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HEALTH AGENCY

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SUMMARY OF CHANGE(S): See pages 4 and 5.

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SUMMARY OF CHANGES

CHAPTER 2

1. Section 1.
 - a. This change updates the TRICARE Mental Health Reimbursement System for FY 2015.
EFFECTIVE DATE: 10/1/14.
 - b. This change updates the Diagnosis Related Group (DRG) routine reimbursement for FY 2015.
EFFECTIVE DATE: 10/1/14.

CHAPTER 6

2. Section 7. This change updates the DRG routine reimbursement for FY 2015.
EFFECTIVE DATE: 10/1/14.
3. Section 8. This change updates the DRG routine reimbursement for FY 2015.
EFFECTIVE DATE: 10/1/14.
4. Addendum B (FY 2015). This change updates the DRG routine reimbursement for FY 2015.
EFFECTIVE DATE: 10/1/14.
5. Addendum C (FY 2015). This change updates the DRG routine reimbursement for FY 2015.
EFFECTIVE DATE: 10/1/14.

CHAPTER 7

6. Section 1. This change updates the TRICARE Mental Health Reimbursement System for FY 2015.
EFFECTIVE DATE: 10/1/14.
7. Addendum A. This change updates the TRICARE Mental Health Reimbursement System for FY 2015. EFFECTIVE DATE: 10/1/14.
8. Addendum B. This change updates the TRICARE Mental Health Reimbursement System for FY 2015. EFFECTIVE DATE: 10/1/14.
9. Addendum D (FY 2015). This change updates the TRICARE Mental Health Reimbursement System for FY 2015. EFFECTIVE DATE: 10/1/14.

CHAPTER 9

10. Section 1. This change updates the Ambulatory Surgery payment rate for FY 2015.
EFFECTIVE DATE: 11/1/2014.

SUMMARY OF CHANGES (Continued)

CHAPTER 11

11. Section 1, Section 4, Addendum A (FY 2015), Addendum B (FY 2015), and Addendum C (FY 2015).
This change 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 Fiscal Year 2015. EFFECTIVE DATE: 10/1/14.

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[paragraph 1.3.1.2](#) applies), neither the family nor the individual deductible will have been met and no TRICARE benefits are payable.

1.3.1.5 In the case of family members of an active duty member of pay grade E-5 or above, with Persian Gulf conflict service who is, or was, entitled to special pay for hostile fire/imminent danger authorized by 37 USC 310, for services in the Persian Gulf area in connection with Operation Desert Shield or Operation Desert Storm, the deductible shall be the amount specified in [paragraph 1.3.1.2](#), for care rendered after October 1, 1991.

Note: The provisions of [paragraph 1.3.1.5](#), also apply to family members of service members who were killed in the Gulf, or who died subsequent to Gulf service; and to service members who retired prior to October 1, 1991, after having served in the Gulf war, and to their family members.

1.3.1.6 Effective December 8, 1995, the annual TRICARE deductible has been waived for family members of selected reserve members called to active duty for 31 days or more in support of Operation Joint Endeavor (the Bosnia peacekeeping mission). Under a nationwide demonstration, TRICARE may immediately begin cost-sharing in accordance with standard TRICARE rules. These beneficiaries will be eligible to use established TRICARE Extra network providers at a reduced cost-share rate. Additionally, in those areas where TRICARE is in full operation, selected reserve members called to active duty for 31 days or more will have the option of enrolling their families in TRICARE Prime.

Note: This demonstration is effective December 8, 1995, and is in effect until such time as Executive Order 12982 expires. TRICARE eligible beneficiaries other than family members of reservists called to active duty in support of Operation Joint Endeavor are not eligible for participation. This demonstration is limited to the annual TRICARE Standard and Extra deductible; other TRICARE cost-sharing continues to apply. All current TRICARE rules, unless specifically provided otherwise, will continue to apply.

Note: Initially the option to enroll in TRICARE Prime was limited to family members of selected reserve members who were called to active duty for 179 days or more. This changed to 31 days or more as of March 10, 2003.

Note: Claims for these beneficiaries are to be paid from financially underwritten funds and reported as such. TMA periodically will calculate and reimburse the contractors for the additional costs incurred as a result of waiving the deductibles on these claims.

1.3.1.7 Adjustment of Excess. Any beneficiary identified under [paragraphs 1.3.1.4, 1.3.1.5, and 1.3.1.6](#), who paid any deductible in excess of the amounts stipulated is entitled to an adjustment of any amount paid in excess against the annual deductible required under those paragraphs.

1.3.1.8 The deductible amounts identified in this section shall be deemed to have been satisfied if the catastrophic cap amounts identified in [Section 2](#) have been met for the same fiscal year in which the deductible applies.

1.3.2 Deductible Amount: Inpatient Care

None.

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1.3.3 Cost-share Amount

1.3.3.1 Outpatient Care

1.3.3.1.1 ADFM or Authorized NATO Beneficiary. The cost-share for outpatient care is 20% of the allowable amount in excess of the annual deductible amount. This includes the professional charges of an individual professional provider for services rendered in a non-TRICARE-approved ASC or birthing center.

1.3.3.1.2 Other Beneficiary. The cost-share applicable to outpatient care for other than active duty and authorized NATO family member beneficiaries is 25% of the allowable amount in excess of the annual deductible amount. This includes: partial hospitalization for alcohol rehabilitation; professional charges of an individual professional provider for services rendered in a non-TRICARE-approved ASC.

1.3.3.2 Inpatient Care

1.3.3.2.1 ADFM: 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 daily charge the beneficiary or sponsor would have been charged had the inpatient care been provided in a Uniformed Service hospital, whichever is greater. (Please reference daily rate chart below.)

FIGURE 2.1-1 UNIFORMED SERVICES HOSPITAL DAILY CHARGE AMOUNTS

PERIOD	DAILY CHARGE
October 1, 2000 - September 30, 2001	\$11.45
April 1, 2001 - Present (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
October 1, 2012 - September 30, 2013 (for ADFMs not enrolled in Prime)	\$17.35
October 1, 2013 - September 30, 2014 (for ADFMs not enrolled in Prime)	\$17.65
October 1, 2014 - September 30, 2015 (for ADFMs not enrolled in Prime)	\$17.80

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.

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1.3.3.3.7 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:

- The treatment is otherwise allowable as a benefit; and,
- Delay of the treatment until after the conclusion of the pregnancy is medically contraindicated; and,
- The illness or condition is, or increases the likelihood of, a threat to the life of the mother; or,
- The illness or condition will cause, or increase the likelihood of, a stillbirth or newborn injury or illness; or,
- The usual course of treatment must be altered or modified to minimize a defined risk of newborn injury or illness.

1.3.3.4 Cost-Shares: DRG-Based Payment System

1.3.3.4.1 General

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

1.3.3.4.2 TRICARE Standard

1.3.3.4.2.1 Cost-shares for ADFMs.

1.3.3.4.2.1.1 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.

1.3.3.4.2.1.2 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.

1.3.3.4.2.2 Cost-shares for beneficiaries other than ADFMs.

1.3.3.4.2.2.1 The cost-share will be the lesser of:

1.3.3.4.2.2.1.1 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.

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- For FY 2007, the daily rate is capped at the FY 2006 level of \$535, per Section 704 of NDAA FY 2007.
- For FYs 2008, 2009, 2010, and 2011, the daily rate is \$535.
- For FY 2012, the daily rate is \$708.
- For FY 2013, the daily rate is \$698.
- For FY 2014, the daily rate is \$744.
- For FY 2015, the daily rate is \$764.

1.3.3.4.2.2.1.1.1 The per diem amount will be calculated as follows:

- 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.
- Add in the allowance for Capital and Direct Medical Education (CAP/ DME) which have been paid to hospitals during the same database period used for determining the DRG weights and rates.
- 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.
- Multiply this amount by 0.25. In this way total cost-sharing amounts will continue to be 25% of the allowable amount.
- Determine any cost-sharing amounts which exceed 25% of the billed charge (see [paragraph 1.3.3.4.2.2.1.2](#)) and divide this amount by the total number of patient days in [paragraph 1.3.3.4.2.2.1.1](#). Add this amount to the amount in [paragraph 1.3.3.4.2.2.1.1](#). This is the per diem cost-share to be used for these beneficiaries.

1.3.3.4.2.2.1.1.2 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 Peer Review Organization (PRO), no cost-share will be required for those days, since payment for such days will be the beneficiary's responsibility entirely.

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1.3.3.4.2.2.1.2 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.

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

1.3.3.4.2.2.3 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.

1.3.3.4.3 TRICARE Extra

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

1.3.3.4.3.2 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.

1.3.3.4.4 TRICARE Prime

There is no cost-share for ADFMs. For beneficiaries other than ADFMs, the cost-sharing provision 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.

1.3.3.4.5 Maternity Services

See [paragraph 1.3.3.3](#), for the cost-sharing provisions for maternity services.

1.3.3.5 Cost-Shares: Inpatient Mental Health Per Diem Payment System

1.3.3.5.1 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 1.3.3.2](#) or [1.3.3.4](#) are to be followed.

1.3.3.5.2 Cost-shares for ADFMs. 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. This \$20 per day cost-sharing amount applies to admissions to any hospital for mental health services, any RTC, any Substance Use Disorder Rehabilitation Facility (SUDRF), 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 [Addendum A](#) for further information.

1.3.3.5.3 Cost-shares for beneficiaries other than ADFMs.

1.3.3.5.3.1 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.

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1.3.3.5.3.2 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 1.3.3.5.3.2.1](#) or [paragraph 1.3.3.5.3.2.2](#):

1.3.3.5.3.2.1 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.

- Fiscal Year 2000 - \$144 per day.
- Fiscal Year 2001 - \$149 per day.
- Fiscal Year 2002 - \$154 per day.
- Fiscal Year 2003 - \$159 per day.
- Fiscal Year 2004 - \$164 per day.
- Fiscal Year 2005 - \$169 per day.
- Fiscal Year 2006 - \$175 per day.
- Fiscal Year 2007 - \$181 per day.
- Fiscal Year 2008 - \$187 per day.
- Fiscal Year 2009 - \$193 per day.
- Fiscal Year 2010 - \$197 per day.
- Fiscal Year 2011 - \$202 per day.
- Fiscal Year 2012 - \$208 per day.
- Fiscal Year 2013 - \$213 per day.
- Fiscal Year 2014 - \$218 per day.
- **Fiscal Year 2015 - \$224 per day.**

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

1.3.3.5.4 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.

1.3.3.5.5 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.

1.3.3.5.6 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.

1.3.3.6 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, 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.

1.3.3.7 Cost-Shares: Ambulatory Surgery

1.3.3.7.1 Non-Prime 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.

1.3.3.7.2 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:

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

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

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

1.3.3.7.2.4 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.

1.3.3.8 Cost-Shares and Deductible: Former Spouses

1.3.3.8.1 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.

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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.

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

1.3.3.9 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:

1.3.3.9.1 For non-institutional 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.

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

- The single, specific per diem supplied by TMA after the application of the agreed upon discount rate; OR,
- Twenty-five percent (25%) of the billed charge.

1.3.3.9.3 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.

1.3.3.9.4 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:

- The fixed daily amount supplied by TMA after the application of the agreed upon discount rate; OR,
- Twenty-five percent (25%) of the billed charge.

1.3.3.9.5 For RTCs, the cost-share for other than ADFMs shall be 25% of the TRICARE rate after it has been adjusted by the discount.

1.3.3.9.6 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 1.3.3.4.](#)) For Prime ADFMs, the cost-share is \$0 for care provided on or after April 1, 2001.

1.3.3.10 Preventive Services

1.3.3.10.1 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 TRICARE Policy Manual (TPM), [Chapter 7, Sections 2.1 and 2.5](#):

1.3.3.10.1.1 Colorectal cancer screening.

1.3.3.10.1.2 Breast cancer screening.

1.3.3.10.1.3 Cervical cancer screening.

1.3.3.10.1.4 Prostate cancer screening.

1.3.3.10.1.5 Immunizations.

1.3.3.10.1.6 Well-child visits for children under six years of age.

1.3.3.10.1.7 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 [paragraphs 1.3.3.10.1.1 through 1.3.3.10.1.5](#). If one or more of the procedure codes described in the TPM, [Chapter 7, Section 2.1](#) for those preventive services listed in [paragraphs 1.3.3.10.1.1 through 1.3.3.10.1.5](#) is billed on a claim, then the cost-share is waived for the visit. However, services other than the covered benefits listed above that are provided during the same visit are subject to appropriate cost-sharing and deductibles.

1.3.3.10.2 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.

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

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

1.3.3.10.5 The contractor shall process claims for reimbursement of copayments paid for those services exempted from copayments rendered from October 14, 2008 through the implementation

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date of this change as prescribed in the Underpayments provisions in the TOM. Contractors will 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.

1.4 TRICARE Extra

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

1.4.2 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.

1.4.3 Preventive Services

1.4.3.1 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](#):

1.4.3.1.1 Colorectal cancer screening.

1.4.3.1.2 Breast cancer screening.

1.4.3.1.3 Cervical cancer screening.

1.4.3.1.4 Prostate cancer screening.

1.4.3.1.5 Immunizations.

1.4.3.1.6 Well-child visits for children under six years of age.

1.4.3.1.7 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 [paragraphs 1.4.3.1.1 through 1.4.3.1.5](#). If one or more of the procedure codes described in the TPM, [Chapter 7, Section 2.1](#) for those preventive services listed in [paragraphs 1.4.3.1.1 through 1.4.3.1.5](#) is billed on a claim, then the cost-share is waived for the visit. However, services other than the covered benefits listed above that are provided during the same visit are subject to appropriate cost-sharing and deductibles.

1.4.3.2 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.

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

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

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1.4.3.5 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 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.

1.5 Cost-Shares: Ambulance Services

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

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

1.5.2.1 TRICARE Prime

1.5.2.1.1 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 [Addendum A](#) for further information.

1.5.2.1.2 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 [Addendum A](#) for further information.

1.5.2.1.3 For retirees and their family members, \$20.

1.5.2.2 TRICARE Extra

1.5.2.2.1 A cost-share of 15% of the fee negotiated by the contractor for ADFMs.

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

1.5.2.3 TRICARE Standard

1.5.2.3.1 A cost-share of 20% of the allowable charge for ADFMs.

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

1.5.2.4 Inpatient: Non-Network Providers

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

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

1.5.2.5 Exceptions

1.5.2.5.1 Inpatient Cost-share Applicable To Each Separate Admission

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

1.5.2.5.1.1 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.

1.5.2.5.1.2 Certain heart and lung hospitals are excepted from cost-share requirements. See [Chapter 1, Section 27](#), entitled "Legal Obligation To Pay".

1.5.2.5.2 Inpatient Cost-Share: Maternity Care

See [paragraph 1.3.3.3](#). 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.

1.5.2.5.3 Special Cost-Share Provisions

1.5.2.5.3.1 For services provided prior to International Classification of Diseases, 10th Revision (ICD-10) implementation. 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:

- That calculated according to [paragraph 1.3.3.2.2](#); or
- That calculated according to [paragraph 1.3.3.4.2](#).

1.5.2.5.3.1.1 Child Bone Marrow Transplant (BMT)

All services related to discharges involving BMT for a beneficiary less than 18 years old with International Classification of Diseases, 9th Revision, Clinical Modification (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.

1.5.2.5.3.1.2 Child Human Immunodeficiency Virus (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.

1.5.2.5.3.1.3 Child Cystic Fibrosis

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

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1.5.2.5.3.2 For services provided on or after the date specified by the Centers for Medicare and Medicaid Services (CMS) in the Final Rule as published in the **Federal Register**. 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:

- That calculated according to [paragraph 1.3.3.2.2](#); or
- That calculated according to [paragraph 1.3.3.4.2](#).

1.5.2.5.3.2.1 Child BMT

All services related to discharges involving BMT for a beneficiary less than 18 years old with International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) principal or secondary diagnosis code Z94.81 and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes 30230G0-30263Y0 through 30230X0-30263X0 and 079T3ZZ-07DS3ZZ.

1.5.2.5.3.2.2 HIV Seropositivity

All services related to discharges involving HIV seropositive beneficiary less than 18 years old with ICD-10-CM principal or secondary diagnosis codes B20, B97.35, and R75.

1.5.2.5.3.2.3 Child Cystic Fibrosis

All services related to discharges involving beneficiary less than 18 years old with ICD-10-CM principal or secondary diagnosis code E84 (cystic fibrosis).

1.5.2.5.4 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 the TPM, [Chapter 10, Section 7.1](#).

1.6 Catastrophic Loss Protection

See [Section 2](#).

- END -

Chapter 6

Diagnostic Related Groups (DRGs)

Section/Addendum	Subject/Addendum Title
1	Hospital Reimbursement - TRICARE DRG-Based Payment System (General)
2	Hospital Reimbursement - TRICARE DRG-Based Payment System (General Description Of System)
3	Hospital Reimbursement - TRICARE DRG-Based Payment System (Basis Of Payment)
4	Hospital Reimbursement - TRICARE DRG-Based Payment System (Applicability Of The DRG System)
5	Hospital Reimbursement - TRICARE DRG-Based Payment System (Determination Of Payment Amounts)
6	Hospital Reimbursement - TRICARE DRG-Based Payment System (DRG Weighting Factors)
7	Hospital Reimbursement - TRICARE DRG-Based Payment System (Adjusted Standardized Amounts (ASAs))
8	Hospital Reimbursement - TRICARE DRG-Based Payment System (Adjustments To Payment Amounts)
9	Hospital Reimbursement - TRICARE DRG-Based Payment System (Information Provided By TMA)
10	Hospital Reimbursement - TRICARE DRG-Based Payment System (Charges To Beneficiaries)
A	Health Benefit Program Agreement
B (FY 2013)	TRICARE Adjusted Standardized Amounts (ASAs) - FY 2013
	Figure 6.B.2013-1 68.8% Labor Share/31.2% Non-Labor Share If Wage Index Greater Than 1
	Figure 6.B.2013-2 62% Labor Share/38% Non-Labor Share If Wage Index Less Than Or Equal To 1
B (FY 2014)	TRICARE Adjusted Standardized Amounts (ASAs) - FY 2014
	Figure 6.B.2014-1 69.6% Labor Share/30.4% Non-Labor Share If Wage Index Greater Than 1
	Figure 6.B.2014-2 62% Labor Share/38% Non-Labor Share If Wage Index Less Than Or Equal To 1

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Section/Addendum	Subject/Addendum Title
B (FY 2015)	TRICARE Adjusted Standardized Amounts (ASAs) - FY 2015 Figure 6.B.2015-1 69.6% Labor Share/30.4% Non-Labor Share If Wage Index Greater Than 1 Figure 6.B.2015-2 62% Labor Share/38% Non-Labor Share If Wage Index Less Than Or Equal To 1
C (FY 2013)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2013
C (FY 2014)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2014
C (FY 2015)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

Hospital Reimbursement - TRICARE DRG-Based Payment System (Adjusted Standardized Amounts (ASAs))

Issue Date: October 8, 1987
Authority: [32 CFR 199.14\(a\)\(1\)](#)

1.0 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.

2.0 ISSUE

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

3.0 POLICY

3.1 General

The ASA represents the adjusted average operating cost for treating all TRICARE beneficiaries in all DRGs during the database period. During Fiscal Year (FY) 1988 the TRICARE 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.

