



DEFENSE  
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**CHANGE 127  
6010.58-M  
FEBRUARY 18, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE REIMBURSEMENT MANUAL (TRM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

**CHANGE TITLE: APPLICABILITY OF THE INPATIENT ONLY PROCEDURE CODE LIST**

**CONREQ: 17512**

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

**SUMMARY OF CHANGE(S): This change modifies the applicability of the Inpatient Only Procedure List so that it no longer applies to the services rendered by professional providers.**

**EFFECTIVE DATE: October 1, 2015.**

**IMPLEMENTATION DATE: March 18, 2016.**

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**.J.1157445967**  
Digitally signed by  
CORN.GLENN J.1157445967  
DN: c=US, o=U.S. Government,  
ou=DoD, ou=PKI, ou=DHA,  
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Date: 2016.02.12 13:36:17 -07'00

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**ATTACHMENT(S): 2 PAGE(S)  
DISTRIBUTION: 6010.58-M**

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**CHANGE 127**  
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**REMOVE PAGE(S)**

**CHAPTER 1**

Section 16, pages 3 and 4

**INSERT PAGE(S)**

Section 16, pages 3 and 4

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.

**3.1.2** Exceptions to the above policy prior to implementation of the hospital OPPS, are:

**3.1.2.1** If the multiple surgical procedures involve the fingers or toes, benefits for the third and subsequent procedures are to be limited to 25% to the prevailing charge.

**3.1.2.2** Incidental procedures. No reimbursement is to be made for an incidental procedure.

**3.1.3** Separate payment is not made for incidental procedures. The payment for those procedures are packaged within the primary procedure with which they are normally associated.

**3.1.4** Data which is distorted because of these multiple surgery procedures (e.g., where the sum of the charges is applied to the single major procedure) must not be entered into the data base used to develop allowable charge profiles.

**3.1.5** The OPPS inpatient only list shall apply to OPPS, non-OPPS, and, **through September 30, 2015, individual professional providers. Beginning October 1, 2015, the inpatient only list shall no longer apply to the services rendered by individual professional providers.** Refer to [Chapter 13, Section 5, paragraph 3.2](#). The inpatient only list is available on the Defense Health Agency's (DHA's) web site at <http://www.health.mil/rates>.

## **3.2 Multiple Primary Surgeons**

When more than one surgeon acts as a primary surgeon for multiple procedures during the same operative session, the services of each may be covered, subject to the following considerations:

- For co-surgeons (modifier 62), TRICARE pays 125% of the global fee and divides the payment equally between the two surgeons. This means that each surgeon receives 62.5% of the TRICARE allowable charge for each procedure. No payment may be made for an assistant surgeon in such cases.
- For team surgery (modifier 66), payment needs to be determined on a case-by-case basis. Team surgery cases may be seen with organ transplants, separation of siamese twins, severe trauma cases, and cases of a similar nature.
- Payment may not be made to any of the primary surgeons for assisting any of the other primary surgeons.

## **3.3 Assistant Surgeons**

See [Section 17](#).

### **3.4 Pre-Operative Care**

Pre-operative care rendered in a hospital when the admission is expressly for the surgery is normally included in the global surgery charge. The admitting history and physical is included in the global package. This also applies to routine examinations in the surgeon's office where such examination is performed to assess the beneficiary's suitability for the subsequent surgery.

### **3.5 Post-Operative Care**

All services provided by the surgeon for post-operative complications (e.g., replacing stitches, servicing infected wounds) are included in the global package if they do not require additional trips to the operating room. All visits with the primary surgeon during the 90-day period following major surgery are included in the global package.

**Note:** This rule does not apply if the visit is for a problem unrelated to the diagnosis for which the surgery was performed or is for an added course of treatment other than the normal recovery from surgery. For example, if after surgery for cancer, the physician who performed the surgery subsequently administers chemotherapy services, these services are not part of the global surgery package.

### **3.6 Re-Operations For Complications**

All medically necessary return trips to the operating room, for any reason and without regard to fault, are covered.

### **3.7 Global Surgery For Major Surgical Procedures**

Physicians who perform the entire global package which includes the surgery and the pre- and post-operative care should bill for their services with the appropriate CPT code only. Do not bill separately for visits or other services included in this global package. The global period for a major surgery includes the day of surgery. The pre-operative period is the first day immediately before the day of surgery. The post-operative period is the 90 days immediately following the day of surgery. If the patient is returned to surgery for complications on another day, the post-operative period is 90 days immediately after the last operation.

### **3.8 Second Opinion**

**3.8.1** Claims for patient-initiated, second-physician opinions pertaining to the medical need for surgery or other major nonsurgical diagnostic and therapeutic procedures (e.g., invasive diagnostic techniques such as cardiac catheterization and gastroscopy) may be paid. Payment may be made for the history and examination of the patient as well as any other covered diagnostic services required in order for the physician to properly evaluate the patient's condition and render a professional opinion on the medical need for surgery or other major nonsurgical diagnostic and therapeutic procedure.

**3.8.2** In the event that the recommendations of the first and second physician differ regarding the medical need for such surgery or other major nonsurgical diagnostic and therapeutic procedure, a claim for a patient-initiated opinion from a third physician is also reimbursable. Such