR	0.8153
	Yabucoa, PR			Spartanburg, SC			Miller, AR	
42020	San Luis Obispo-Paso Robles, CA	1.3428	44060	Spokane, WA	1.0790		Bowie, TX	
	San Luis Obispo, CA			Spokane, WA		45780	Toledo, OH	0.9397
42044	Santa Ana-Anaheim-Irvine, CA	1.2370	44100	Springfield, IL	0.9202		Fulton, OH	
	Orange CA			Menard, IL			Lucas, OH	
42060	Santa Barbara-Santa Maria-Goleta, CA	1.2579	44140	Sangamon, IL	1.0526		Ottawa, OH	
	Santa Barbara, CA			Springfield, MA		45820	Wood, OH	0.9058
42100	Santa Cruz-Watsonville, CA	1.7576		Franklin, MA			Topeka, KS	
	Santa Cruz, CA		44180	Hampden, MA			Jackson, KS	
42140	Santa Fe, NM	1.0950		Hampshire, MA			Jefferson, KS	
	Santa Fe, NM			Springfield, MO	0.8916		Osage, KS	
42220	Santa Rosa-Petaluma, CA	1.6540		Christian, MO			Shawnee, KS	
	Sonoma, CA			Dallas, MO			Wabaunsee, KS	
42340	Savannah, GA	0.9342		Greene, MO		45940	Trenton-Ewing, NJ	1.0336
	Bryan, GA		44220	Polk, MO	0.9225		Mercer, NJ	
	Chatham, GA			Webster, MO		46060	Tucson, AZ	0.9571
	Effingham, GA		44300	Springfield, OH	0.9225		Pima, AZ	
42540	Scranton--Wilkes-Barre, PA	0.8554		Clark, OH		46140	Tulsa, OK	0.8589
	Lackawanna, PA		44600	State College, PA	0.9503		Creek, OK	
	Luzerne, PA			Centre, PA			Okmulgee, OK	
	Wyoming, PA			Steubenville-Weirton, OH-WV	0.8000		Osage, OK	
42644	Seattle-Bellevue-Everett, WA	1.1855		Jefferson, OH			Pawnee, OK	
	King, WA			Brooke, WV			Rogers, OK	
	Snohomish, WA		44700	Hancock, WV			Tulsa, OK	
42680	Sebastian-Vero Beach, FL	0.9278		Stockton, CA	1.3407	46220	Wagoner, OK	
	Indian River, FL		44940	San Joaquin, CA	0.8000		Tuscaloosa, AL	0.8900
43100	Sheboygan, WI	0.9556		Sumter, SC			Greene, AL	
	Sheboygan, WI		45060	Sumter, SC	0.8000		Hale, AL	
43300	Sherman-Denison, TX	0.8229		Syracuse, NY	1.0042	46340	Tuscaloosa, AL	0.8562
	Grayson, TX			Madison, NY			Tyler, TX	
43340	Shreveport-Bossier City, LA	0.8736		Onondaga, NY		46540	Smith, TX	0.8671
	Bossier, LA			Oswego, NY			Utica-Rome, NY	
	Caddo, LA		45104	Tacoma, WA	1.1694		Herkimer, NY	
	De Soto, LA			Pierce, WA		46660	Oneida, NY	
43580	Sioux City, IA-NE-SD	0.9797	45220	Tallahassee, FL	0.8827		Valdosta, GA	0.8214
	Woodbury, IA			Gadsden, FL			Brooks, GA	
	Dakota, NE			Jefferson, FL			Echols, GA	
	Dixon, NE			Leon, FL			Lanier, GA	
	Union, SD			Wakulla, FL			Lowndes, GA	
43620	Sioux Falls, SD	0.9402	45300	Tampa-St. Petersburg-Clearwater, FL	0.9319	46700	Vallejo-Fairfield, CA	1.5034
	Lincoln, SD			Hernando, FL			Solano, CA	
				Hillsborough, FL		47020	Victoria, TX	0.8663
							Calhoun, TX	
							Goliad, TX	