3.2 Calculation Of The ASA

The following procedures will be followed in calculating the TRICARE ASA.

3.2.1 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 2013, the CCR is 0.2979. Effective FY 2014, the CCR is 0.2778. **Effective FY 2015, the CCR is 0.2726.**

3.2.2 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 beneficiaries. The base standardized amount will be increased by 0.0060 for FY 2000, 0.0055 for FY 2001, and through July

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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.

3.2.3 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).

3.2.4 Preliminary Non-Teaching Standardized Amount. At this point Indirect Medical Education (IDME) 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.

3.2.5 Preliminary Teaching Standardized Amounts. A separate standardized amount will be calculated for each teaching hospital to reimburse for IDME expenses. This will be done by multiplying the non-teaching standardized amount by 1.0 plus each hospital's IDME factor.

3.2.6 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.

3.2.7 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%. **Effective October 1, 2013, and subsequent years, for wage index values greater than 1.0, the labor related portion of the ASA shall equal 69.6%, and the non-labor related portion shall equal 30.4%.** 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%.

3.2.8 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 -

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.

- 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.
- 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.

3.2.6.4 Cost Outliers

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

3.2.6.4.1.1 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 plus the hospital's IDME adjustment factor. For admissions occurring on or after October 1, 1997, the costs for IDME are no longer standardized.

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

3.2.6.4.1.3 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.

3.2.6.4.1.4 The CCR for admissions occurring on or after October 1, 2012, is 0.2979. The CCR for admissions occurring on or after October 1, 2013, is 0.2778. **The CCR for admissions occurring on or after October 1, 2014, is 0.2726.**

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3.2.6.4.1.5 The National Operating Standard Cost as a Share of Total Costs (NOSCASTC) for calculating the cost-outlier threshold for FY 2012 is 0.919, for FY 2013 is 0.920, and for FY 2014 is 0.920.

3.2.6.4.2 For FY 2013, a TRICARE fixed loss cost-outlier threshold is set at \$20,075. 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 \$20,075 (also wage-adjusted).

3.2.6.4.3 For FY 2014, a TRICARE fixed loss cost-outlier threshold is set at \$20,008. Effective October 1, 2013, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$20,008 (also wage-adjusted).

3.2.6.4.4 For FY 2015, a TRICARE fixed loss cost-outlier threshold is set at \$22,705. Effective October 1, 2014, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$22,705 (also wage-adjusted).

3.2.6.4.5 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))}

3.2.6.5 Burn Outliers

3.2.6.5.1 Burn outliers generally will be subject to the same outlier policies applicable to the TRICARE 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

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

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3.2.6.5.3 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

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

3.2.6.5.3.2 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%.

3.2.6.5.3.3 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.

3.2.6.5.3.4 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%.

3.2.6.5.3.5 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.

3.2.6.6 Children's Hospital Outliers

The following special provisions apply to cost outliers.

3.2.6.6.1 The threshold shall be the same as that applied to other hospitals.

3.2.6.6.2 Effective October 1, 2012, the standardized costs are calculated using a CCR of 0.3231. Effective October 1, 2013, the standardized costs are calculated using a CCR of 0.3012. **Effective October 1, 2014, the standardized costs are calculated using a CCR of 0.2939.** (This is equivalent to the Medicare CCR increased to account for CAP/DME costs.)

3.2.6.6.3 The marginal cost factor shall be 80%.

3.2.6.6.4 For admissions occurring during FY 2013, the marginal cost factor shall be adjusted by 1.03. For admissions occurring during FY 2014, the marginal cost factor shall be adjusted by 1.10. **For admissions occurring during FY 2015, the marginal cost factor shall be adjusted by 1.18.**

3.2.6.6.5 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 NOSCASTC for

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calculating the cost-outlier threshold for FY 2014 is 0.920. **The NOSCASTC for calculating the cost-outlier threshold for FY 2015 is 0.922.**

3.2.6.6.6 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)]

3.2.6.7 Neonatal Outliers

Neonatal outliers in hospitals subject to the TRICARE 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.

3.2.7 IDME adjustment

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

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factor equal to:

$$1.04 \times \left[\left(1.0 + \frac{\text{number of interns + residents}}{\text{number of beds}} \right)^{.5795} - 1.0 \right]$$

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

3.2.7.2 Number of Interns and Residents

TRICARE will use the number of interns and residents from CMS most recently available Provider Specific File.

3.2.7.3 Number of Beds

TRICARE will use the number of beds from CMS' most recently available Provider Specific File.

3.2.7.4 Updates of IDME Factors

3.2.7.4.1 TRICARE will use the **ratio** of interns and residents to beds from CMS' 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 provided with the annual DRG update shall be applied to claims with a date of discharge on or after October 1 of each year.

3.2.7.4.2 Other updates of IDME factors. It is the contractor's responsibility to update the IDME factor if a hospital provides information (for the same base periods) which indicates that the IDME factor provided by TRICARE with the DRG update is incorrect or needs to be updated. An IDME factor is updated based on the hospital submitting CMS Worksheet showing the number of interns, residents, and beds. The effective date of these other updates 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 the appropriate worksheet or information. The contractor shall notify TMA of such IDME updates.

3.2.7.4.3 This alternative updating method shall only apply to those hospitals subject to the Medicare PPS as they are the only ones included in the Provider Specific File.

3.2.7.5 Adjustment for Children's Hospitals

An IDME adjustment factor will be applied to each payment to qualifying children's hospitals. The factors for children's hospitals will be calculated using the same formula as for other hospitals. The initial factor will be based on the number of interns and residents and hospital bed size as reported by the hospital to the contractor. If the hospital provides the data to the contractor after payments have been made, the contractor will not make any retroactive adjustments to previously paid claims, but the amounts will be reconciled during the "hold harmless" process. At

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the end of its fiscal year, a children's hospital may request that its adjustment factor be updated by providing the contractor with the necessary information regarding its number of interns and residents and beds. The number of interns, residents, and beds must conform to the requirements above. The contractor is required to update the factor within 30 days of receipt of the request from the hospital, and the effective date shall conform to the policy contained above.

3.2.7.5.1 Beginning in August 1998, and each subsequent year, the contractor shall send a notice to each children's hospital in its Region, who have not provided the contractor with updated information on its number of interns, residents and beds since the previous October 1 and advise them to provide the updated information by October 1 of that same year.

3.2.7.5.2 The contractors shall send the number of interns, residents, and beds and the updated ratios for children's hospitals to TMA, Medical Benefits and Reimbursement Branch (MB&RB), or designee, by April 1 of each year to be used in TMA's annual DRG update calculations. These updated amounts will be included in the files for the October DRG update.

3.2.7.6 TRICARE for Life (TFL)

No adjustment for IDME costs is to be made on any TFL claim on which Medicare has made any payment. If TRICARE is the primary payer (e.g., claims for stays beyond 150 days) payments are to be adjusted for IDME in accordance with the provisions of this section.

3.2.8 Present On Admission (POA) Indicators and Hospital Acquired Conditions (HACs)

3.2.8.1 Effective for admissions on or after October 1, 2009:

3.2.8.1.1 For services provided before **the mandated date, as directed by Health and Human Services (HHS), for International Classification of Diseases, 10th Revision (ICD-10) implementation:**

3.2.8.1.1.1 Those inpatient acute care hospitals that are paid under the TRICARE/CHAMPUS DRG-based payment system shall report a POA indicator for both primary and secondary diagnoses on inpatient acute care hospital claims. Providers shall report POA indicators to TRICARE in the same manner they report to the CMS, and in accordance with the UB-04 Data Specifications Manual, and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Official Guidelines for Coding and Reporting. See the complete instructions in the UB-04 Data Specifications Manual for specific instructions and examples. Specific instructions on how to select the correct POA indicator for each diagnosis code are included in the ICD-9-CM Official Guidelines for Coding and Reporting.

3.2.8.1.1.2 There are five POA indicator reporting options, as defined by the ICD-9-CM Official Coding Guidelines for Coding and Reporting:

- Y = Indicates that the condition was present on admission.
- W = Affirms that the provider has determined based on data and clinical judgment that it is not possible to document when the onset of the condition occurred.

TRICARE Adjusted Standardized Amounts (ASAs) - FY 2015

These amounts are effective for admissions occurring on or after October 1, 2014, through September 30, 2015.

FIGURE 6.B.2015-1 69.6% LABOR SHARE/30.4% NON-LABOR SHARE IF WAGE INDEX GREATER THAN 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$4,023.42	\$1,757.35	\$5,780.77

FIGURE 6.B.2015-2 62% LABOR SHARE/38% NON-LABOR SHARE IF WAGE INDEX LESS THAN OR EQUAL TO 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,584.08	\$2,196.69	\$5,780.77

FY 2015 cost-share per diem for beneficiaries other than dependents of active duty member - \$764.00.

- END -

Chapter 6

Addendum C (FY 2015)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

Effective for admissions on or after October 1, 2014. The second column labeled "POST ACUTE" indicates whether the DRG is subject to the post acute care transfer policy. The third column labeled "SPEC PAY" indicates whether the DRG is subject to the post acute care special payment provision.

DRG #	POST ACUTE	SPEC 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	24.3816	43.2	32.4	7
2	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	17.3320	26.9	18.2	4
3	Yes	No	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	19.2381	34.9	26.9	6
4	Yes	No	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	13.5202	30.0	23.0	5
5	No	No	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	15.8101	23.2	16.1	3
6	No	No	LIVER TRANSPLANT W/O MCC	6.0126	8.8	8.2	3
7	No	No	LUNG TRANSPLANT	8.4556	14.0	12.9	5
8	No	No	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.9165	11.4	9.8	3
10	No	No	PANCREAS TRANSPLANT	4.5342	9.7	7.9	2
11	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	4.5432	11.6	10.0	3
12	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	3.5958	9.2	8.3	3
13	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	2.4033	6.7	5.7	1
14	No	No	ALLOGENEIC BONE MARROW TRANSPLANT	13.1188	34.1	26.7	5
16	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	5.2676	18.6	17.1	6
17	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	3.9427	11.8	6.8	1
20	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	9.1363	17.0	14.3	4
21	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	5.5333	11.9	11.4	6
22	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	4.9877	7.9	6.4	2

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

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Chapter 6, Addendum C (FY 2015)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
23	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	5.6178	11.8	8.5	1
24	Yes	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	4.1136	7.0	4.5	1
25	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W MCC	4.5081	9.3	6.8	1
26	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W CC	3.3375	5.7	4.1	1
27	Yes	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W/O CC/MCC	2.4209	3.0	2.4	1
28	Yes	Yes	SPINAL PROCEDURES W MCC	4.1613	8.3	6.0	1
29	Yes	Yes	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	2.9358	5.8	4.2	1
30	Yes	Yes	SPINAL PROCEDURES W/O CC/MCC	1.7205	3.0	2.3	1
31	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W MCC	4.1741	12.4	8.4	1
32	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W CC	1.8208	3.9	2.8	1
33	Yes	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W/O CC/MCC	1.4873	2.3	1.9	1
34	No	No	CAROTID ARTERY STENT PROCEDURE W MCC	4.1079	6.7	4.5	1
35	No	No	CAROTID ARTERY STENT PROCEDURE W CC	2.4807	2.5	1.8	1
36	No	No	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	1.8430	1.4	1.2	1
37	No	No	EXTRACRANIAL PROCEDURES W MCC	2.5584	5.9	4.7	1
38	No	No	EXTRACRANIAL PROCEDURES W CC	1.7229	3.4	2.4	1
39	No	No	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.2595	1.5	1.3	1
40	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.3556	11.1	6.3	1
41	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	2.1247	4.5	3.2	1
42	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.7865	2.5	2.1	1
52	No	No	SPINAL DISORDERS & INJURIES W CC/MCC	2.4720	6.7	5.1	1
53	No	No	SPINAL DISORDERS & INJURIES W/O CC/MCC	1.0670	3.7	2.8	1
54	Yes	No	NERVOUS SYSTEM NEOPLASMS W MCC	1.2928	4.7	3.4	1
55	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.2096	3.5	2.4	1
56	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.9422	7.9	5.8	1
57	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1095	4.4	3.0	1
58	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.4370	5.9	4.2	1
59	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	0.9311	4.2	3.4	1
60	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.9091	3.7	3.0	1
61	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	3.1716	7.2	5.4	1
62	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	2.1799	4.2	3.6	1
63	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.6808	3.1	2.7	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 is used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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Chapter 6, Addendum C (FY 2015)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
64	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.0048	6.1	4.3	1
65	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	1.2541	4.0	3.2	1
66	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	0.9667	2.7	2.2	1
67	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	2.3140	4.8	3.4	1
68	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	1.1588	2.3	1.9	1
69	No	No	TRANSIENT ISCHEMIA	0.8225	2.0	1.6	1
70	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.8743	6.5	4.6	1
71	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.1334	4.6	3.0	1
72	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.7565	2.3	1.8	1
73	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	1.4796	6.0	3.9	1
74	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9614	3.4	2.6	1
75	No	No	VIRAL MENINGITIS W CC/MCC	1.0789	4.3	3.4	1
76	No	No	VIRAL MENINGITIS W/O CC/MCC	0.6658	3.0	2.6	1
77	No	No	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.5438	5.2	4.6	1
78	No	No	HYPERTENSIVE ENCEPHALOPATHY W CC	1.0401	3.8	3.0	1
79	No	No	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.7411	2.7	2.2	1
80	No	No	NONTRAUMATIC STUPOR & COMA W MCC	1.4197	5.1	3.7	1
81	No	No	NONTRAUMATIC STUPOR & COMA W/O MCC	0.7522	2.8	2.1	1
82	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.2414	4.8	2.7	1
83	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.5180	4.4	3.1	1
84	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.7265	2.2	1.8	1
85	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W MCC	2.8443	8.5	5.8	1
86	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.1449	3.9	2.6	1
87	Yes	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC/MCC	0.7037	2.0	1.7	1
88	No	No	CONCUSSION AGE >17 W MCC	1.6098	3.1	2.2	1
89	No	No	CONCUSSION AGE >17 W CC	0.9501	2.5	1.9	1
90	No	No	CONCUSSION AGE >17 W/O CC/MCC	0.7901	1.5	1.3	1
91	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.7783	6.6	4.0	1
92	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.0409	3.5	2.5	1
93	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.8050	2.4	1.9	1
94	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	3.2334	10.3	8.1	1
95	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	2.5125	7.2	5.9	1
96	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.1846	5.6	4.6	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 is used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
97	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	3.2715	11.8	7.2	1
98	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.4870	5.9	4.2	1
99	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	0.9816	4.2	3.4	1
100	Yes	No	SEIZURES AGE >17 W MCC	1.5184	5.3	3.6	1
101	Yes	No	SEIZURES AGE >17 W/O MCC	0.7403	3.0	2.4	1
102	No	No	HEADACHES AGE >17 W MCC	1.1230	4.0	2.6	1
103	No	No	HEADACHES AGE >17 W/O MCC	0.7780	3.0	2.2	1
104	No	No	CRANIOTOMY, VENTRICULAR SHUNT & ENDOVASC INTRACRANIAL PROC AGE 0-17	2.7590	6.2	3.6	1
105	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.5530	2.4	1.6	1
106	No	No	CONCUSSION AGE 0-17	0.4692	1.5	1.2	1
107	No	No	SEIZURES & HEADACHES AGE 0-17	0.5662	2.3	1.8	1
108	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	1.4553	5.6	2.6	1
109	No	No	OTHER DISORDERS OF THE EYE AGE 0-17	0.5116	2.0	1.6	1
110	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE 0-17	0.8078	2.1	1.7	1
111	No	No	SINUS & MASTOID PROCEDURES AGE 0-17	2.3404	6.6	4.3	1
112	No	No	OTITIS MEDIA & URI AGE 0-17	0.2908	1.9	1.6	1
113	No	No	ORBITAL PROCEDURES W CC/MCC	1.7401	3.5	2.9	1
114	No	No	ORBITAL PROCEDURES W/O CC/MCC	1.1069	2.1	1.7	1
115	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1.7813	4.8	2.8	1
116	No	No	INTRAOCULAR PROCEDURES W CC/MCC	1.5546	4.5	3.2	1
117	No	No	INTRAOCULAR PROCEDURES W/O CC/MCC	0.6242	1.4	1.3	1
118	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.5051	2.2	1.8	1
119	No	No	DENTAL & ORAL DISEASES AGE 0-17	0.5217	2.6	2.1	1
120	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	2.0990	8.5	6.5	1
121	No	No	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.6800	3.1	2.7	1
122	No	No	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.4352	3.1	2.7	1
123	No	No	NEUROLOGICAL EYE DISORDERS	0.8171	2.6	2.1	1
124	No	No	OTHER DISORDERS OF THE EYE AGE >17 W MCC	1.5262	4.9	3.5	1
125	No	No	OTHER DISORDERS OF THE EYE AGE >17 W/O MCC	0.6501	2.9	2.2	1
129	No	No	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.5943	6.2	3.3	1
130	No	No	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.4953	2.4	2.0	1
131	No	No	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.1743	3.2	2.3	1
132	No	No	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.5989	1.5	1.4	1
133	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W CC/MCC	1.4566	3.3	2.4	1
134	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W/O CC/MCC	0.8634	1.8	1.5	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 is used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
135	No	No	SINUS & MASTOID PROCEDURES AGE >17 W CC/MCC	2.4339	7.0	4.7	1
136	No	No	SINUS & MASTOID PROCEDURES AGE >17 W/O CC/MCC	0.8966	1.2	1.1	1
137	No	No	MOUTH PROCEDURES W CC/MCC	0.9507	3.2	2.7	1
138	No	No	MOUTH PROCEDURES W/O CC/MCC	0.7342	2.4	2.0	1
139	No	No	SALIVARY GLAND PROCEDURES	1.0926	1.4	1.2	1
140	No	No	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.4864	2.8	2.3	1
141	No	No	BRONCHITIS & ASTHMA AGE 0-17	0.4029	2.4	2.0	1
142	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	2.7221	13.9	4.0	1
143	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE 0-17	1.3729	4.9	3.0	1
144	No	No	HERNIA PROCEDURES AGE 0-17	1.1616	3.1	1.9	1
145	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.4181	2.5	1.9	1
146	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	2.1921	8.2	5.8	1
147	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.1797	4.8	2.9	1
148	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.9377	2.5	2.1	1
149	No	No	DYSEQUILIBRIUM	0.7057	2.1	1.8	1
150	No	No	EPISTAXIS W MCC	9.2780	14.5	3.6	1
151	No	No	EPISTAXIS W/O MCC	0.6015	2.1	1.8	1
152	No	No	OTITIS MEDIA & URI AGE >17 W MCC	0.8666	3.8	3.2	1
153	No	No	OTITIS MEDIA & URI AGE >17 W/O MCC	0.5645	2.3	2.0	1
154	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W MCC	1.2670	4.5	3.5	1
155	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W CC	0.7795	2.8	2.3	1
156	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W/O CC/MCC	0.5493	2.3	2.0	1
157	No	No	DENTAL & ORAL DISEASES AGE >17 W MCC	1.3260	5.4	3.9	1
158	No	No	DENTAL & ORAL DISEASES AGE >17 W CC	0.8763	3.4	2.6	1
159	No	No	DENTAL & ORAL DISEASES AGE >17 W/O CC/MCC	0.6738	2.6	2.0	1
160	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.6153	2.9	2.0	1
161	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.4741	2.7	2.3	1
162	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	0.9720	1.9	1.6	1
163	Yes	No	MAJOR CHEST PROCEDURES W MCC	4.7570	11.9	9.9	2
164	Yes	No	MAJOR CHEST PROCEDURES W CC	2.5698	6.1	4.8	1
165	Yes	No	MAJOR CHEST PROCEDURES W/O CC/MCC	1.8051	4.1	3.4	1
166	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.3293	9.0	7.3	1
167	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.0342	5.6	4.4	1
168	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.4098	3.3	2.5	1
169	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE 0-17	0.3439	1.3	1.2	1
170	No	No	CELLULITIS AGE 0-17	0.3683	2.3	2.0	1
171	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.4649	1.5	1.3	1

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 2015)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
172	No	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES 0-17	0.4089	2.9	2.1	1
173	No	No	URETHRAL PROCEDURES AGE 0-17	0.9549	2.9	2.3	1
174	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.3729	2.5	2.2	1
175	Yes	No	PULMONARY EMBOLISM W MCC	1.5107	5.8	4.4	1
176	Yes	No	PULMONARY EMBOLISM W/O MCC	0.8249	3.4	2.8	1
177	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W MCC	2.1685	8.4	6.8	1
178	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.5568	6.5	5.1	1
179	Yes	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC/MCC	1.1278	4.6	3.3	1
180	No	No	RESPIRATORY NEOPLASMS W MCC	2.1383	7.8	5.6	1
181	No	No	RESPIRATORY NEOPLASMS W CC	1.3448	4.9	3.5	1
182	No	No	RESPIRATORY NEOPLASMS W/O CC/MCC	1.2402	3.3	2.8	1
183	No	No	MAJOR CHEST TRAUMA W MCC	1.1368	4.4	3.6	1
184	No	No	MAJOR CHEST TRAUMA W CC	1.0165	3.1	2.5	1
185	No	No	MAJOR CHEST TRAUMA W/O CC/MCC	0.6472	1.6	1.4	1
186	Yes	No	PLEURAL EFFUSION W MCC	1.2936	5.1	4.0	1
187	Yes	No	PLEURAL EFFUSION W CC	0.9469	3.5	2.9	1
188	Yes	No	PLEURAL EFFUSION W/O CC/MCC	0.7489	3.4	2.6	1
189	No	No	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2707	4.7	3.5	1
190	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1354	4.7	3.8	1
191	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9377	3.9	3.2	1
192	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.6717	3.0	2.5	1
193	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W MCC	1.4278	5.4	4.3	1
194	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.9035	3.8	3.3	1
195	Yes	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC/MCC	0.7138	3.0	2.5	1
196	Yes	No	INTERSTITIAL LUNG DISEASE W MCC	1.9621	7.6	6.2	1
197	Yes	No	INTERSTITIAL LUNG DISEASE W CC	1.0203	4.5	3.5	1
198	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.8167	2.9	2.3	1
199	No	No	PNEUMOTHORAX W MCC	1.3109	5.9	4.7	1
200	No	No	PNEUMOTHORAX W CC	0.8873	3.3	2.5	1
201	No	No	PNEUMOTHORAX W/O CC/MCC	0.5436	3.1	2.4	1
202	No	No	BRONCHITIS & ASTHMA AGE >17 W CC/MCC	0.7892	3.6	2.9	1
203	No	No	BRONCHITIS & ASTHMA AGE >17 W/O CC/MCC	0.5534	2.7	2.3	1
204	No	No	RESPIRATORY SIGNS & SYMPTOMS	0.6347	2.4	1.9	1
205	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	2.0047	5.8	3.9	1
206	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.6712	2.5	1.9	1
207	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	6.2061	16.1	13.3	4
208	No	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	2.1202	5.7	4.1	1
209	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.3296	1.9	1.8	1

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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
210	No	No	URETHRAL STRICTURE AGE 0-17	0.4991	2.0	2.0	2
211	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.7980	3.5	2.5	1
212	No	No	TESTES PROCEDURES AGE 0-17	0.7584	1.8	1.3	1
213	No	No	SPLENECTOMY AGE 0-17	1.3551	2.5	2.0	1
214	No	No	RED BLOOD CELL DISORDERS AGE 0-17	0.4861	3.0	2.4	1
215	No	No	OTHER HEART ASSIST SYSTEM IMPLANT	17.1326	17.3	11.3	2
216	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	8.8248	15.0	11.5	2
217	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	6.3909	9.4	8.0	2
218	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.7281	6.8	5.2	1
219	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	6.8039	10.1	8.2	2
220	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	5.0039	6.0	5.6	2
221	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.4621	4.7	4.3	1
222	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	6.8221	10.6	8.7	2
223	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	5.7877	5.5	4.5	1
224	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7.7173	8.2	7.7	3
225	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	6.6837	5.6	4.8	1
226	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	5.7532	9.3	7.0	1
227	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	4.9720	3.3	2.4	1
228	No	No	OTHER CARDIOTHORACIC PROCEDURES W MCC	7.0084	9.5	7.9	2
229	No	No	OTHER CARDIOTHORACIC PROCEDURES W CC	4.2419	5.8	5.1	1
230	No	No	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.4230	4.2	3.6	1
231	No	No	CORONARY BYPASS W PTCA W MCC	8.8937	11.4	10.0	3
232	No	No	CORONARY BYPASS W PTCA W/O MCC	5.9371	8.2	7.8	4
233	Yes	No	CORONARY BYPASS W CARDIAC CATH W MCC	6.9308	11.1	10.1	4
234	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.5836	7.5	7.0	3
235	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.8608	8.1	7.1	2
236	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	4.1400	5.7	5.3	2
237	No	No	MAJOR CARDIOVASC PROCEDURES W MCC	5.5432	9.7	6.7	1
238	No	No	MAJOR CARDIOVASC PROCEDURES W/O MCC	2.9639	4.0	2.9	1
239	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	7.6746	23.1	17.9	4
240	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	3.2982	10.3	8.5	2

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
241	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.5663	5.2	4.4	3
242	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	2.8362	5.4	4.3	1
243	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.7891	3.9	3.2	1
244	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.2995	2.5	2.2	1
245	No	No	AICD GENERATOR PROCEDURES	5.4432	5.1	3.8	1
246	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	3.3596	3.8	3.1	1
247	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.6070	2.3	2.1	1
248	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	3.6424	5.6	4.4	1
249	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	2.2571	2.6	2.3	1
250	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3.2611	4.5	3.3	1
251	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	2.5958	2.3	1.8	1
252	No	No	OTHER VASCULAR PROCEDURES W MCC	3.5270	7.0	4.9	1
253	No	No	OTHER VASCULAR PROCEDURES W CC	2.6713	5.2	3.7	1
254	No	No	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.9817	2.5	2.0	1
255	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.8917	8.4	6.5	2
256	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.8854	6.5	5.3	1
257	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	1.1719	3.9	3.0	2
258	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	3.0650	6.2	4.9	1
259	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.2116	3.4	2.6	1
260	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	4.1576	10.6	7.9	1
261	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.5817	4.4	3.1	1
262	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.6012	2.3	2.0	1
263	No	No	VEIN LIGATION & STRIPPING	2.0717	5.3	3.4	1
264	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.2674	6.8	5.0	1
265	No	No	AICD LEAD PROCEDURES	3.1792	4.1	2.7	1
266	Yes	Yes	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	3.4285	11.8	8.7	1
267	Yes	Yes	VIRAL ILLNESS & FEVER AGE 0-17	0.3890	2.4	2.0	1
268	No	No	SEPTICEMIA OR SEVERE SEPSIS AGE 0-17	1.6451	6.5	4.3	1
269	No	No	TRAUMATIC INJURY AGE 0-17	0.4149	1.4	1.3	1
270	No	No	ALLERGIC REACTIONS AGE 0-17	0.2241	1.4	1.3	1
271	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.4009	1.9	1.5	1
280	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	2.2977	5.5	4.0	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
281	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.4211	3.1	2.5	1
282	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	1.1091	2.0	1.7	1
283	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	3.6451	4.2	2.2	1
284	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.8550	2.4	1.8	1
285	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5622	1.6	1.3	1
286	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.4026	6.3	4.7	1
287	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.2197	2.4	1.9	1
288	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W MCC	2.3800	9.6	5.7	1
289	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.7187	10.0	7.0	1
290	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.3848	4.9	3.9	2
291	Yes	No	HEART FAILURE & SHOCK W MCC	1.4370	5.6	4.2	1
292	Yes	No	HEART FAILURE & SHOCK W CC	0.9628	4.2	3.4	1
293	Yes	No	HEART FAILURE & SHOCK W/O CC/MCC	0.6511	2.6	2.2	1
294	No	No	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	1.1633	5.0	4.1	1
295	No	No	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.7688	3.7	3.1	1
296	No	No	CARDIAC ARREST, UNEXPLAINED W MCC	1.5106	2.6	2.1	1
297	No	No	CARDIAC ARREST, UNEXPLAINED W CC	0.7187	1.6	1.3	1
298	No	No	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4692	1.2	1.1	1
299	Yes	No	PERIPHERAL VASCULAR DISORDERS W MCC	1.4407	4.8	3.4	1
300	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC	0.9930	3.7	2.8	1
301	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.7116	2.6	2.1	1
302	No	No	ATHEROSCLEROSIS W MCC	4.7244	8.6	4.9	1
303	No	No	ATHEROSCLEROSIS W/O MCC	1.3310	2.5	1.9	1
304	No	No	HYPERTENSION W MCC	1.0236	3.9	3.1	1
305	No	No	HYPERTENSION W/O MCC	0.6402	2.1	1.8	1
306	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W MCC	7.5888	10.5	8.8	3
307	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O MCC	2.3230	3.7	2.8	1
308	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.1198	4.2	3.2	1
309	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7841	2.6	2.1	1
310	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.4852	1.8	1.6	1
311	No	No	ANGINA PECTORIS	0.5978	1.8	1.5	1
312	No	No	SYNCOPE & COLLAPSE	0.7288	2.2	1.8	1
313	No	No	CHEST PAIN	0.6344	1.6	1.4	1
314	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.0559	7.1	5.1	1
315	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.1325	4.1	3.0	1
316	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.7063	2.3	1.8	1
317	No	No	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	9.1553	19.0	10.0	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
318	No	No	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	3.8482	5.3	3.7	1
326	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W MCC	5.5529	13.6	9.8	1
327	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC	2.4400	5.8	4.3	1
328	Yes	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W/O CC/MCC	1.5968	2.7	2.1	1
329	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	4.5958	12.9	10.0	2
330	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.3268	7.2	6.1	2
331	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6899	4.3	3.8	1
332	Yes	No	RECTAL RESECTION W MCC	6.6903	15.6	13.5	4
333	Yes	No	RECTAL RESECTION W CC	2.3094	6.0	5.2	1
334	Yes	No	RECTAL RESECTION W/O CC/MCC	2.1079	4.4	4.0	1
335	Yes	No	PERITONEAL ADHESIOLYSIS W MCC	4.2874	13.0	10.9	3
336	Yes	No	PERITONEAL ADHESIOLYSIS W CC	2.1022	6.8	5.4	1
337	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.4946	3.7	3.0	1
338	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	2.4834	7.4	6.5	2
339	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.6681	5.7	4.9	1
340	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.2058	3.4	2.9	1
341	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	2.4413	6.0	4.5	1
342	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2691	2.6	2.1	1
343	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.9851	1.5	1.3	1
344	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	1.7612	6.5	6.0	2
345	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.3707	5.1	4.2	1
346	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.0941	3.8	3.3	1
347	No	No	ANAL & STOMAL PROCEDURES W MCC	3.5288	10.8	7.9	1
348	No	No	ANAL & STOMAL PROCEDURES W CC	1.5054	4.2	3.1	1
349	No	No	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.7852	2.3	1.9	1
350	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W MCC	2.3629	5.2	4.0	1
351	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.5961	4.0	3.3	1
352	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC/MCC	1.1597	2.0	1.6	1
353	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W MCC	2.6596	7.1	5.8	1
354	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.5890	4.1	3.3	1
355	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC/MCC	1.2893	2.5	2.1	1
356	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.2767	10.7	7.5	1
357	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1.7620	5.5	4.4	1
358	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2894	3.6	2.7	1
368	No	No	MAJOR ESOPHAGEAL DISORDERS W MCC	2.0107	6.2	4.6	1
369	No	No	MAJOR ESOPHAGEAL DISORDERS W CC	1.0435	3.6	2.9	1

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

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Chapter 6, Addendum C (FY 2015)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
370	No	No	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.8434	2.7	1.9	1
371	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.6156	7.8	5.5	1
372	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	0.9890	4.9	4.0	1
373	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.6283	3.3	2.8	1
374	Yes	No	DIGESTIVE MALIGNANCY W MCC	2.7965	9.8	6.6	1
375	Yes	No	DIGESTIVE MALIGNANCY W CC	1.2918	5.2	3.6	1
376	Yes	No	DIGESTIVE MALIGNANCY W/O CC/MCC	1.2163	4.1	3.2	1
377	Yes	No	G.I. HEMORRHAGE W MCC	1.7064	5.0	3.9	1
378	Yes	No	G.I. HEMORRHAGE W CC	0.8875	3.1	2.6	1
379	Yes	No	G.I. HEMORRHAGE W/O CC/MCC	0.6037	2.2	1.9	1
380	Yes	No	COMPLICATED PEPTIC ULCER W MCC	2.8993	8.8	6.3	1
381	Yes	No	COMPLICATED PEPTIC ULCER W CC	0.9905	4.2	3.3	1
382	Yes	No	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7404	3.0	2.4	1
383	No	No	UNCOMPLICATED PEPTIC ULCER W MCC	1.1072	3.1	2.5	1
384	No	No	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.7785	2.8	2.4	1
385	No	No	INFLAMMATORY BOWEL DISEASE W MCC	1.4935	6.8	5.5	1
386	No	No	INFLAMMATORY BOWEL DISEASE W CC	0.9904	4.6	3.6	1
387	No	No	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.7023	3.6	2.9	1
388	Yes	No	G.I. OBSTRUCTION W MCC	1.4586	6.4	4.5	1
389	Yes	No	G.I. OBSTRUCTION W CC	0.7946	3.8	3.0	1
390	Yes	No	G.I. OBSTRUCTION W/O CC/MCC	0.5173	2.6	2.2	1
391	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W MCC	1.2420	4.6	3.4	1
392	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O MCC	0.7011	2.9	2.4	1
393	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W MCC	2.0570	6.8	4.8	1
394	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	0.9903	4.0	3.1	1
395	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC/MCC	0.7988	2.6	2.1	1
405	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	5.3283	13.9	9.9	1
406	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.7459	7.2	5.9	1
407	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.9571	4.4	3.7	1
408	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	4.7622	20.1	15.5	3
409	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.5262	8.4	7.7	3
410	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	2.1155	5.5	5.3	3
411	No	No	CHOLECYSTECTOMY W C.D.E. W MCC	4.0250	11.6	9.4	1
412	No	No	CHOLECYSTECTOMY W C.D.E. W CC	2.6824	7.4	6.3	1
413	No	No	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.9656	5.1	4.2	1

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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
414	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.3309	8.3	6.4	1
415	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.0726	5.3	4.5	1
416	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3906	3.8	3.3	1
417	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	2.0417	5.0	4.2	1
418	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6043	3.5	2.9	1
419	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.2443	2.4	2.0	1
420	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	3.8429	11.3	8.0	1
421	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	2.0436	5.7	4.4	1
422	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.3711	3.2	2.7	2
423	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	5.0700	14.0	10.9	2
424	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	1.4518	4.9	4.5	2
425	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.5310	4.4	3.7	3
432	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	1.5851	6.6	5.1	1
433	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	0.9042	3.8	3.0	1
434	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6914	2.8	2.3	1
435	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	1.6431	6.4	4.6	1
436	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	1.2263	4.8	3.5	1
437	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	0.8478	3.4	2.9	1
438	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	2.0877	7.9	5.8	1
439	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	0.9251	4.5	3.5	1
440	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.6315	3.0	2.6	1
441	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	2.0785	7.5	5.2	1
442	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	0.9910	4.3	3.3	1
443	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.6749	2.8	2.4	1
444	No	No	DISORDERS OF THE BILIARY TRACT W MCC	1.4340	4.6	3.5	1
445	No	No	DISORDERS OF THE BILIARY TRACT W CC	1.1030	3.4	2.7	1
446	No	No	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.7423	2.1	1.8	1
453	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	10.3131	7.2	6.1	1
454	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7.5257	5.0	4.2	1
455	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.4971	3.0	2.6	1
456	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	9.4548	8.7	7.1	2
457	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	7.2061	6.5	5.5	2