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	Victoria, TX			Fredericksburg City, VA		49420	Yakima, WA	1.0717
47220	Vineland-Millville-Bridgeton, NJ	1.0500		Manassas City, VA			Yakima, WA	
	Cumberland, NJ			Manassas Park City, VA		49500	Yauco, PR	0.4321
47260	Virginia Beach-Norfolk-Newport News, VA-NC	0.9246	47940	Jefferson, WV	0.8600		Guanica, PR	
	Currituck, NC			Waterloo-Cedar Falls, IA			Guayanilla, PR	
	Gloucester, VA			Black Hawk, IA			Penuelas, PR	
	Isle of Wight, VA			Bremer, IA		49620	Yauco, PR	
	James City, VA		48140	Grundy, IA			York-Hanover, PA	0.9938
	Mathews, VA			Wausau, WI	0.9206		York, PA	
	Surry, VA		48300	Marathon, WI		49660	Youngstown-Warren-Boardman, OH-PA	0.8554
	York, VA			Wenatchee-East Wenatchee, WA	1.0445		Mahoning, OH	
	Chesapeake City, VA			Chelan, WA			Trumbull, OH	
	Hampton City, VA		48424	Douglas, WA		49700	Mercer, PA	
	Newport News City, VA			West Palm Beach-Boca Raton-Boynton Beach, FL	1.0090		Yuba City, CA	1.2129
	Norfolk City, VA			Palm Beach, FL			Sutter, CA	
	Poquoson City, VA		48540	Wheeling, WV-OH	0.7745	49740	Yuba, CA	
	Portsmouth City, VA			Belmont, OH			Yuma, AZ	0.9604
	Suffolk City, VA			Marshall, WV				
	Virginia Beach City, VA			Ohio, WV				
	Williamsburg City, VA		48620	Wichita, KS	0.8933			
47300	Visalia-Porterville, CA	1.0624		Butler, KS			- END -	
	Tulare, CA			Harvey, KS				
47380	Waco, TX	0.8792		Sedgwick, KS				
	McLennan, TX			Sumner, KS				
47580	Warner Robins, GA	0.8469	48660	Wichita Falls, TX	1.0372			
	Houston, GA			Archer, TX				
47644	Warren-Troy- Farmington Hills, MI	0.9887		Clay, TX				
	Lapeer, MI			Wichita, TX				
	Livingston, MI		48700	Williamsport, PA	0.8304			
	Macomb, MI			Lycoming, PA				
	Oakland, MI		48864	Wilmington, DE-MD-NJ	1.0952			
	St. Clair, MI			New Castle, DE				
47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	1.1101		Cecil, MD				
	District of Columbia, DC			Salem, NJ				
	Calvert, MD		48900	Wilmington, NC	0.9355			
	Charles, MD			Brunswick, NC				
	Prince George's, MD			New Hanover, NC				
	Arlington, VA		49020	Pender, NC				
	Clarke, VA			Winchester, VA-WV	0.9354			
	Fairfax, VA			Frederick, VA				
	Fauquier, VA			Winchester City, VA				
	Loudoun, VA		49180	Hampshire, WV				
	Prince William, VA			Winston-Salem, NC	0.8570			
	Spotsylvania, VA			Davie, NC				
	Stafford, VA			Forsyth, NC				
	Warren, VA			Stokes, NC				
	Alexandria City, VA		49340	Yadkin, SC				
	Fairfax City, VA			Worcester, MA	1.1377			
	Falls Church City, VA			Worcester, MA				

<sup>1</sup> 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 \(FY 2013\)](#).

<sup>2</sup> Wage index values are based on FY 2008 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 to be the greater of (a) the 55% reduced BNAF OR (b) the minimum of the pre-floor, pre-classified hospital wage index value x 1.15, or 0.8000. For the FY 2013 hospice wage index, the BNAF was reduced by a total of 55%.

<sup>3</sup> 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 2013 HOSPICE WAGE INDEXES FOR RURAL AREAS

The following Hospice Indexes for Rural Areas are for care and services provided on or after October 1, 2012.

CBSA CODE	NONURBAN AREA	WAGE INDEX	CBSA CODE	NONURBAN AREA	WAGE INDEX
1	Alabama .....	0.8000	37	Oklahoma .....	0.8061
2	Alaska .....	1.3195	38	Oregon .....	1.0618
3	Arizona .....	0.9066	39	Pennsylvania .....	0.8680
4	Arkansas .....	0.8000	40	Puerto Rico <sup>2</sup> .....	0.4654
5	California .....	1.2526	41	Rhode Island <sup>1</sup> .....	-----
6	Colorado .....	1.0401	42	South Carolina .....	0.8502
7	Connecticut .....	1.1594	43	South Dakota .....	0.8526
8	Delaware .....	1.0280	44	Tennessee .....	0.8000
9	District of Columbia <sup>1</sup> .....	-----	45	Texas .....	0.8150
10	Florida .....	0.8588	46	Utah .....	0.8956
11	Georgia .....	0.8000	47	Vermont .....	0.9973
12	Hawaii .....	1.1505	48	Virgin Islands .....	0.8000
13	Idaho .....	0.8000	49	Virginia .....	0.8030
14	Illinois .....	0.8655	50	Washington .....	1.0509
15	Indiana .....	0.8784	51	West Virginia .....	0.8000
16	Iowa .....	0.8852	52	Wisconsin .....	0.9221
17	Kansas .....	0.8260	53	Wyoming .....	0.9690
18	Kentucky .....	0.8038	65	Guam .....	0.9872
19	Louisiana .....	0.8000			
20	Maine .....	0.8814			
21	Maryland .....	0.9544			
22	Massachusetts .....	1.4342			
23	Michigan .....	0.8521			
24	Minnesota .....	0.9355			
25	Mississippi .....	0.8000			
26	Missouri .....	0.8000			
27	Montana .....	0.8849			
28	Nebraska .....	0.9113			
29	Nevada .....	0.9899			
30	New Hampshire .....	1.0725			
31	New Jersey <sup>1</sup> .....	-----			
32	New Mexico .....	0.9119			
33	New York .....	0.8374			
34	North Carolina .....	0.8513			
35	North Dakota .....	0.8000			
36	Ohio .....	0.8685			

- END -

1 There are no rural areas in this state or district.

2 Wage index values are obtained using the methodology described in the the Centers for Medicare and Medicaid Services Notice published in the July 27, 2012 Federal Register.



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