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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
458	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.3177	4.1	3.6	1
459	Yes	No	SPINAL FUSION EXCEPT CERVICAL W MCC	7.1893	6.9	5.5	1
460	Yes	No	SPINAL FUSION EXCEPT CERVICAL W/O MCC	3.8470	2.8	2.4	1
461	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.5724	7.6	6.3	2
462	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.2564	3.8	3.5	1
463	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	4.7805	11.5	9.0	2
464	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.3945	8.2	5.9	1
465	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.9175	4.4	3.4	1
466	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W MCC	4.3894	7.2	6.2	2
467	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.0454	3.7	3.2	1
468	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.6027	2.7	2.4	1
469	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	3.0875	5.9	5.0	1
470	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2.0237	2.7	2.5	1
471	No	No	CERVICAL SPINAL FUSION W MCC	3.6538	4.4	3.1	1
472	No	No	CERVICAL SPINAL FUSION W CC	2.5755	2.0	1.5	1
473	No	No	CERVICAL SPINAL FUSION W/O CC/MCC	2.1233	1.3	1.2	1
474	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.9897	10.9	8.5	2
475	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	2.2628	6.4	4.7	1
476	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.1700	2.9	2.4	1
477	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	3.8504	11.4	10.0	3
478	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.9688	5.9	4.3	1
479	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.4974	3.6	2.7	1
480	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W MCC	3.6186	7.6	6.5	2
481	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.2356	5.2	4.5	1
482	Yes	Yes	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC/MCC	1.6381	3.0	2.5	1
483	No	No	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	2.2200	1.9	1.6	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
485	No	No	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.4353	9.5	7.9	4
486	No	No	KNEE PROCEDURES W PDX OF INFECTION W CC	1.7454	5.5	4.8	1
487	No	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.4914	4.9	4.5	1
488	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.9144	4.0	3.2	1
489	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.4857	2.1	1.9	1
492	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W MCC	3.1893	7.3	6.1	2
493	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	2.4117	4.6	3.6	1
494	Yes	Yes	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC/MCC	1.5510	2.5	2.1	1
495	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	2.9130	9.9	5.8	1
496	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5383	3.7	2.9	1
497	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.2903	2.2	1.8	1
498	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	1.5879	4.2	3.1	1
499	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	0.7340	1.4	1.3	1
500	Yes	Yes	SOFT TISSUE PROCEDURES W MCC	2.9634	10.4	6.8	1
501	Yes	Yes	SOFT TISSUE PROCEDURES W CC	1.6515	4.2	3.1	1
502	Yes	Yes	SOFT TISSUE PROCEDURES W/O CC/MCC	1.2064	2.5	2.0	1
503	No	No	FOOT PROCEDURES W MCC	2.5905	8.4	6.8	1
504	No	No	FOOT PROCEDURES W CC	1.6168	3.7	3.2	1
505	No	No	FOOT PROCEDURES W/O CC/MCC	1.3356	2.1	1.7	1
506	No	No	MAJOR THUMB OR JOINT PROCEDURES	1.2098	3.4	2.8	1
507	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.0214	2.9	2.3	1
508	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.4841	1.9	1.6	1
509	No	No	ARTHROSCOPY	1.7198	4.1	3.1	1
510	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.4388	4.5	3.9	1
511	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.6350	2.5	2.2	1
512	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.3129	1.9	1.6	1
513	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.6642	3.8	3.1	1
514	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.8283	1.9	1.7	1
515	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	4.1551	7.7	5.7	1
516	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.2845	4.9	3.5	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
517	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.9028	2.6	2.0	1
518	Yes	Yes	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	2.9124	2.6	1.7	1
519	Yes	Yes	BACK & NECK PROC EXC SPINAL FUSION W CC	1.6344	3.1	2.4	1
520	Yes	Yes	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.2714	1.6	1.4	1
533	Yes	No	FRACTURES OF FEMUR W MCC	1.6089	5.7	4.3	1
534	Yes	No	FRACTURES OF FEMUR W/O MCC	0.9031	3.4	2.2	1
535	Yes	No	FRACTURES OF HIP & PELVIS W MCC	1.7392	5.7	4.5	1
536	Yes	No	FRACTURES OF HIP & PELVIS W/O MCC	0.9979	3.9	3.2	1
537	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.9962	4.0	3.3	1
538	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.7678	3.0	2.5	1
539	Yes	No	OSTEOMYELITIS W MCC	1.3956	6.8	5.3	1
540	Yes	No	OSTEOMYELITIS W CC	1.4933	7.4	5.6	1
541	Yes	No	OSTEOMYELITIS W/O CC/MCC	0.9577	3.9	2.9	1
542	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	3.1623	8.0	6.3	1
543	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.4782	5.4	4.3	1
544	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.8880	2.8	2.3	1
545	Yes	No	CONNECTIVE TISSUE DISORDERS W MCC	2.5970	8.6	6.2	1
546	Yes	No	CONNECTIVE TISSUE DISORDERS W CC	1.4980	5.7	4.0	1
547	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.8875	3.3	2.6	1
548	No	No	SEPTIC ARTHRITIS W MCC	2.1227	7.7	6.1	1
549	No	No	SEPTIC ARTHRITIS W CC	1.2743	6.0	5.0	1
550	No	No	SEPTIC ARTHRITIS W/O CC/MCC	0.6754	2.8	2.4	1
551	Yes	No	MEDICAL BACK PROBLEMS W MCC	2.4941	5.5	4.3	1
552	Yes	No	MEDICAL BACK PROBLEMS W/O MCC	1.7411	2.7	2.1	1
553	No	No	BONE DISEASES & ARTHROPATHIES W MCC	2.6056	4.7	4.0	1
554	No	No	BONE DISEASES & ARTHROPATHIES W/O MCC	2.0434	2.8	2.5	1
555	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.4545	6.6	4.5	1
556	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.7787	2.8	2.1	1
557	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.3082	5.7	4.4	1
558	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.6332	3.2	2.6	1
559	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	3.8738	7.7	6.1	1
560	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.5672	4.1	3.3	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
561	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	2.2421	2.7	2.4	1
562	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W MCC	1.7415	5.3	4.0	1
563	Yes	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W/O MCC	0.8940	2.6	2.0	1
564	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.4741	5.0	3.8	1
565	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	1.2187	3.2	2.4	1
566	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.9441	2.5	1.9	1
570	Yes	No	SKIN DEBRIDEMENT W MCC	2.0603	8.1	5.8	1
571	Yes	No	SKIN DEBRIDEMENT W CC	1.2557	5.4	4.1	1
572	Yes	No	SKIN DEBRIDEMENT W/O CC/MCC	0.7984	3.2	2.8	1
573	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	3.2556	16.6	8.3	1
574	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	1.9057	5.1	4.2	1
575	Yes	No	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.6568	5.4	4.2	1
576	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.5980	11.3	7.6	1
577	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	2.0442	4.6	2.9	1
578	No	No	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.9693	2.6	2.1	1
579	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.4156	8.9	6.7	1
580	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.8193	4.0	3.0	1
581	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.5754	2.5	2.0	1
582	No	No	MASTECTOMY FOR MALIGNANCY W CC/MCC	2.6187	2.7	2.1	1
583	No	No	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	2.2594	2.1	1.8	1
584	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	3.0538	3.7	3.2	1
585	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	2.1407	2.6	2.1	1
592	Yes	No	SKIN ULCERS W MCC	2.1277	8.3	6.5	1
593	Yes	No	SKIN ULCERS W CC	0.7941	5.8	4.3	1
594	Yes	No	SKIN ULCERS W/O CC/MCC	0.7908	3.8	3.0	2
595	No	No	MAJOR SKIN DISORDERS W MCC	4.4463	10.8	7.7	1
596	No	No	MAJOR SKIN DISORDERS W/O MCC	0.7680	4.0	3.0	1
597	No	No	MALIGNANT BREAST DISORDERS W MCC	1.9966	10.2	5.5	1
598	No	No	MALIGNANT BREAST DISORDERS W CC	1.4316	4.9	3.7	1
599	No	No	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.8057	3.0	2.4	1
600	No	No	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.8461	3.8	3.0	1
601	No	No	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6292	2.9	2.4	1
602	Yes	No	CELLULITIS AGE >17 W MCC	1.4578	6.2	4.8	1
603	Yes	No	CELLULITIS AGE >17 W/O MCC	0.6343	3.4	2.8	1
604	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W MCC	1.1285	3.6	2.9	1

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Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2015

DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
605	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O MCC	0.7844	2.0	1.6	1
606	No	No	MINOR SKIN DISORDERS W MCC	2.9814	8.9	4.8	1
607	No	No	MINOR SKIN DISORDERS W/O MCC	0.5046	2.6	2.1	1
608	No	No	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	0.9880	5.4	3.9	1
609	No	No	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	0.9659	6.5	3.4	1
610	No	No	NEONATE, DIED W/IN ONE DAY OF BIRTH	0.1798	1.0	1.0	1
611	No	No	NEONATE, TRANSFERRED <5 DAYS OLD	0.2078	1.2	1.1	1
612	No	No	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	24.4301	88.8	69.0	10
613	No	No	NEONATE, BIRTHWT <750G, DIED	5.0585	9.0	4.5	1
614	No	No	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.1847	4.8	3.5	1
615	No	No	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.5254	2.5	2.1	1
616	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.6188	13.1	10.7	2
617	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	1.8516	7.5	5.5	1
618	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.4998	5.0	4.0	2
619	No	No	O.R. PROCEDURES FOR OBESITY W MCC	4.2430	6.6	4.6	1
620	No	No	O.R. PROCEDURES FOR OBESITY W CC	2.0838	2.7	2.3	1
621	No	No	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.8501	1.9	1.7	1
622	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	2.5087	14.0	10.5	2
623	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.5363	6.5	4.9	1
624	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.2559	4.3	3.6	2
625	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.9343	6.3	5.0	1
626	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.3466	2.2	1.8	1
627	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	1.0204	1.5	1.3	1
628	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	3.0001	10.1	6.7	1
629	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1.9585	7.4	5.7	1
630	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.3631	2.8	2.5	1
631	No	No	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	16.3551	76.0	68.5	23
632	No	No	NEONATE, BIRTHWT 750-999G, DIED	4.1795	9.4	4.2	1
633	No	No	NEONATE, BIRTHWT 1000-1499G, W SIGNIF O.R. PROC, DISCHARGED ALIVE	20.0562	89.1	76.0	19
634	No	No	NEONATE, BIRTHWT 1000-1499G, W/O SIGNIF O.R. PROC, DISCHARGED ALIVE	9.1265	45.4	39.7	13
635	No	No	NEONATE, BIRTHWT 1000-1499G, DIED	5.7060	14.1	4.8	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
636	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	8.2484	33.7	24.6	3
637	Yes	No	DIABETES W MCC	1.5433	5.1	3.9	1
638	Yes	No	DIABETES W CC	0.6727	3.0	2.5	1
639	Yes	No	DIABETES W/O CC/MCC	0.4504	2.1	1.8	1
640	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W MCC	1.1926	4.8	3.4	1
641	Yes	No	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES >17 W/O MCC	0.7662	2.8	2.2	1
642	No	No	INBORN AND OTHER DISORDERS OF METABOLISM	1.2609	4.4	3.1	1
643	Yes	No	ENDOCRINE DISORDERS W MCC	1.5122	6.0	4.5	1
644	Yes	No	ENDOCRINE DISORDERS W CC	0.9728	3.9	2.9	1
645	Yes	No	ENDOCRINE DISORDERS W/O CC/MCC	0.7008	2.8	2.2	1
646	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	10.9150	38.5	36.8	27
647	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	6.0089	31.0	26.4	7
648	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MAJOR PROB	4.0557	23.9	20.3	6
649	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MINOR PROB	2.2391	15.3	11.0	1
650	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W OTHER PROB	2.6004	15.6	12.4	3
651	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	11.5420	45.7	39.6	13
652	No	No	KIDNEY TRANSPLANT	3.1232	5.8	5.3	2
653	Yes	No	MAJOR BLADDER PROCEDURES W MCC	4.7539	14.0	11.4	3
654	Yes	No	MAJOR BLADDER PROCEDURES W CC	2.6484	6.6	6.0	2
655	Yes	No	MAJOR BLADDER PROCEDURES W/O CC/MCC	2.0320	4.7	3.6	1
656	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.2331	6.5	5.5	1
657	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	2.2317	4.7	3.9	1
658	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.7465	2.6	2.3	1
659	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	3.0459	7.8	5.6	1
660	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.6607	3.4	2.6	1
661	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.4009	2.3	1.9	1
662	No	No	MINOR BLADDER PROCEDURES W MCC	3.3347	10.2	7.7	1
663	No	No	MINOR BLADDER PROCEDURES W CC	1.9733	4.4	3.3	1
664	No	No	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1709	2.2	1.9	1
665	No	No	PROSTATECTOMY W MCC	3.5059	11.7	9.1	1
666	No	No	PROSTATECTOMY W CC	1.9438	6.1	4.5	1
667	No	No	PROSTATECTOMY W/O CC/MCC	1.0756	2.6	2.0	1
668	No	No	TRANSURETHRAL PROCEDURES W MCC	2.0050	5.0	4.1	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
669	No	No	TRANSURETHRAL PROCEDURES W CC	1.0240	2.2	1.8	1
670	No	No	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8545	1.6	1.4	1
671	No	No	URETHRAL PROCEDURES AGE >17 W CC/MCC	1.3101	4.0	3.0	1
672	No	No	URETHRAL PROCEDURES AGE >17 W/O CC/MCC	0.8747	1.9	1.6	1
673	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.4384	11.6	6.9	1
674	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.5006	6.8	5.1	1
675	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.7531	3.3	2.1	1
676	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	5.1201	24.9	21.6	7
677	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	3.5040	17.2	13.8	3
678	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	2.3638	14.0	11.1	2
679	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.1838	9.7	7.2	1
680	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	1.0041	7.3	5.2	1
681	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	11.6527	35.1	23.2	3
682	Yes	No	RENAL FAILURE W MCC	1.6052	5.7	4.3	1
683	Yes	No	RENAL FAILURE W CC	0.8807	3.9	3.1	1
684	Yes	No	RENAL FAILURE W/O CC/MCC	0.5471	2.4	2.1	1
685	No	No	ADMIT FOR RENAL DIALYSIS	0.6421	2.8	2.2	1
686	No	No	KIDNEY & URINARY TRACT NEOPLASMS W MCC	3.7623	12.0	6.1	1
687	No	No	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.1295	4.1	3.1	1
688	No	No	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	1.4598	2.6	2.3	1
689	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W MCC	1.1155	5.2	4.0	1
690	Yes	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O MCC	0.6708	3.1	2.6	1
691	No	No	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.3517	2.2	1.8	1
692	No	No	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	0.7309	1.5	1.3	1
693	No	No	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.1788	5.0	3.2	1
694	No	No	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.6779	1.9	1.6	1
695	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W MCC	1.1027	4.2	3.4	1
696	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O MCC	0.5107	2.5	2.1	1
697	No	No	URETHRAL STRICTURE AGE >17	0.8601	2.5	2.1	1
698	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W MCC	1.5582	6.3	4.7	1
699	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.2639	4.6	3.4	1
700	Yes	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC/MCC	0.8592	2.8	2.2	1
707	No	No	MAJOR MALE PELVIC PROCEDURES W CC/MCC	2.0156	3.0	2.3	1
708	No	No	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.7645	1.5	1.4	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
709	No	No	PENIS PROCEDURES W CC/MCC	2.3689	6.7	4.0	1
710	No	No	PENIS PROCEDURES W/O CC/MCC	1.8320	1.9	1.5	1
711	No	No	TESTES PROCEDURES AGE >17 W CC/MCC	2.0381	6.6	4.5	1
712	No	No	TESTES PROCEDURES AGE >17 W/O CC/MCC	0.9019	1.6	1.3	1
713	No	No	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.1627	3.3	2.4	1
714	No	No	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	1.0335	1.5	1.3	1
715	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	2.2257	6.4	4.6	1
716	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	1.3161	1.7	1.5	1
717	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.9666	6.5	4.6	1
718	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	1.1210	2.8	2.2	1
722	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.9502	7.4	5.6	1
723	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.4091	5.2	3.9	1
724	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	1.0932	1.3	1.2	1
725	No	No	BENIGN PROSTATIC HYPERTROPHY W MCC	1.3087	5.6	4.3	1
726	No	No	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.9994	2.7	2.2	1
727	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.5756	6.2	4.9	1
728	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.6367	3.0	2.4	1
729	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	0.9569	2.8	2.5	1
730	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.7393	2.9	2.2	1
734	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	3.0616	6.0	3.9	1
735	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.4522	1.8	1.6	1
736	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	2.7378	7.8	6.6	1
737	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	1.9817	5.5	4.6	1
738	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.3979	2.9	2.5	1
739	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	3.6778	9.1	6.6	1
740	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.5379	3.3	2.6	1
741	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.1718	1.7	1.5	1
742	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.4604	3.0	2.5	1
743	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	1.1878	1.8	1.6	1

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744	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.5762	3.4	2.7	1
745	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	0.9693	2.0	1.7	1
746	No	No	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.1033	3.2	2.3	1
747	No	No	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	1.0007	1.6	1.4	1
748	No	No	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.2615	1.5	1.3	1
749	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	1.9310	4.7	4.0	1
750	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	0.9596	1.8	1.6	1
754	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	2.7521	9.6	5.7	1
755	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.0540	4.3	3.2	1
756	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.4718	2.2	1.9	1
757	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.1987	4.8	3.7	1
758	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	1.0587	4.8	3.6	1
759	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5602	2.8	2.3	1
760	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.8338	2.6	2.0	1
761	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.5158	1.8	1.6	1
765	No	No	CESAREAN SECTION W CC/MCC	0.8634	4.1	3.5	1
766	No	No	CESAREAN SECTION W/O CC/MCC	0.6834	2.9	2.8	1
767	No	No	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7477	2.5	2.2	1
768	No	No	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.9902	3.3	2.6	1
769	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.6474	3.9	2.9	1
770	No	No	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.6229	1.5	1.3	1
774	No	No	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.5027	2.6	2.4	1
775	No	No	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.4030	2.1	2.0	1
776	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5009	2.7	2.2	1
777	No	No	ECTOPIC PREGNANCY	0.9088	1.7	1.4	1
778	No	No	THREATENED ABORTION	0.4068	3.2	2.2	1
779	No	No	ABORTION W/O D&C	0.4469	1.7	1.4	1
780	No	No	FALSE LABOR	0.2317	1.9	1.3	1
781	No	No	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.4898	3.1	2.1	1
782	No	No	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.3772	2.5	1.7	1
787	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	2.4199	9.0	4.6	1
788	No	No	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROCEDURE	0.7465	2.3	2.1	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
789	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	2.3626	10.3	6.3	1
790	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	0.7162	4.6	3.4	1
791	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	0.3646	3.1	2.6	1
792	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.2116	2.5	2.2	1
793	No	No	NEONATAL AFTERCARE FOR WEIGHT GAIN	0.8269	5.6	3.9	2
794	No	No	NEONATAL DIAGNOSIS, AGE > 28 DAYS	2.3405	13.2	6.0	1
795	No	No	NORMAL NEWBORN	0.1157	2.0	1.8	1
796	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W CC/MCC	2.9299	6.3	3.8	1
797	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W/O CC/MCC	0.3539	1.7	1.6	1
799	No	No	SPLENECTOMY AGE >17 W MCC	4.2316	10.3	8.8	2
800	No	No	SPLENECTOMY AGE >17 W CC	2.3394	5.2	4.0	1
801	No	No	SPLENECTOMY AGE >17 W/O CC/MCC	1.5483	3.3	2.5	1
802	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	16.4187	39.1	7.2	1
803	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	1.7919	4.6	3.8	1
804	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.3000	2.4	1.9	1
808	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	3.0803	10.0	6.8	1
809	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.0875	4.9	3.8	1
810	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.9686	3.3	2.8	1
811	No	No	RED BLOOD CELL DISORDERS AGE >17 W MCC	1.3280	4.8	3.5	1
812	No	No	RED BLOOD CELL DISORDERS AGE >17 W/O MCC	0.7450	3.3	2.4	1
813	No	No	COAGULATION DISORDERS	1.2820	3.4	2.4	1
814	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	2.5069	8.5	5.5	1
815	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.8403	3.5	2.7	1
816	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.6278	2.6	2.2	1
820	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	8.7297	27.3	19.9	3
821	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.5297	5.9	4.8	1
822	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.3243	2.3	1.9	1
823	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	5.3325	15.9	12.8	3
824	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.7162	7.4	5.3	1

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DRG #	POST ACUTE	SPEC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
825	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.9248	4.9	3.4	1
826	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	5.0002	13.9	10.3	2
827	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.1308	5.1	4.1	1
828	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.7852	3.7	3.1	1
829	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	3.6995	11.1	7.2	1
830	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.2950	3.4	2.8	1
834	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W MCC	7.7969	28.1	20.3	3
835	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	3.4509	12.8	6.7	1
836	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC/MCC	1.6235	5.1	3.2	1
837	No	No	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	4.8551	18.6	13.2	2
838	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	2.4587	7.7	5.4	1
839	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	0.9133	4.1	3.3	1
840	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	3.3640	10.3	7.4	1
841	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	2.0128	6.3	4.6	1
842	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.4446	3.9	2.9	1
843	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	1.3776	6.6	5.3	1
844	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.4122	5.9	4.2	1
845	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.8549	3.4	2.7	1
846	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	1.8193	7.3	5.1	1
847	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.0160	3.5	3.0	1
848	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.7369	2.7	2.2	1
849	No	No	RADIOTHERAPY	0.9690	6.0	2.8	1
853	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	6.0405	14.5	11.0	2
854	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	2.2773	6.6	5.3	1
855	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.2573	4.3	3.4	1
856	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	3.8939	11.7	9.2	2
857	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.7683	6.2	4.8	1

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858	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.1893	3.9	3.2	1
862	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.3317	6.1	4.6	1
863	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.7987	3.9	3.2	1
864	No	No	FEVER AGE > 17	0.7762	3.2	2.5	1
865	No	No	VIRAL ILLNESS AGE >17 W MCC	0.8650	4.0	3.6	1
866	No	No	VIRAL ILLNESS AGE >17 W/O MCC	0.6527	3.0	2.4	1
867	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.7142	8.5	6.0	1
868	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	0.7756	3.6	3.0	1
869	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.9864	3.3	2.5	1
870	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS AGE >17	6.6002	15.3	13.1	4
871	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W MCC	1.9742	6.8	5.0	1
872	Yes	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W/O MCC	0.9061	4.0	3.3	1
876	No	No	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3.7222	14.9	7.4	2
880	No	No	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6214	3.1	2.3	1
881	No	No	DEPRESSIVE NEUROSES	0.5668	6.0	4.4	1
882	No	No	NEUROSES EXCEPT DEPRESSIVE	0.5765	5.8	4.1	1
883	No	No	DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.8275	7.9	4.9	1
884	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.7112	4.6	3.1	1
885	No	No	PSYCHOSES	0.5349	6.4	4.9	1
886	No	No	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.5949	7.0	5.6	1
887	No	No	OTHER MENTAL DISORDER DIAGNOSES	1.0992	16.7	9.6	1
894	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3203	2.7	1.9	1
895	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.9056	16.7	13.5	3
896	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.3346	5.7	4.2	1
898	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE >21 W/O MCC	0.4173	4.5	3.3	1
899	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE <=21 W/O MC	0.3281	5.4	3.4	1
901	No	No	WOUND DEBRIDEMENTS FOR INJURIES W MCC	6.7214	20.3	14.1	1
902	No	No	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.6186	6.6	4.6	1
903	No	No	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	0.8826	3.9	3.0	1
904	No	No	SKIN GRAFTS FOR INJURIES W CC/MCC	2.8783	10.0	6.8	1
905	No	No	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.3260	4.4	3.5	1
906	No	No	HAND PROCEDURES FOR INJURIES	1.4169	3.1	2.4	1
907	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W MCC	3.5630	9.7	6.9	1

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908	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.7898	4.8	3.6	1
909	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1599	2.7	2.2	1
913	No	No	TRAUMATIC INJURY AGE >17 W MCC	1.6275	5.2	3.3	1
914	No	No	TRAUMATIC INJURY AGE >17 W/O MCC	0.6670	2.0	1.6	1
915	No	No	ALLERGIC REACTIONS AGE >17 W MCC	1.0001	3.6	2.9	1
916	No	No	ALLERGIC REACTIONS AGE >17 W/O MCC	0.4651	1.9	1.6	1
917	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W MCC	1.3184	4.1	2.9	1
918	Yes	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O MCC	0.5366	2.2	1.8	1
919	No	No	COMPLICATIONS OF TREATMENT W MCC	1.7489	6.5	3.7	1
920	No	No	COMPLICATIONS OF TREATMENT W CC	0.9535	3.7	2.8	1
921	No	No	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.5348	2.2	1.8	1
922	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.7113	5.1	3.3	1
923	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.4665	1.9	1.4	1
927	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	17.2604	29.0	23.0	3
928	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	3.9501	15.8	10.8	1
929	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1.6997	6.6	4.8	1
933	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	3.0588	5.5	2.3	1
934	No	No	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	0.9920	4.1	2.9	1
935	No	No	NON-EXTENSIVE BURNS	0.9669	3.2	2.1	1
939	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	4.1953	18.7	11.9	1
940	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	2.6046	10.8	5.0	1
941	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.8070	3.2	2.1	1
945	Yes	No	REHABILITATION W CC/MCC	2.0350	17.5	14.1	3
946	Yes	No	REHABILITATION W/O CC/MCC	0.7729	9.9	7.6	1
947	Yes	No	SIGNS & SYMPTOMS W MCC	0.9340	4.6	3.2	1
948	Yes	No	SIGNS & SYMPTOMS W/O MCC	0.7132	3.2	2.3	1
949	No	No	AFTERCARE W CC/MCC	0.9820	5.1	2.6	1
950	No	No	AFTERCARE W/O CC/MCC	0.4763	2.8	1.8	1
951	No	No	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3955	1.9	1.5	1
955	No	No	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	7.0537	12.2	8.8	1
956	Yes	No	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	6.2472	11.9	8.8	1
957	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.5291	13.2	9.5	1
958	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.7051	9.5	7.5	1

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959	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.6680	5.8	5.0	1
963	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	3.8639	10.7	6.3	1
964	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.2701	4.4	3.7	1
965	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1.1798	3.6	2.4	1
969	No	No	HIV W EXTENSIVE O.R. PROCEDURE W MCC	6.7505	16.9	12.3	3
970	No	No	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.4514	7.1	5.4	3
974	No	No	HIV W MAJOR RELATED CONDITION W MCC	3.3029	15.1	10.3	1
975	No	No	HIV W MAJOR RELATED CONDITION W CC	1.2424	5.3	4.4	1
976	No	No	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.9804	4.9	3.8	1
977	No	No	HIV W OR W/O OTHER RELATED CONDITION	1.5068	4.4	3.2	1
981	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	5.2513	13.1	9.2	1
982	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.3103	5.6	4.2	1
983	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.4299	2.9	2.3	1
984	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.8122	12.9	9.4	2
985	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.0545	6.9	5.0	2
986	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1603	3.2	2.4	2
987	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.3523	10.2	7.3	1
988	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.8439	6.0	3.7	1
989	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1594	2.4	1.9	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

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 is used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

- END -

Chapter 7

Mental Health

Section/Addendum	Subject/Addendum Title
1	Hospital Reimbursement - TRICARE 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
A	Table Of Regional Specific Rates For Psychiatric Hospitals And Units With Low TRICARE Volume - FY 2013 - FY 2015
B	Table Of Maximum Rates For Freestanding Psychiatric Partial Hospitalization Programs (PHPs) Reimbursement - FY 2013 - FY 2015
C	Guidelines For The Calculation Of Individual Residential Treatment Center (RTC) Per Diem Rates Figure 7.C-1 TMA Form 771
D (FY 2013)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2013
D (FY 2014)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2014
D (FY 2015)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2015

Hospital Reimbursement - TRICARE Inpatient Mental Health Per Diem Payment System

Issue Date: November 28, 1988
Authority: [32 CFR 199.14\(a\)](#)

1.0 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.

2.0 ISSUE

How is the TRICARE inpatient mental health per diem payment system to be used in determining reimbursement for psychiatric hospitals and psychiatric units of general acute hospitals that are exempt from the **Diagnosis** Related Groups (DRG)-based payment system?

3.0 POLICY

3.1 Inpatient Mental Health Per Diem Payment System

The inpatient mental health per diem payment system shall be used to reimburse for inpatient mental health hospital care in specialty psychiatric hospitals and psychiatric units of general acute hospitals that are exempt from the DRG-based payment system. The system uses two sets of per diems. One set of per diems applies to psychiatric hospitals and psychiatric units of general acute hospitals that have a relatively high number (25 or more per federal fiscal year) of TRICARE mental health discharges. For higher volume hospitals and units, the system uses hospital-specific per diem rates. The other set of per diems applies to psychiatric hospitals and units with a relatively low number (less than 25 per federal fiscal year) of TRICARE mental health discharges. For higher volume providers, the contractors are to maintain files which will identify when a provider becomes a high volume provider; the federal fiscal year when the provider had 25 or more TRICARE mental health discharges; the calculation of each provider's high volume rate; and the current high volume rate for the provider. For lower volume hospitals and units, the system uses regional per diems, and further provides for adjustments for area wage differences and Indirect Medical Education (IDME) costs and additional pass-through payments for direct medical education costs.

3.2 Applicability of the Inpatient Mental Health Per Diem Payment System

3.2.1 Facilities. The inpatient mental health per diem payment system applies to services covered that are provided in a Medicare DRG-exempt psychiatric hospitals and a Medicare DRG-

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exempt unit of a hospital. In addition, any psychiatric hospital that does not participate in Medicare, or any hospital that has a psychiatric unit that has not been so designated for exemption from Medicare DRG because the hospital does not participate in Medicare, must be designated as a psychiatric hospital or psychiatric specialty unit for purposes of the inpatient mental health per diem payment system upon demonstrating that it meets the same Medicare criteria. The contractor is responsible for requesting from a hospital that does not participate in Medicare sufficient information from that hospital which will allow it to make a determination as to whether the hospital meets the Medicare criteria in order to designate it as a DRG-exempt hospital or unit. The inpatient mental health per diem payment system does not apply to mental health services provided in non-psychiatric hospitals or non-psychiatric units. Substance use disorder rehabilitation facilities are not reimbursed under the inpatient mental health per diem payment system (see [Section 3](#)).

3.2.2 DRGs. All psychiatric hospitals' and psychiatric units' covered inpatient claims which are classified into a mental health DRG of 425 - 432 or a substance use disorder DRG of 433, DRGs 521 - 523, and DRGs 900 and 901 shall be subject to the TRICARE inpatient mental health per diem payment system. Effective October 1, 2008, all psychiatric hospitals and psychiatric units covered claims which are classified into a mental health DRG of 880 - 887 or a substance use disorder DRG of 894 - 896, 898, and 899 shall be subject to the TRICARE inpatient mental health per diem system.

3.2.3 State Waivers. The DRG-based payment system provides for state waivers for states utilizing state developed rates applicable to all payers, i.e., Maryland. Psychiatric hospitals and units in these states, may also qualify for the waiver; however, the per diem may not exceed the cap amount applicable to other higher volume hospitals.

3.3 Hospital-Specific Per Diems for Higher Volume Psychiatric Hospitals and Units

3.3.1 Hospital-Specific Per Diem. A hospital-specific per diem amount shall be calculated for each hospital or unit with a higher volume of TRICARE mental health discharges. The base period per diem amount shall be equal to the hospital's average daily charge for charges allowed by the government in the base period (July 1, 1987 through May 31, 1988). The average daily charge in the base period shall be calculated by reference to all TRICARE claims paid (processed) during the base period. The base period amount, however, may not exceed the cap.

3.3.2 Cap Amount. The cap amount is established at the 70th percentile.

CAP PER DIEM AMOUNT	FOR SERVICES RENDERED
832	October 1, 2005 through September 30, 2006
860	October 1, 2006 through September 30, 2007
889	October 1, 2007 through September 30, 2008
917	October 1, 2008 through September 30, 2009
936	October 1, 2009 through September 30, 2010
960	October 1, 2010 through September 30, 2011
989	October 1, 2011 through September 30, 2012
1,015	October 1, 2012 through September 30, 2013
1,040	October 1, 2013 through September 30, 2014
1,070	October 1, 2014 through September 30, 2015

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3.3.3 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 (\$5) 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.

3.4 Regional Per Diems for Lower Volume Psychiatric Hospitals and Units

3.4.1 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 [Addendum A](#), for the regional per diems used for hospitals and units with a lower volume of TRICARE patients.

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

3.4.2.1 Wage Portion or Labor-Related Share. The wage portion or labor-related share is adjusted by the DRG-based area wage adjustment. See [Addendum A](#), for area wage adjustment rates. The calculated adjusted regional per diem is not to be rounded up to the next whole dollar.

3.4.2.2 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.

3.4.3 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.

3.5 Base Period and Update Factors

3.5.1 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 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%.

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3.5.2 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.

3.5.3 Updating Hospital-Specific and Regional Per Diems. 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 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** prior to the start of that fiscal year. Initiating FY 2007, Medicare has determined a market basket and subsequent update factor specific to psychiatric facilities.

FISCAL YEAR	UPDATE FACTOR
2006	3.8%
2007	3.4%
2008	3.4%
2009	3.2%
2010	2.1%
2011	2.6%
2012	3.0%
2013	2.6%
2014	2.5%
2015	2.9%

3.6 Higher Volume Hospitals and Units

3.6.1 Higher Volume of TRICARE Mental Health Discharges and Hospital-Specific Per Diem Calculation

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

3.6.1.2 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

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mental health discharges and the base period. The base period amount, however, cannot exceed the cap described in this section. Once a 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.

3.6.1.2.1 The TRICARE contractor shall be requested at least annually to submit to the TMA Office of Medical Benefits and Reimbursement Branch (MB&RB) a listing of high volume providers.

3.6.1.2.2 Percent of change and Deflator Factor (DF).

FOR 12 MONTHS ENDED:	PERCENT OF CHANGE	DF
September 30, 1991	63.18%	1.6318
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
September 30, 2012	287.75%	3.8775
September 30, 2013	313.02%	4.1302

3.6.2 New Hospitals and Units

3.6.2.1 The inpatient mental health per diem payment system has a special retrospective payment provision for new hospitals and units. A new hospital is one which meets the Medicare requirements under Tax Equity and Fiscal Responsibility Act (TEFRA) rules. Such hospitals qualify for

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

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

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

3.6.3 Request for a Review of Higher or Lower Volume Classification

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

3.7 Payment for Hospital Based Professional Services

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

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

3.8 Leave Days

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

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

Chapter 7

Addendum A

Table Of Regional Specific Rates For Psychiatric Hospitals
And Units With Low TRICARE Volume - FY 2013 - FY 2015

UNITED STATES CENSUS REGIONS	FY 2013 REGIONAL RATES 10/01/12 - 09/30/13	FY 2014 REGIONAL RATES 10/01/13 - 09/30/14	FY 2015 REGIONAL RATES 10/01/14 - 09/30/15
NORTHEAST:			
New England (ME, NH, VT, MA, RI, CT)	\$807	\$827	\$851
Mid-Atlantic (NY, NJ, PA)	\$778	\$797	\$820
MIDWEST:			
East North Central (OH, IN, IL, MI, WI)	\$672	\$689	\$709
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$634	\$650	\$669
SOUTH:			
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$800	\$820	\$844
East South Central (KY, TN, AL, MS)	\$856	\$877	\$902
West South Central (AR, LA, TX, OK)	\$729	\$747	\$769
WEST:			
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$728	\$746	\$768
Pacific (WA, OR, CA, AK, HI)	\$860	\$882	\$908
Puerto Rico	\$549	\$563	\$579

Note: This table reflects maximum rates.

For FY 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 FYs 2014 and 2015: For wage index values greater than 1.0, the wage portion or labor related share subject to the area wage adjustment is 69.6%. The non-labor related share is 30.4%. For wage index values less than or equal to 1.0, the wage portion or labor related share subject to the area

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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 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.

For FY 2014/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 \$218 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2013.

For FY 2015/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 \$224 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2014.

- END -

Chapter 7

Addendum B

Table Of Maximum Rates For Freestanding Psychiatric Partial Hospitalization Programs (PHPs) Reimbursement -
FY 2013 - FY 2015

UNITED STATES CENSUS REGIONS	FULL-DAY RATE (6 HOURS OR MORE)			HALF-DAY RATE (3-5 HOURS)		
	10/01/12- 09/30/13	10/01/13- 09/30/14	10/01/14- 09/30/15	10/01/12- 09/30/13	10/01/13- 09/30/14	10/01/13- 09/30/14
NORTHEAST:						
New England (ME, NH, VT, MA, RI, CT)	\$323	\$331	\$341	\$242	\$248	\$256
Mid-Atlantic (NY, NJ, PA)	\$352	\$361	\$371	\$264	\$271	\$278
MIDWEST:						
East North Central (OH, IN, IL, MI, WI)	\$310	\$318	\$327	\$233	\$239	\$245
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$310	\$318	\$327	\$233	\$239	\$245
SOUTH:						
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$331	\$339	\$349	\$248	\$254	\$262
East South Central (KY, TN, AL, MS)	\$359	\$368	\$379	\$269	\$276	\$284
West South Central (AR, LA, TX, OK)	\$359	\$368	\$379	\$269	\$276	\$284
WEST:						
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$362	\$371	\$382	\$272	\$278	\$287
Pacific (WA, OR, CA, AK, HI)	\$356	\$365	\$376	\$267	\$274	\$282
Puerto Rico	\$231	\$237	\$244	\$173	\$178	\$183
Days of three hours or less: no payment authorized.						

Note: This table reflects maximum rates.

- END -

Chapter 7

Addendum D (FY 2015)

TRICARE-Authorized Residential Treatment Centers (RTCs) -
FY 2015

The rates in this Addendum will be used for payment of claims for services rendered on or after October 1, 2014. The rates were adjusted by the lesser of the FY 2015 Medicare update factor (2.9%) or the amount that brought the rate up to the new cap amount of \$868.

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

FACILITY	TRICARE RATE
ALASKA	
DeBarr Residential Treatment Center Frontline Hospital, LLC 1500 DeBarr Circle Anchorage, AK 99508 EIN: 72-1539254	868.00
ARIZONA	
Southwest Children's Health Services dba Parc Place 2190 North Grace Blvd Chandler, AZ 85225 EIN: 86-0768611	467.00
ARKANSAS	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	863.00
COLORADO	
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	799.00
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	868.00

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FACILITY	TRICARE RATE
FLORIDA	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	824.00
Manatee Palms Youth Service 4480 51st Street West Bradenton, FL 34210 EIN: 65-0816927	773.00
The National Deaf Academy, LLC RTC 19650 Hwy 441 Mt. Dora, FL 32757 EIN 59-3653865	868.00
University Behavioral, LLC dba University Behavioral Center 2500 Discovery Drive Orlando, FL 32826 EIN: 20-5202458	741.00
GEORGIA	
Coastal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	480.00
Ramsey Youth Services of Georgia, Inc dba Macon Behavioral Health System 3500 Riverside Drive Macon, GA 31210 EIN: 35-2174803	565.00
UHS of Laurel Heights, LP Laurel Heights Hospital 934 Briarcliff Road NE Atlanta, GA 30306 EIN: 23-3045288	828.00
Youth Villages, Inc 4685 Dorsett Shoals Road Douglasville, GA 30135 EIN: 58-1716970	868.00
HAWAII	
Kahi Mohala Behavioral Health Sutter Health Pacific 91-2301 Fort Weaver Road Ewa Beach, HI 96706 EIN: 99-0298651	868.00

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FACILITY	TRICARE RATE
Queen's Medical Center/Family Treatment Ctr The Queen's Healthcare System 1301 Punchbowl Honolulu, HI 96813 EIN: 99-0073524	838.00
IDAHO	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	395.00
ILLINOIS	
Timberline Knolls TK Behavioral, LLC 40 Timberline Drive Lemont, IL 60439 EIN: 32-0383042	868.00
INDIANA	
Michiana Behavioral Health Center HHC Indiana, Inc 1800 North Oak Road Plymouth, IN 46563 EIN: 20-0768028	490.00
Valle Vista Hospital, LLC Valle Vista Health System 898 East Main Street Greenwood, IN 46143 EIN: 62-1740366	519.00
KANSAS	
KVC Hospitals, Inc Prairie Ridge Psychiatric Hospital 4300 Brenner Drive Kansas City, KS 66104 EIN: 27-1672159	520.00
KENTUCKY	
Spring Meadows Center dba Spring Meadows 330 Hope Street Mount Washington, KY 40047 EIN: 61-0597273	624.00
Ten Broeck Hospital -- Dupont TBD Acquisition, LLC Louisville, KY 40207 EIN: 20-5048087	734.00

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FACILITY	TRICARE RATE
Ten Broeck Hospital -- Louisville KMI Acquisition, LLC 8521 LaGrange Road Louisville, KY 40242 EIN: 20-5048153	780.00
United Healthcare of Hardin, Inc dba Lincoln Trail Behavioral Health System 3909 South Wilson Road Radcliff, KY 40160 EIN: 62-1244469	656.00
MARYLAND	
Adventist Healthcare Inc dba Adventist Behavior Health 14901 Broschart Road Rockville, MD 20850 EIN: 52-1532556	451.00
MISSISSIPPI	
Millcreek of Pontotoc Psychiatric RTC 1814 Hwy 15 North Pontotoc, MS 38863 EIN: 64-0568382	428.00
MISSOURI	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	374.00
Heartland Behavioral Health Services, Inc Great Plains Hospital, Inc 1500 W. Asland Nevada, MO 64772 EIN: 43-1328523	457.00
Lakeland Regional Hospital Lakeland Hospital Acquisition Corporation 440 South Market Avenue Springfield, MO 65806 EIN: 58-2291915	469.00
MONTANA	
Acadia Montana 55 Basin Creek Road Butte, MT 59701 EIN: 62-1681724	586.00

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FACILITY	TRICARE RATE
Shodair Children's Hospital Montana Children's Home & Hospital 2755 Colonial Drive Helena, MT 59601 EIN: 81-0231789	500.00
NEVADA	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	868.00
NEW MEXICO	
BHC Lovelace Sandia Health System BHC Mesilla Valley Hospital, LLC 3751 Del Ray Blvd Las Cruces, NM 88012 EIN: 20-2612295	367.00
Youth and Family Centered Services of New Mexico, Inc dba Desert Hills 5310 Sequoia NW Albuquerque, NM 87120 EIN: 74-2753620	800.00
NORTH CAROLINA	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 56-1317433	532.00
OHIO	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	458.00
PENNSYLVANIA	
KidsPeace National Centers 5300 KidsPeace Drive Orefield, PA 18069 EIN: 23-2654908	609.00
SOUTH CAROLINA	
ABS LINCSC, Inc dba Palmetto Pines Behavioral Health 225 Midland Parkway Summerville, SC 29485 EIN: 57-0840074	688.00

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 TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2015

FACILITY	TRICARE RATE
New Hope Carolinas, Inc 101 Sedgewood Drive Rock Hill, SC 29732 EIN: 57-1099555	457.00
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	499.00
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	832.00
TENNESSEE	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	517.00
TEXAS	
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	798.00
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	868.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	725.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	814.00
UTAH	
UHS of Provo Canyon, Inc / Provo Canyon School 4501 North University Avenue Provo, UT 84604 EIN: 23-3044423	515.00

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FACILITY	TRICARE RATE
UHS of Provo Canyon, Inc / Provo Canyon School 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	515.00
UHS of Timpanogos Center of Change 1790 N. State Street Orem, UT 84057 EIN: 20-3687800	646.00
VIRGINIA	
Cumberland Hospital for Children and Adolescents dba Cumberland Hospital 9407 Cumberland Road New Kent, VA 23124 EIN 02-0567575	851.00
Hallmark Youthcare - Richmond 12800 West Creek Parkway Richmond, VA 23238 EIN: 58-2156548	863.00
Harbor Point Behavioral Health Center 301 Fort Lane Portsmouth, VA 23704 EIN: 54-1465094	725.00
The James Barry Robinson Institute dba The Barry Robinson Center 443 Kempsville Road Norfolk, VA 23502 EIN: 54-1038721	839.00
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	511.00
North Spring Behavioral Healthcare 42009 Victory Lane Leesburg, VA 20176 EIN: 20-1215130	547.00
The Pines Residential Treatment Center - Kempsville 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	725.00

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FACILITY	TRICARE RATE
Poplar Springs West HHC Poplar Springs, Inc 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	836.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	567.00
WASHINGTON	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	721.00

- END -

2.1.5.3.2 Discounting for Bilateral Procedures

2.1.5.3.2.1 Following are the different categories/classifications of bilateral procedures:

- Conditional bilateral (i.e., procedure is considered bilateral if the modifier 50 is present).
- Inherent bilateral (i.e., procedure in and of itself is bilateral).
- Independent bilateral (i.e., procedure is considered bilateral if the modifier 50 is present, but full payment should be made for each procedure (e.g., certain radiological procedures).

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

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

2.1.5.3.3 Modifiers for Discounting Terminated Surgical Procedures

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

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

- Modifiers 52 and 73 are used to identify a surgical procedure that is terminated prior to the delivery of anesthesia and is reimbursed at 50% of the allowable; i.e., the ASC tier rate, the Ambulatory Payment Classification (APC) allowable amount for OPPS claims, or the CHAMPUS Maximum Allowable Charge (CMAC) for individual professional providers.
- Modifiers 53 and 74 are used for terminated surgical procedures after delivery of anesthesia which are reimbursed at 100% of the appropriated allowable amounts referenced above.

2.1.5.3.4 Unbundling of Procedures

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

2.1.5.3.5 Incidental Procedures

The rules for reimbursing incidental procedures as contained in [Chapter 1, Section 3](#), are to be applied to ambulatory surgery procedures reimbursed under the rules set forth in this

section. That is, no reimbursement is to be made for incidental procedures performed in conjunction with other procedures which are not classified as incidental. This limitation applies to payments for facility claims as well as to professional services.

2.1.6 Updating Payment Rates

The rates will be updated annually by TMA by the same update factor as is used in the Medicare annual updates for ASC payments.

- The rates were updated by 1.3% effective November 1, 2012.
- The rates were updated by 0.9% effective November 1, 2013.
- The rates were updated by 1.2% effective November 1, 2014.

2.2 Reimbursement for Procedures Not Listed On TMA's Ambulatory Surgery Web Site

Ambulatory surgery procedures that are not listed on TMA's ambulatory surgery web site, and are performed in either a freestanding ASC may be cost-shared, but only if doing so results in no additional costs to the program.

2.3 Reimbursement System On Or After May 1, 2009 (Implementation Of OPPS)

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

2.3.2 For ambulatory surgery procedures performed in freestanding ASCs and non-OPPS facilities, the provisions in [paragraph 2.1](#) shall apply, except as follows:

- Contractors will no longer be allowed to group other procedures not listed on TMA's ambulatory surgery web site. On May 1, 2009 (implementation of OPPS), these groupers will be end dated. Only ambulatory surgery procedures listed on TMA's ambulatory surgery web site are to be grouped.
- Multiple and Terminated Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), the professional services shall be reimbursed according to the multiple surgery guidelines in [Chapter 13, Section 3, paragraphs 3.1.5.2 and 3.1.5.3](#).
- Discounting for Multiple Surgical Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), discounting for multiple surgical procedures are subject to the provisions in [Chapter 13, Section 3](#).
- Discounting for Bilateral Procedures. For services rendered on or after May 1, 2009 (implementation of OPPS), bilateral procedures will be discounted based on the application of discounting formulas appearing in [Chapter 13, Section 3, paragraphs 3.1.5.3.6 and 3.1.5.3.7](#).

Chapter 11

Hospice

Section/Addendum	Subject/Addendum Title
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
A (FY 2013)	Hospice Care Rates - FY 2013
A (FY 2014)	Hospice Care Rates - FY 2014
A (FY 2015)	Hospice Care Rates - FY 2015
B (FY 2013)	Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2013
B (FY 2014)	Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2014
B (FY 2015)	Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2015
C (FY 2013)	Hospice Rate Information - Hospice Wage Indexes For Rural Areas - FY 2013
C (FY 2014)	Hospice Rate Information - Hospice Wage Indexes For Rural Areas - FY 2014
C (FY 2015)	Hospice Rate Information - Hospice Wage Indexes For Rural Areas - FY 2015
D	Participation Agreement For Hospice Program Services For TRICARE Beneficiaries

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Chapter 11, Section 1

Hospice Reimbursement - General Overview

on a CMS 1500 Claim Form using the appropriate CPT codes. These services will be subject to standard TRICARE reimbursement and cost-sharing/deductible provisions.

3.4 Authorized Providers

3.4.1 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.

3.4.2 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.

3.5 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 Chapter 11:

IMPLEMENTING INSTRUCTIONS	
POLICIES	
General Overview	Section 1
Coverage/Benefits	Section 2
Conditions for Coverage	Section 3
Reimbursement	Section 4
ADDENDA	
National Rates Cap Amount for FY 2013	Addendum A (FY 2013)
National Rates Cap Amount for FY 2014	Addendum A (FY 2014)
National Rates Cap Amount for FY 2015	Addendum A (FY 2015)
Urban Wage Indexes for FY 2013	Addendum B (FY 2013)
Urban Wage Indexes for FY 2014	Addendum B (FY 2014)
Urban Wage Indexes for FY 2015	Addendum B (FY 2015)
Rural Wage Indexes for FY 2013	Addendum C (FY 2013)
Rural Wage Indexes for FY 2014	Addendum C (FY 2014)
Rural Wage Indexes for FY 2015	Addendum C (FY 2015)

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Hospice Reimbursement - General Overview

4.0 EFFECTIVE DATE

Implementation of the hospice program is effective for admissions occurring on or after June 1, 1995. Unless specified differently in sections of this instruction, this is to be considered the effective date for reimbursement of hospice care.

- END -

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Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care

3.1.12.2.1 For institutional reporting purposes the first two digits will be converted to the appropriate TYPE OF INSTITUTION code provided in the TSM, [Chapter 2, Addendum D](#). Code 81 will be converted to 78 (non-hospital based hospice) and code 82 will be converted to 79 (hospital-based hospice).

3.1.12.2.2 The third digit will be reported on a separate institutional reporting field (FREQUENCY CODE), TSM, [Chapter 2, Section 2.5](#).

3.1.12.3 Type of institution codes 78 and 79 along with the special processing code # (TSM, [Chapter 2, Addendum D](#)) will allow hospice institutional claims to by-pass all cost-sharing edits.

3.1.12.4 The revenue code 0657 will be used to identify the charges for services furnished to patients by physicians employed by, or receiving compensation from the hospice.

3.1.12.4.1 Physician procedure codes (CPT procedure codes) will be entered in Item 44 of the CMS 1450 UB-04 to the right of the revenue code 0657 (Item 42). The CPT procedure codes are required in order that the contractor may make allowable charge (CMAC) determinations when reimbursing hospice physicians.

3.1.12.4.2 Hospice professional services will be paid at 100% of the allowed charge.

3.1.12.4.3 Place of service code 34 (TSM, [Chapter 2, Section 2.7](#)) along with the special processing code number will allow hospice non-institutional claims (hospice physician charges) to by-pass all cost-sharing edits and to be paid at 100% of the allowed charge (CMAC).

3.1.12.5 Institutional services (i.e., routine home care-651, continuous home care-652, inpatient respite care-655, and general inpatient care-656) will be reported on an institutional claim format while hospice physician services (revenue code 657 and accompanying CPT procedure codes) will be reported on a non-institutional claim format. The claim will be split for reporting purposes.

3.1.12.6 Patient care services rendered by an independent attending physician or NP (physician or NP who is not considered employed by, or under contract with the hospice) are not considered a part of the hospice benefit, and as such, will be billed in his/her own right.

3.1.12.6.1 Independent attending physician or NP services will be subject to standard TRICARE allowable charge methodology (i.e., subject to standard deductible and cost-sharing provisions).

3.1.12.6.2 The physician speciality code (TSM, [Chapter 2, Addendum C](#)) will be reported on the TED.

3.1.13 Billing for Covered TRICARE Services Unrelated to Hospice Care

3.1.13.1 Any covered TRICARE services not related to the treatment of the terminal condition for which hospice care was elected, which are provided during a hospice period, are billed to the contractor for non-hospice reimbursement.

3.1.13.2 Non-hospice services are billed by the provider in accordance with existing claims processing procedures under the TRICARE Basic program.

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Hospice Reimbursement - Guidelines For Payment Of Designated Levels Of Care

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

- 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
- 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.

3.1.14 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.

3.1.15 Updated Hospice Rates

- The rates in [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.
- The rates in [Addendum A \(FY 2014\)](#) will be used for payment of claims for services rendered on or after October 1, 2013, through September 30, 2014. The hospice cap amount applies to the cap year ending October 31, 2013.
- **The rates in [Addendum A \(FY 2015\)](#) will be used for payment of claims for services rendered on or after October 1, 2014, through September 30, 2015. The hospice cap amount applies to the cap year ending October 31, 2014.**

3.2 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.

3.2.1 The patient is responsible for 5% 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 circumstances; that is, a buyer

Chapter 11

Addendum A (FY 2015)

Hospice Care Rates - FY 2015

The following national hospice rates are for care and services provided on or after October 1, 2014, through September 30, 2015. The hospice rates applicable to the above period are:

DESCRIPTION	RATE	WAGE COMPONENT SUBJECT	UNWEIGHTED AMOUNT
Routine Home Care	\$159.34	\$109.48	\$49.86
Continuous Home Care	\$929.91 full rate = 24 hours of care/\$38.75 hourly rate	\$638.94	\$290.97
Inpatient Respite Care	\$164.81	\$89.21	\$75.60
General Inpatient Care	\$708.77	\$453.68	\$255.09
Allow the provider to split bills if they span the effective date. Use the previous year's rates if the provider chooses not to split the bill.			
Hospice Cap Amount:	The latest hospice cap amount, for the cap year ending October 31, 2014, is \$26,725.79 .		

- END -

Chapter 11

Addendum B (FY 2015)

Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2015

The following Hospice Indexes for Urban Areas (Core Based Statistical Area (CBSA)-based) are for care and services provided on or after October 1, 2014.

1. This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are considered to be rural areas. Wage index values for rural areas are found in [Addendum C \(FY 2015\)](#).
2. Wage index values are based on FY 2010 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 70% 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 2015 hospice wage index, the BNAF was reduced by a total of 85%.
3. Because there are no hospitals in this CBSA, the wage index value is calculated by taking the average of all other urban CBSAs in Georgia.

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
10180	Abilene, TX	0.8302		Saratoga, NY			Anchorage Municipality, AK	
	Callahan, TX			Schenectady, NY			Matanuska-Susitna Borough, AK	
	Jones, TX			Schoharie, NY				
	Taylor, TX		10740	Albuquerque, NM	0.9753	11300	Anderson, IN	0.9744
10380	Aguadilla-Isabela-San Sebastian, PR	0.4194		Bernalillo, NM			Madison, IN	
	Aguada, PR			Sandoval, NM		11340	Anderson, SC	0.8848
	Aguadilla, PR			Torrance, NM			Anderson, SC	
	Anasco, PR		10780	Valencia, NM		11460	Ann Arbor, MI	1.0180
	Isabela, PR			Alexandria, LA	0.8000		Washtenaw, MI	
	Lares, PR			Grant, LA		11500	Anniston-Oxford, AL	0.8000
	Moca, PR			Rapides, LA			Calhoun, AL	
	Rincon, PR		10900	Allentown-Bethlehem-Easton, PA-NJ	0.9301	11540	Appleton, WI	0.9533
	San Sebastian, PR			Warren, NJ			Calumet, WI	
10420	Akron, OH	0.8600		Carbon, PA		11700	Outagamie, WI	
	Portage, OH			Lehigh, PA			Asheville, NC	0.8590
	Summit, OH			Northampton, PA			Buncombe, NC	
10500	Albany, GA	0.8794	11020	Altoona, PA	0.9186		Haywood, NC	
	Baker, GA			Blair, PA			Henderson, NC	
	Dougherty, GA		11100	Amarillo, TX	0.8379		Madison, NC	
	Lee, GA			Armstrong, TX		12020	Athens-Clarke, GA	0.9330
	Terrell, GA			Carson, TX			Clarke, GA	
	Worth, GA			Potter, TX			Madison, GA	
10580	Albany-Schenectady-Troy, NY	0.8680		Randall, TX			Oconee, GA	
	Albany, NY		11180	Ames, IA	0.9513	12060	Oglethorpe, GA	
	Rensselaer, NY			Story, IA			Atlanta-Sandy Springs-Marietta, GA	0.9540
			11260	Anchorage, AK	1.2335			

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Hospice Rate Information - Hospice Wage Indexes For Urban Areas - FY 2015

CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
	Barrow, GA			Anne Arundel, MD			Walker, AL	
	Bartow, GA			Baltimore, MD		13900	Bismarck, ND	0.8000
	Butts, GA			Carroll, MD			Burleigh, ND	
	Carroll, GA			Harford, MD			Morton, ND	
	Cherokee, GA			Howard, MD		13980	Blacksburg-Christiansburg-Radford, VA	0.8396
	Clayton, GA			Queen Anne's, MD			Giles, VA	
	Cobb, GA			Baltimore City, MD			Montgomery, VA	
	Coweta, GA		12620	Bangor, ME	0.9800		Pulaski, VA	
	Dawson, GA			Penobscot, ME			Radford City, VA	
	DeKalb, GA		12700	Barnstable Town, MA	1.3128		Bloomington, IN	0.9391
	Douglas, GA			Barnstable, MA		14020	Greene, IN	
	Fayette, GA		12940	Baton Rouge, LA	0.8153		Monroe, IN	
	Forsyth, GA			Ascension, LA			Owen, IN	
	Fulton, GA			East Baton Rouge, LA		14060	Bloomington-Normal, IL	0.9397
	Gwinnett, GA			East Feliciana, LA			McLean, IL	
	Haralson, GA			Iberville, LA		14260	Boise City-Nampa, ID	0.9345
	Heard, GA			Livingston, LA			Ada, ID	
	Henry, GA			Pointe Coupee, LA			Boise, ID	
	Jasper, GA			St. Helena, LA			Canyon, ID	
	Lamar, GA			West Baton Rouge, LA			Gem, ID	
	Meriwether, GA			West Feliciana, LA			Owyhee, ID	
	Newton, GA		12980	Battle Creek, MI	1.0007	14484	Boston-Quincy, MA	1.2569
	Paulding, GA			Calhoun, MI			Norfolk, MA	
	Pickens, GA		13020	Bay City, MI	0.9574		Plymouth, MA	
	Pike GA			Bay, MI			Suffolk, MA	
	Rockdale, GA		13140	Beaumont-Port Arthur, TX	0.8678	14500	Boulder, CO	0.9942
	Spalding, GA			Hardin, TX			Boulder, CO	
	Walton, GA			Jefferson, TX		14540	Bowling Green, KY	0.8653
12100	Atlantic City-Hammonton, NJ	1.2372		Orange, TX			Edmonson, KY	
	Atlantic, NJ		13380	Bellingham, WA	1.2001		Warren, KY	
12220	Auburn-Opelika, AL	0.8000		Whatcom, WA		14740	Bremerton-Silverdale, WA	1.0364
	Lee, AL		13460	Bend, OR	1.1917		Kitsap, WA	
12260	Augusta-Richmond County, GA-SC	0.9235		Deschutes, OR		14860	Bridgeport-Stamford-Norwalk, CT	1.3375
	Burke, GA		13644	Bethesda-Rockville-Frederick, MD	1.0415		Fairfield, CT	
	Columbia, GA			Frederick, MD		15180	Brownsville-Harlingen, TX	0.8255
	McDuffie, GA			Montgomery, MD			Cameron, TX	
	Richmond, GA		13740	Billings, MT	0.8772	15260	Brunswick, GA	0.8536
	Aiken, SC			Carbon, MT			Brantley, GA	
	Edgefield, SC			Yellowstone, MT			Glynn, GA	
12420	Austin-Round Rock-San Marcos, TX	0.9665	13780	Binghamton, NY	0.8682	15380	McIntosh, GA	1.0139
	Bastrop, TX			Broome, NY			Buffalo-Niagara Falls, NY	
	Caldwell, TX		13820	Birmingham-Hoover, AL	0.8445		Erie, NY	
	Hays, TX			Bibb, AL		15500	Niagara, NY	0.8608
	Travis, TX			Blount, AL			Burlington, NC	
	Williamson, TX			Chilton, AL			Alamance, NC	
12540	Bakersfield-Delano, CA	1.1687		Jefferson, AL				
	Kern, CA			St. Clair, AL				
12580	Baltimore-Towson, MD	0.9965		Shelby, AL				

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CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ¹	WAGE INDEX ²
15540	Burlington-South Burlington, VT Chittenden, VT Franklin, VT Grand Isle, VT	1.0224		Gaston, NC Mecklenburg, NC Union, NC York, SC			Montgomery, TN Stewart, TN	
15764	Cambridge-Newton-Framingham, MA Middlesex, MA	1.1250	16820	Charlottesville, VA	0.9295	17420	Cleveland, TN Bradley, TN Polk, TN	0.8000
15804	Camden, NJ Burlington, NJ Camden, NJ Gloucester, NJ	1.0349		Albemarle, VA Fluvanna, VA Greene, VA Nelson, VA Charlottesville City, VA		17460	Cleveland-Elyria-Mentor, OH Cuyahoga, OH Geauga, OH Lake, OH Lorain, OH Medina, OH	0.9390
15940	Canton-Massillon, OH Carroll, OH Stark, OH	0.8811	16860	Chattanooga, TN-GA Catoosa, GA Dade, GA Walker, GA Hamilton, TN Marion, TN Sequatchie, TN	0.8865	17660	Coeur d'Alene, ID Kootenai, ID	0.9148
15980	Cape Coral-Fort Myers, FL Lee, FL	0.8764	16940	Cheyenne, WY Laramie, WY	0.9582	17780	College Station-Bryan, TX Brazos, TX Burlison, TX Robertson, TX	0.9585
16020	Cape Girardeau-Jackson, MO-IL Alexander, IL Bollinger, MO Cape Girardeau, MO	0.9259	16974	Chicago-Joliet-Naperville, IL Cook, IL DeKalb, IL DuPage, IL Grundy, IL	1.0515	17820	Colorado Springs, CO El Paso, CO Teller, CO	0.9368
16180	Carson City, NV Carson City, NV	1.0821		Kane, IL Kendall, IL McHenry, IL Will, IL		17860	Columbia, MO Boone, MO Howard, MO	0.8272
16220	Casper, WY Natrona, WY	1.0205	17020	Chico, CA Butte, CA	1.1724	17900	Columbia, SC Calhoun, SC Fairfield, SC Kershaw, SC Lexington, SC Richland, SC Saluda, SC	0.8681
16300	Cedar Rapids, IA Benton, IA Jones, IA Linn, IA	0.9047	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 Butler, OH Clermont, OH Hamilton, OH Warren, OH	0.9558	17980	Columbus, GA-AL Russell, AL Chattahoochee, GA Harris, GA Marion, GA Muscogee, GA	0.8246
16580	Champaign-Urbana, IL Champaign, IL Ford, IL Piatt, IL	0.9504				18020	Columbus, IN Bartholomew, IN	0.9909
16620	Charleston, WV Boone, WV Clay, WV Kanawha, WV Lincoln, WV Putnam, WV	0.8195				18140	Columbus, OH Delaware, OH Fairfield, OH Franklin, OH Licking, OH Madison, OH Morrow, OH Pickaway, OH Union, OH	0.9894
16700	Charleston-North Charleston-Summerville, SC Berkeley, SC Charleston, SC Dorchester, SC	0.9056	17300	Clarksville, TN-KY Christian, KY Trigg, KY	0.8000	18580	Corpus Christi, TX Aransas, TX	0.8512
16740	Charlotte-Gastonia-Rock Hill, NC-SC Anson, NC Cabarrus, NC	0.9535						

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	Nueces, TX			Broomfield, CO		21300	Elmira, NY	0.8806
	San Patricio, TX			Clear Creek, CO			Chemung, NY	
18700	Corvallis, OR	1.0695		Denver, CO		21340	El Paso, TX	0.8482
	Benton, OR			Douglas, CO			El Paso, TX	
18880	Crestview-Fort Walton Beach-Destin, FL	0.8994		Elbert, CO		21500	Erie, PA	0.8014
	Okaloosa, FL			Gilpin, CO			Erie, PA	
19060	Cumberland, MD-WV	0.8129		Jefferson, CO		21660	Eugene-Springfield, OR	1.1832
	Allegany, MD			Park, CO			Lane, OR	
	Mineral, WV		19780	Des Moines-West Des Moines, IA	0.9480	21780	Evansville, IN-KY	0.8459
19124	Dallas-Plano-Irving, TX	0.9923		Dallas, IA			Gibson, IN	
	Collin, TX			Guthrie, IA			Posey, IN	
	Dallas, TX			Madison, IA			Vanderburgh, IN	
	Delta, TX			Polk, IA			Warrick, IN	
	Denton, TX			Warren, IA			Henderson, KY	
	Ellis, TX		19804	Detroit-Livonia-Dearborn, MI	0.9323	21820	Fairbanks, AK	1.1099
	Hunt, TX			Wayne, MI			Fairbanks North Star, AK	
	Kaufman, TX		20020	Dothan, AL	0.8000	21940	Fajardo, PR	0.4287
	Rockwall, TX			Geneva, AL			Ceiba, PR	
19140	Dalton, GA	0.8705		Henry, AL			Fajardo, PR	
	Murray, GA			Houston, AL		22020	Luquillo, PR	0.8000
	Whitfield, GA		20100	Dover, DE	1.0032		Fargo, ND-MN	
19180	Danville, IL	0.9548		Kent, DE			Cass, ND	
	Vermilion, IL		20220	Dubuque, IA	0.8872	22140	Clay, MN	0.9826
19260	Danville, VA	0.8000		Dubuque, IA			Farmington, NM	
	Pittsylvania, VA		20260	Duluth, MN-WI	1.0217	22180	San Juan, NM	0.8681
	Danville City, VA			Carlton, MN			Fayetteville, NC	
19340	Davenport-Moline-Rock Island, IA-IL	0.9393		St. Louis, MN			Cumberland, NC	
	Henry, IL			Douglas, WI		22220	Hoke, NC	0.9038
	Mercer, IL		20500	Durham-Chapel Hill, NC	0.9759		Fayetteville-Springdale-Rogers, AR-MO	
	Rock Island, IL			Chatham, NC			Benton, AR	
	Scott, IA			Durham, NC			Madison, AR	
19380	Dayton, OH	0.9118		Orange, NC			Washington, AR	
	Greene, OH		20740	Person, NC	1.0197	22380	McDonald, MO	1.2905
	Miami, OH			Eau Claire, WI			Flagstaff, AZ	
	Montgomery, OH			Chippewa, WI			Coconino, AZ	
	Preble, OH		20764	Eau Claire, WI	1.1087	22420	Flint, MI	1.1343
19460	Decatur, AL	0.8000		Edison-New Brunswick, NJ			Genesee, MI	
	Lawrence, AL			Middlesex, NJ		22500	Florence, SC	0.8073
	Morgan, AL			Monmouth, NJ			Darlington, SC	
19500	Decatur, IL	0.8227		Ocean, NJ		22520	Florence, SC	0.8000
	Macon, IL			Somerset, NJ			Florence-Muscle Shoals, AL	
19660	Deltona-Daytona Beach-Ormond Beach, FL	0.8640	20940	El Centro, CA	0.8930		Colbert, AL	
	Volusia, FL			Imperial, CA			Lauderdale, AL	
19740	Denver-Aurora-Broomfield, CO	1.0492	21060	Elizabethtown, KY	0.8000	22540	Fond Du Lac, WI	0.9565
	Adams, CO			Hardin, KY			Fond Du Lac, WI	
	Arapahoe, CO		21140	Larue, KY	0.9424	22660	Fort Collins-Loveland, CO	0.9794
				Elkhart-Goshen, IN			Larimer, CO	
				Elkhart, IN				

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22744	Ft. Lauderdale-Pompano Beach-Deerfield Beach, FL	1.0475		Cascade, MT		25860	Hickory-Lenoir-Morganton, NC	0.8571
	Broward, FL		24540	Greeley, CO	0.9743		Alexander, NC	
22900	Fort Smith, AR-OK	0.8000		Weld, CO			Burke, NC	
	Crawford, AR		24580	Green Bay, WI	0.9676		Caldwell, NC	
	Franklin, AR			Brown, WI			Catawba, NC	
	Sebastian, AR			Kewaunee, WI		25980	Hinesville-Fort Stewart, GA ³	0.8781
	Le Flore, OK		24660	Oconto, WI	0.8397		Liberty, GA	
	Sequoyah, OK			Greensboro-High Point, NC			Long, GA	
23060	Fort Wayne, IN	0.9094		Guilford, NC		26100	Holland-Grand Haven, MI	0.8091
	Allen, IN			Randolph, NC			Ottawa, MI	
	Wells, IN		24780	Rockingham, NC	0.9430	26180	Honolulu, HI	1.2436
	Whitley, IN			Greene, NC			Honolulu, HI	
23104	Forth Worth-Arlington, TX	0.9624		Pitt, NC		26300	Hot Springs, AR	0.8553
	Johnson, TX		24860	Greenville-Mauldin-Easley, SC	0.9693		Garland, AR	
	Parker, TX			Greenville, SC		26380	Houma-Bayou Cane-Thibodaux, LA	0.8000
	Tarrant, TX			Laurens, SC			Lafourche, LA	
	Wise, TX			Pickens, SC			Terrebonne, LA	
23420	Fresno, CA	1.1878	25020	Guayama, PR	0.4263	26420	Houston-Sugar Land-Baytown, TX	1.0007
	Fresno, CA			Arroyo, PR			Austin, TX	
23460	Gadsden, AL	0.8057		Guayama, PR			Brazoria, TX	
	Etowah, AL			Patillas, PR			Chambers, TX	
23540	Gainesville, FL	0.9800	25060	Gulfport-Biloxi, MS	0.8655		Fort Bend, TX	
	Alachua, FL			Hancock, MS			Galveston, TX	
	Gilchrist, FL			Harrison, MS			Harris, TX	
23580	Gainesville, GA	0.9339		Stone, MS			Liberty, TX	
	Hall, GA		25180	Hagerstown-Martinsburg, MD-WV	0.9320		Montgomery, TX	
23844	Gary, IN	0.9506		Washington, MD			San Jacinto, TX	
	Jasper, IN			Berkeley, WV			Waller, TX	
	Lake, IN			Morgan, WV		26580	Huntington-Ashland, WV-KY-OH	0.9027
	Newton, IN		25260	Hanford-Corcoran, CA	1.1228		Boyd, KY	
	Porter, IN			Kings, CA			Greenup, KY	
24020	Glens Falls, NY	0.8445	25420	Harrisburg-Carlisle, PA	0.9622		Lawrence, OH	
	Warren, NY			Cumberland, PA			Cabell, WV	
	Washington, NY			Dauphin, PA			Wayne, WV	
24140	Goldsboro, NC	0.8630		Perry, PA		26620	Huntsville, AL	0.8534
	Wayne, NC			Harrisonburg, VA	0.9175		Limestone, AL	
24220	Grand Forks, ND-MN	0.8000	25500	Rockingham, VA			Madison, AL	
	Polk, MN			Harrisonburg City, VA		26820	Idaho Falls, ID	0.9399
	Grand Forks, ND		25540	Hartford-West Hartford-East Hartford, CT	1.1153		Bonneville, ID	
24300	Grand Junction, CO	0.9356		Hartford, CT			Jefferson, ID	
	Mesa, CO			Middlesex, CT		26900	Indianapolis-Carmel, IN	1.0202
24340	Grand Rapids-Wyoming, MI	0.9176		Tolland, CT			Boone, IN	
	Barry, MI		25620	Hattiesburg, MS	0.8012		Brown, IN	
	Ionia, MI			Forrest, MS			Hamilton, IN	
	Kent, MI			Lamar, MS			Hancock, IN	
	Newaygo, MI			Perry, MS				
24500	Great Falls, MT	0.9321						

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	Hendricks, IN			Van Buren, MI			Carroll, IN		
	Johnson, IN		28100	Kankakee-Bradley, IL	0.9747		Tippecanoe, IN		
	Marion, IN			Kankakee, IL		29180	Lafayette, LA	0.8308	
	Morgan, IN		28140	Kansas City, MO-KS	0.9535		Lafayette, LA		
	Putnam, IN			Franklin, KS			St. Martin, LA		
	Shelby, IN			Johnson, KS		29340	Lake Charles, LA	0.8000	
26980	Iowa City, IA	0.9946		Leavenworth, KS			Calcasieu, LA		
	Johnson, IA			Linn, KS			Cameron, LA		
	Washington, IA			Miami, KS		29404	Lake County-Kenosha County, IL-WI	1.0757	
27060	Ithaca, NY	0.9413		Wyandotte, KS			Lake, IL		
	Tompkins, NY			Bates, MO			Kenosha, WI		
27100	Jackson, MI	0.9027		Caldwell, MO		29420	Lake Havasu City-Kingman, AZ	1.0004	
	Jackson, MI			Cass, MO			Mohave, AZ		
27140	Jackson, MS	0.8238		Clay, MO		29460	Lakeland-Winter Haven, FL	0.8360	
	Copiah, MS			Clinton, MO			Polk, FL		
	Hinds, MS			Jackson, MO		29540	Lancaster, PA	0.9785	
	Madison, MS			Lafayette, MO			Lancaster, PA		
	Rankin, MS			Platte, MO		29620	Lansing-East Lansing, MI	1.0717	
	Simpson, MS			Ray, MO			Clinton, MI		
27180	Jackson, TN	0.8000	28420	Kennewick-Pasco-Richland, WA	0.9547		Eaton, MI		
	Chester, TN			Benton, WA		29700	Ingham, MI	0.8000	
	Madison, TN			Franklin, WA			Laredo, TX		
27260	Jacksonville, FL	0.9039		Franklin, WA		29740	Webb, TX	0.8000	
	Baker, FL		28660	Killeen-Temple-Fort Hood, TX	0.9008		Las Cruces, NM	0.9351	
	Clay, FL			Bell, TX		29820	Dona Ana, NM		
	Duval, FL			Coryell, TX		29940	Las Vegas-Paradise, NV	1.1735	
	Nassau, FL			Lampasas, TX			Clark, NV		
	St. Johns, FL			28700	Kingsport-Bristol-Bristol, TN-VA	0.8000	29940	Lawrence, KS	0.8745
27340	Jacksonville, NC	0.8000		Hawkins, TN		30020	Douglas, KS	0.8000	
	Onslow, NC			Sullivan, TN			Lawton, OK		
27500	Janesville, WI	0.9155		Bristol City, VA		30140	Comanche, OK	0.8233	
	Rock, WI			Scott, VA			Lebanon, PA		
27620	Jefferson City, MO	0.8544		Washington, VA		30300	Lebanon, PA	0.9301	
	Callaway, MO			28740	Kingston, NY	0.9150	Lewiston, ID-WA		
	Cole, MO			Ulster, NY			Nez Perce, ID		
	Moniteau, MO			28940	Knoxville, TN	0.8000	Asotin, WA		
	Osage, MO			Anderson, TN		30340	Lewiston-Auburn, ME	0.9132	
27740	Johnson City, TN	0.8000		Blount, TN			Androscoggin, ME		
	Carter, TN			Knox, TN		30460	Lexington-Fayette, KY	0.8985	
	Unicoi, TN			Loudon, TN			Bourbon, KY		
	Washington, TN			Union, TN			Clark, KY		
27780	Johnstown, PA	0.8529		29020	Kokomo, IN	0.9145	Fayette, KY		
	Cambria, PA			Howard, IN			Jessamine, KY		
27860	Jonesboro, AR	0.8057		Tipton, IN			Scott, KY		
	Craighead, AR			29100	La Crosse, WI-MN	1.0300	Woodford, KY		
	Poinsett, AR			Houston, MN			Lima, OH	0.9243	
27900	Joplin, MO	0.8057		La Crosse, WI		30620	Allen, OH		
	Jasper, MO			29140	Lafayette, IN	1.0047			
	Newton, MO			Benton, IN					
28020	Kalamazoo-Portage, MI	1.0052							
	Kalamazoo, MI								

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30700	Lincoln, NE Lancaster, NE Seward, NE	0.9553		Jones, GA Monroe, GA Twiggs, GA			Milwaukee, WI Ozaukee, WI Washington, WI Waukesha, WI	
30780	Little Rock-North Little Rock-Conway, AR Faulkner, AR Grant, AR Lonoke, AR Perry, AR Pulaski, AR Saline, AR	0.8712	31460	Madera-Chowchilla, CA Madera, CA	0.8394	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	1.1317
30860	Logan, UT-ID Franklin, ID Cache, UT	0.8836	31540	Madison, WI Columbia, WI Dane, WI Iowa, WI	1.1520			
30980	Longview, TX Gregg, TX Rusk, TX Upshur, TX	0.9016	31700	Manchester-Nashua, NH Hillsborough, NH	1.0151			
31020	Longview, WA Cowlitz, WA	1.0557	31740	Manhattan, KS Geary, KS	0.8000			
31084	Los Angeles-Long Beach-Glendale, CA Los Angeles, CA	1.2533		Pottawatomie, KS Riley, KS				
31140	Louisville-Jefferson County, KY-IN Clark, IN Floyd, IN Harrison, IN Washington, IN Bullitt, KY Henry, KY Jefferson, KY Meade, KY Nelson, KY Oldham, KY Shelby, KY Spencer, KY Trimble, KY	0.8934	31860	Mankato-North Mankato, MN Blue Earth, MN Nicollet, MN	0.9363	31900	Mansfield, OH Richland, OH	0.8588
			32420	Mayaguez, PR Hormigueros, PR Mayaguez, PR	0.4326	33540	Missoula, MT	0.9227
			32580	McAllen-Edinburg-Mission, TX Hidalgo, TX	0.8471	33660	Mobile, AL Mobile, AL	0.8000
			32780	Medford, OR Jackson, OR	1.0790	33700	Modesto, CA Stanislaus, CA	1.3756
			32820	Memphis, TN-MS-AR Crittenden, AR DeSoto, MS Marshall, MS Tate, MS Tunica, MS Fayette, TN Shelby, TN Tipton, TN	0.9122	33740	Monroe, LA Ouachita, LA Union, LA	0.8000
31180	Lubbock, TX Crosby, TX Lubbock, TX	0.9039	32900	Merced, CA Merced, CA	1.2853	33780	Monroe, MI Monroe, MI	0.8799
31340	Lynchburg, VA Amherst, VA Appomattox, VA Bedford, VA Campbell, VA Bedford City, VA Lynchburg City, VA	0.8853	33124	Miami-Miami Beach-Kendall, FL Miami-Dade, FL	0.9962	33860	Montgomery, AL Autauga, AL Elmore, AL Lowndes, AL Montgomery, AL	0.8000
			33140	Michigan City-La Porte, IN LaPorte, IN	0.9302	34060	Morgantown, WV Monongalia, WV Preston, WV	0.8417
			33260	Midland, TX	1.0143	34100	Morristown, TN Grainger, TN Hamblen, TN Jefferson, TN	0.7890
31420	Macon, GA Bibb, GA Crawford, GA	0.9098	33340	Milwaukee-Waukesha-West Allis, WI	0.9948	34580	Mount Vernon-Anacortes, WA Skagit, WA	1.0751
						34620	Muncie, IN Delaware, IN	0.8824
						34740	Muskegon-Norton Shores, MI Muskegon, MI	1.1179

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34820	Myrtle Beach-North Myrtle Beach-Conway, SC Horry, SC	0.8781		Kings, NY New York, NY Putnam, NY Queens, NY		36740	Orlando-Kissimmee-Sanford, FL Lake, FL Orange, FL Osceola, FL Seminole, FL	0.9147
34900	Napa, CA Napa, CA	1.5518		Richmond, NY Rockland, NY Westchester, NY		36780	Oshkosh-Neenah, WI Winnebago, WI	0.9486
34940	Naples-Marco Island, FL Collier, FL	0.9193	35660	Niles-Benton Harbor, MI	0.8523	36980	Owensboro, KY Davies, KY Hancock, KY McLean, KY	0.8000
34980	Nashville-Davidson-Murfreesboro-Franklin, TN Cannon, TN Cheatham, TN Davidson, TN Dickson, TN Hickman, TN Macon, TN Robertson, TN Rutherford TN Smith, TN Sumner, TN Trousdale, TN Williamson, TN Wilson, TN	0.9226	35840	North Port-Bradenton-Sarasota, FL Manatee, FL Sarasota, FL	0.9516	37100	Oxnard-Thousand Oaks-Ventura, CA Ventura, CA	1.3235
			35980	Norwich-New London, CT New London, CT	1.1931	37340	Palm Bay-Melbourne-Titusville, FL Brevard, FL	0.8872
			36084	Oakland-Fremont-Hayward, CA Alameda, CA Contra Costa, CA	1.7207	37380	Palm Coast, FL Flagler, FL	0.8250
			36100	Ocala, FL Marion, FL	0.8503	37460	Panama City-Lynn Haven-Panama City Beach, FL Bay, FL	0.8000
			36140	Ocean City, NJ Cape May, NJ	1.0683	37620	Parkersburg-Marietta-Vienna, WV-OH Washington, OH Pleasants, WV Wirt, WV Wood, WV	0.8000
35004	Nassau-Suffolk, NY Nassau, NY Suffolk, NY	1.2874	36220	Odessa, TX Ector, TX	0.9751			
35084	Newark-Union, NJ-PA Essex, NJ Hunterdon, NJ Morris, NJ Sussex, NJ Union, NJ Pike, PA	1.1373	36260	Ogden-Clearfield, UT Davis, UT Morgan, UT Weber, UT	0.9255	37700	Pascagoula, MS George, MS Jackson, MS	0.8000
			36420	Oklahoma City, OK Canadian, OK Cleveland, OK Grady, OK Lincoln, OK Logan, OK	0.8962	37764	Peabody, MA Essex, MA	1.0651
35300	New Haven-Milford, CT New Haven, CT	1.1994				37860	Pensacola-Ferry Pass-Brent, FL Escambia, FL Santa Rosa, FL	0.8000
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	0.8834	36500	Olympia, WA Thurston, WA	1.1709	37900	Peoria, IL Marshall, IL Peoria, IL Stark, IL Tazewell, IL Woodford, IL	0.8513
35644	New York-White Plains-Wayne, NY-NJ Bergen, NJ Hudson, NJ Passaic, NJ Bronx, NY	1.3211	36540	Omaha-Council Bluffs, NE-IA Harrison, IA Mills, IA Pottawattamie, IA Cass, NE Douglas, NE Sarpy, NE Saunders, NE Washington, NE	0.9847	37964	Philadelphia, PA Bucks, PA Chester, PA Delaware, PA Montgomery, PA Philadelphia, PA	1.0950

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38060	Phoenix-Mesa-Glendale, AZ Maricopa, AZ Pinal, AZ	1.0562	39300	Providence-New Bedford-Fall River, RI-MA Bristol, MA	1.0637		Hopewell City, VA Petersburg City, VA Richmond City, VA	
38220	Pine Bluff, AR Cleveland, AR Jefferson, AR Lincoln, AR	0.8144		Bristol, RI Kent, RI Newport, RI Providence, RI Washington, RI		40140	Riverside-San Bernardino-Ontario, CA Riverside, CA San Bernardino, CA	1.1604
38300	Pittsburgh, PA Allegheny, PA Armstrong, PA Beaver, PA Butler, PA Fayette, PA Washington, PA Westmoreland, PA	0.8750	39340	Provo-Orem, UT Juab, UT Utah, UT	0.9549	40220	Roanoke, VA Botetourt, VA Craig, VA Franklin, VA Roanoke, VA	0.9281
38340	Pittsfield, MA Berkshire, MA	1.1022	39380	Pueblo, CO Pueblo, CO	0.8292	40340	Roanoke City, VA Salem City, VA Rochester, MN Dodge, MN Olmsted, MN Wabasha, MN	1.1771
38540	Pocatello, ID Bannock, ID Power, ID	0.9845	39460	Punta Gorda, FL Charlotte, FL	0.8815	40380	Rochester, NY Livingston, NY Monroe, NY Ontario, NY Orleans, NY Wayne, NY	0.8830
38660	Ponce, PR Juana Diaz, PR Ponce, PR Villalba, PR	0.5283	39540	Racine, WI Racine, WI	0.8986	40420	Rockford, IL Boone, IL Winnebago, IL	0.9842
38860	Portland-South Portland-Biddeford, ME Cumberland, ME Sagadahoc, ME York, ME	1.0074	39580	Raleigh-Cary, NC Franklin, NC Johnston, NC Wake, NC	0.9391	40484	Rockingham County-Strafford County, NH Rockingham, NH Strafford, NH	1.0267
38900	Portland-Vancouver-Hillsboro, OR-WA Clackamas, OR Columbia, OR Multnomah, OR Washington, OR Yamhill, OR Clark, WA Skamania, WA	1.1876	39660	Rapid City, SD Meade, SD Pennington, SD	0.9657	40580	Rocky Mount, NC Edgecombe, NC Nash, NC	0.8831
38940	Port St. Lucie, FL Martin, FL St. Lucie, FL	0.9439	39740	Reading, PA Berks, PA	0.9306	40660	Rome, GA Floyd, GA	0.9007
39100	Poughkeepsie-Newburgh-Middletown, NY Dutchess, NY Orange, NY	1.1652	39820	Reading, PA Berks, PA	1.5130	40900	Sacramento--Arden-Arcade--Roseville, CA El Dorado, CA Placer, CA Sacramento, CA Yolo, CA	1.5642
39140	Prescott, AZ Yavapai, AZ	1.0256	39900	Reno-Sparks, NV Storey, NV Washoe, NV	1.0422	40980	Saginaw-Saginaw Township North, MI Saginaw, MI	0.8931
			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 King William, VA Louisa, VA New Kent, VA Powhatan, VA Prince George, VA Sussex, VA Colonial Heights City, VA	0.9814	41060	St. Cloud, MN Benton, MN Stearns, MN	1.0757
						41100	St. George, UT Washington, UT	0.9432
						41140	St. Joseph, MO-KS	0.9926

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	Doniphan, KS			Erie, OH			Rio Grande, PR	
	Andrew, MO		41884	San Francisco-San Mateo-Redwood City, CA	1.6899		San Juan, PR	
	Buchanan, MO			Marin, CA			San Lorenzo, PR	
	De Kalb, MO			San Francisco, CA			Toa Alta, PR	
41180	St. Louis, MO-IL	0.9423		San Mateo, CA			Toa Baja, PR	
	Bond, IL		41900	San German-Cabo Rojo, PR	0.5233		Trujillo Alto, PR	
	Calhoun, IL			Cabo Rojo, PR		42020	San Luis Obispo-Paso Robles, CA	1.3157
	Clinton, IL			Lajas, PR			San Luis Obispo, CA	
	Jersey, IL			Sabana Grande, PR		42044	Santa Ana-Anaheim-Irvine, CA	1.2224
	Macoupin, IL		41940	San Jose-Sunnyvale-Santa Clara, CA	1.7245		Orange CA	
	Madison, IL			San Benito, CA		42060	Santa Barbara-Santa Maria-Goleta, CA	1.2944
	Monroe, IL			Santa Clara, CA			Santa Barbara, CA	
	St. Clair, IL		41980	San Juan-Caguas-Guaynabo, PR	0.5009	42100	Santa Cruz-Watsonville, CA	1.8104
	Crawford, MO			Aguas Buenas, PR			Santa Cruz, CA	
	Franklin, MO			Aibonito, PR		42140	Santa Fe, NM	1.0230
	Jefferson, MO			Arecibo, PR			Santa Fe, NM	
	Lincoln, MO			Barceloneta, PR		42220	Santa Rosa-Petaluma, CA	1.6834
	St. Charles, MO			Barranquitas, PR			Sonoma, CA	
	St. Louis, MO			Bayamon, PR		42340	Savannah, GA	0.8839
	Warren, MO			Caguas, PR			Bryan, GA	
	Washington, MO			Camuy, PR			Chatham, GA	
	St. Louis City, MO			Canovanas, PR			Effingham, GA	
41420	Salem, OR	1.1252		Carolina, PR		42540	Scranton--Wilkes-Barre, PA	0.8409
	Marion, OR			Catano, PR			Lackawanna, PA	
	Polk, OR			Cayey, PR			Luzerne, PA	
41500	Salinas, CA	1.5967		Ciales, PR			Wyoming, PA	
	Monterey, CA			Cidra, PR		42644	Seattle-Bellevue-Everett, WA	1.1842
41540	Salisbury, MD	0.9031		Comerio, PR			King, WA	
	Somerset, MD			Corozal, PR			Snohomish, WA	
	Wicomico, MD			Dorado, PR		42680	Sebastian-Vero Beach, FL	0.8842
41620	Salt Lake City, UT	0.9437		Florida, PR			Indian River, FL	
	Salt Lake, UT			Guaynabo, PR			Sheboygan, WI	0.9289
	Summit, UT			Gurabo, PR		43300	Sheboygan, WI	0.8804
	Tooele, UT			Hatillo, PR			Sherman-Denison, TX	
41660	San Angelo, TX	0.8245		Humacao, PR		43340	Grayson, TX	0.8339
	Irion, TX			Juncos, PR			Shreveport-Bossier City, LA	
	Tom Green, TX			Las Piedras, PR			Bossier, LA	
41700	San Antonio-New Braunfels, TX	0.8994		Loiza, PR			Caddo, LA	
	Atascosa, TX			Manati, PR			De Soto, LA	
	Bandera, TX			Maunabo, PR				
	Bexar, TX			Morovis, PR				
	Comal, TX			Naguabo, PR				
	Guadalupe, TX			Naranjito, PR				
	Kendall, TX			Orocovis, PR				
	Medina, TX			Quebradillas, PR				
	Wilson, TX							
41740	San Diego-Carlsbad-San Marcos, CA	1.2327						
	San Diego, CA							
41780	Sandusky, OH	0.8000						

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43580	Sioux City, IA-NE-SD Woodbury, IA Dakota, NE Dixon, NE Union, SD	0.9248		Gadsden, FL Jefferson, FL Leon, FL Wakulla, FL		46660	Valdosta, GA Brooks, GA Echols, GA Lanier, GA Lowndes, GA	0.8000
43620	Sioux Falls, SD Lincoln, SD McCook, SD Minnehaha, SD Turner, SD	0.8352	45300	Tampa-St. Petersburg-Clearwater, FL Hernando, FL Hillsborough, FL Pasco, FL Pinellas, FL	0.9160	46700	Vallejo-Fairfield, CA Solano, CA	1.6438
43780	South Bend-Mishawaka, IN-MI St. Joseph, IN Cass, MI	0.9513	45460	Terre Haute, IN Clay, IN Sullivan, IN Vermillion, IN Vigo, IN	0.9796	47020	Victoria, TX Calhoun, TX Goliad, TX Victoria, TX	0.9032
43900	Spartanburg, SC Spartanburg, SC	0.8864	45500	Texarkana, TX- Texarkana, AR Miller, AR Bowie, TX	0.8000	47220	Vineland-Millville-Bridgeton, NJ Cumberland, NJ	1.0859
44060	Spokane, WA Spokane, WA	1.1278	45780	Toledo, OH Fulton, OH Lucas, OH Ottawa, OH Wood, OH	0.9097	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 Chesapeake City, VA	0.9206
44100	Springfield, IL Menard, IL Sangamon, IL	0.9250	45820	Topeka, KS Jackson, KS Jefferson, KS Osage, KS Shawnee, KS Wabaunsee, KS	0.9058	47300	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	
44140	Springfield, MA Franklin, MA Hampden, MA Hampshire, MA	1.0480	45940	Trenton-Ewing, NJ Mercer, NJ	1.0747	47380	Waco, TX McLennan, TX	0.8289
44180	Springfield, MO Christian, MO Dallas, MO Greene, MO Polk, MO Webster, MO	0.8519	46060	Tucson, AZ Pima, AZ	0.9036	47580	Warner Robins, GA Houston, GA	0.8000
44220	Springfield, OH Clark, OH	0.8526	46140	Tulsa, OK Creek, OK Okmulgee, OK Osage, OK Pawnee, OK Rogers, OK Tulsa, OK Wagoner, OK	0.8221	47644	Warren-Troy-Farmington Hills, MI Lapeer, MI Livingston, MI Macomb, MI Oakland, MI St. Clair, MI	0.9520
44300	State College, PA Centre, PA	0.9664	46220	Tuscaloosa, AL Greene, AL Hale, AL Tuscaloosa, AL	0.8579	47894	Washington-Arlington-Alexandria, DC-VA-MD-WV	1.0631
44600	Steubenville-Weirton, OH-WV Jefferson, OH Brooke, WV Hancock, WV	0.8000	46340	Tyler, TX Smith, TX	0.8605	46540	District of Columbia, DC Calvert, MD Charles, MD	
44700	Stockton, CA San Joaquin, CA	1.3862	46540	Utica-Rome, NY Herkimer, NY Oneida, NY	0.8851			
44940	Sumter, SC Sumter, SC	0.8000						
45060	Syracuse, NY Madison, NY Onondaga, NY Oswego, NY	0.9989						
45104	Tacoma, WA Pierce, WA	1.1682						
45220	Tallahassee, FL	0.8469						

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	Prince George's, MD			Brunswick, NC	
	Arlington, VA			New Hanover, NC	
	Clarke, VA			Pender, NC	
	Fairfax, VA		49020	Winchester, VA-WV	0.9118
	Fauquier, VA			Frederick, VA	
	Loudoun, VA			Winchester City, VA	
	Prince William, VA			Hampshire, WV	
	Spotsylvania, VA		49180	Winston-Salem, NC	0.8640
	Stafford, VA			Davie, NC	
	Warren, VA			Forsyth, NC	
	Alexandria City, VA			Stokes, NC	
	Fairfax City, VA			Yadkin, SC	
	Falls Church City, VA		49340	Worcester, MA	1.1692
	Fredericksburg City, VA			Worcester, MA	
	Manassas City, VA		49420	Yakima, WA	1.0451
	Manassas Park City, VA			Yakima, WA	
	Jefferson, WV		49500	Yauco, PR	0.4349
47940	Waterloo-Cedar Falls, IA	0.8409		Guanica, PR	
	Black Hawk, IA			Guayanilla, PR	
	Bremer, IA			Penuelas, PR	
	Grundy, IA			Yauco, PR	
48140	Wausau, WI	0.8884	49620	York-Hanover, PA	0.9629
	Marathon, WI			York, PA	
48300	Wenatchee-East	1.0203	49660	Youngstown-Warren-	0.8339
	Wenatchee, WA			Boardman, OH-PA	
	Chelan, WA			Mahoning, OH	
	Douglas, WA			Trumbull, OH	
48424	West Palm Beach-Boca	0.9686		Mercer, PA	
	Raton-Boynton Beach,		49700	Yuba City, CA	1.1869
	FL			Sutter, CA	
	Palm Beach, FL			Yuba, CA	
48540	Wheeling, WV-OH	0.7674	49740	Yuma, AZ	0.9764
	Belmont, OH			Yuma, AZ	
	Marshall, WV				
	Ohio, WV				
48620	Wichita, KS	0.8755		- END -	
	Butler, KS				
	Harvey, KS				
	Sedgwick, KS				
	Sumner, KS				
48660	Wichita Falls, TX	0.9626			
	Archer, TX				
	Clay, TX				
	Wichita, TX				
48700	Williamsport, PA	0.8345			
	Lycoming, PA				
48864	Wilmington, DE-MD-NJ	1.0692			
	New Castle, DE				
	Cecil, MD				
	Salem, NJ				
48900	Wilmington, NC	0.8945			

Chapter 11

Addendum C (FY 2015)

Hospice Rate Information - Hospice Wage Indexes For Rural Areas - FY 2015

The following Hospice Indexes for Rural Areas are for care and services provided on or after October 1, 2014.

1. There are no rural areas in this state or district.
2. Wage index values are obtained using the methodology described in the Centers for Medicare and Medicaid Services Final Rule published in the August 22, 2014 Federal Register.

CBSA CODE	NONURBAN AREA	WAGE INDEX	CBSA CODE	NONURBAN AREA	WAGE INDEX
1	Alabama	0.8000	33	New York	0.8297
2	Alaska	1.3789	34	North Carolina	0.8175
3	Arizona	0.9251	35	North Dakota	0.7803
4	Arkansas	0.8000	36	Ohio	0.8455
5	California	1.2907	37	Oklahoma	0.8000
6	Colorado	0.9893	38	Oregon	0.9523
7	Connecticut	1.1416	39	Pennsylvania	0.8509
8	Delaware	1.0186	40	Puerto Rico ²	0.4654
9	District of Columbia ¹	-----	41	Rhode Island ¹	-----
10	Florida	0.8059	42	South Carolina	0.8407
11	Georgia	0.8000	43	South Dakota	0.8240
12	Hawaii	1.0839	44	Tennessee	0.8000
13	Idaho	0.8000	45	Texas	0.8000
14	Illinois	0.8513	46	Utah	0.8813
15	Indiana	0.8592	47	Vermont	0.9831
16	Iowa	0.8513	48	Virgin Islands	0.8000
17	Kansas	0.8003	49	Virginia	0.8000
18	Kentucky	0.8000	50	Washington	1.0627
19	Louisiana	0.8000	51	West Virginia	0.8000
20	Maine	0.8315	52	Wisconsin	0.8987
21	Maryland	0.8777	53	Wyoming	0.9329
22	Massachusetts	1.3741	65	Guam	0.9701
23	Michigan	0.8347			
24	Minnesota	0.9218			
25	Mississippi	0.8000			
26	Missouri	0.8000			
27	Montana	0.9183			
28	Nebraska	0.8937			
29	Nevada	0.9872			
30	New Hampshire	1.0435			
31	New Jersey ¹	-----			
32	New Mexico	0.9005			

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In Teaching Setting	1	4	Prospective Payment System (PPS)	8	2
Individual Health Care Professionals	3	1	Reimbursement	8	1
Institutional Health Care Provider	3	2	Resource Utilization Group-III (RUG-III)	8	A
Network Provider	1	1	Wage Indexes		
			Rural Areas (Based On CBSA Labor Market Areas)		
			FY 2012	8	F (FY2012)
			FY 2013	8	F (FY2013)
			FY 2014	8	F (FY2014)