



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 37
6010.58-M
OCTOBER 20, 2010**

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

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: FISCAL YEAR (FY) 2011 TRICARE MENTAL HEALTH REIMBURSEMENT
RATE UPDATE

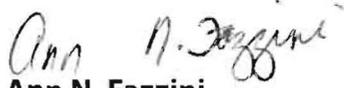
CONREQ: 15191

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates the rates for psychiatric hospitals and units, partial hospitalization and Residential Treatment Facilities (RTFs). For FY 2011, Medicare has recommended a rate increase of 2.6%. TRICARE is adopting this update factor for FY 2011 as the final update factor; consequently, mental health rates are increased by 2.6% compared to those in FY 2010.

EFFECTIVE DATE: October 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.


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

ATTACHMENT(S): 22 PAGE(S)
DISTRIBUTION: 6010.58-M

REMOVE PAGE(S)

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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.

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

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Cost-Shares And Deductibles

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.**

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.

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 2009 - FY 2011
B	Table Of Maximum Rates For PHPs Before May 1, 2009 (Implementation Of OPPTS), And Thereafter, Freestanding Psychiatric PHP Reimbursement - FY 2009 - FY 2011
C	Guidelines For The Calculation Of Individual Residential Treatment Center (RTC) Per Diem Rates Figure 7.C-1 TMA Form 771
D (FY 2009)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2009
D (FY 2010)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2010
D (FY 2011)	TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2011

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

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%.

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

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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%

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 mental health discharges and the base period. The base period amount, however, can not 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.

Table Of Regional Specific Rates For Psychiatric Hospitals
And Units With Low TRICARE Volume - FY 2009 - FY 2011

UNITED STATES CENSUS REGIONS	FY 2009 REGIONAL RATES 10/01/08 - 09/30/09	FY 2010 REGIONAL RATES 10/01/09 - 09/30/10	FY 2011 REGIONAL RATES 10/01/10 - 09/30/11
NORTHEAST:			
New England (ME, NH, VT, MA, RI, CT)	\$730	\$745	\$764
Mid-Atlantic (NY, NJ, PA)	\$703	\$718	\$736
MIDWEST:			
East North Central (OH, IN, IL, MI, WI)	\$607	\$620	\$636
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$573	\$585	\$600
SOUTH:			
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$723	\$738	\$757
East South Central (KY, TN, AL, MS)	\$774	\$790	\$810
West South Central (AR, LA, TX, OK)	\$659	\$673	\$690
WEST:			
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$658	\$672	\$689
Pacific (WA, OR, CA, AK, HI)	\$778	\$794	\$814
Puerto Rico	\$496	\$506	\$519

Note: This table reflects maximum rates.

For FY 2009: For wage index values greater than 1.0, the wage portion or labor related share subject to the area wage adjustment is 69.7%. The non-labor related share is 30.3. 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 Diagnosis Related Group (DRG) wage index file for area wage adjustment calculations.

For FY 2009/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 \$193 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2008.

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Table Of Regional Specific Rates For Psychiatric Hospitals And Units With Low
TRICARE Volume - FY 2009 - FY 2011

For FYs 2010 and 2011: For wage index values greater than 1.0, the wage portion or labor related share subject to the area wage adjustment is 68.8%. The non-labor related share is 31.2%. For wage index values less than or equal to 1.0, the wage portion or labor related share subject to the area wage adjustment is 62%. The non-labor related share is 38%. Utilize the appropriate year DRG wage index file for area wage adjustment calculations.

For FY 2010/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 \$197 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2009.

For FY 2011/Beneficiary Cost-Share: Beneficiary cost-share (other than active duty members) for care paid on a basis of a regional per diem rate is the lower of \$202 per day or 25% of the hospital billed charges effective for services rendered on or after October 1, 2010.

- END -

Chapter 7

Addendum B

Table Of Maximum Rates For PHPs Before May 1, 2009
(Implementation Of OPPS), And Thereafter, Freestanding
Psychiatric PHP Reimbursement - FY 2009 - FY 2011

UNITED STATES CENSUS REGIONS	FULL-DAY RATE (6 HOURS OR MORE)			HALF-DAY RATE (3-5 HOURS)		
	10/01/08- 09/30/09	10/01/09- 09/30/10	10/01/10- 09/30/11	10/01/08- 09/30/09	10/01/09- 09/30/10	10/01/10- 09/30/11
NORTHEAST:						
New England (ME, NH, VT, MA, RI, CT)	\$293	\$299	\$306	\$221	\$222	\$227
Mid-Atlantic (NY, NJ, PA)	\$318	\$325	\$333	\$239	\$244	\$250
MIDWEST:						
East North Central (OH, IN, IL, MI, WI)	\$280	\$286	\$293	\$209	\$213	\$218
West North Central (MN, IA, MO, ND, SD, NE, KS)	\$280	\$286	\$293	\$209	\$213	\$218
SOUTH:						
South Atlantic (DE, MD, DC, VA, WV, NC, SC, GA, FL)	\$301	\$307	\$314	\$226	\$231	\$237
East South Central (KY, TN, AL, MS)	\$325	\$332	\$340	\$245	\$250	\$256
West South Central (AR, LA, TX, OK)	\$325	\$332	\$340	\$245	\$250	\$256
WEST:						
Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)	\$328	\$334	\$343	\$248	\$253	\$259
Pacific (WA, OR, CA, AK, HI)	\$322	\$328	\$339	\$241	\$246	\$252
Puerto Rico	\$209	\$213	\$218	\$158	\$161	\$165
Days of three hours or less: no payment authorized.						

Note: This table reflects maximum rates.

- END -

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 TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2010

FACILITY	TRICARE RATE
Dickson Recovery Center 222 Church Street Dickson, TN 37055 EIN: 20-4990101	413.00
Youth Villages, Inc 3320 Brother Blvd Memphis, TN 38133 EIN: 58-1716970	758.00
TEXAS	
Cedar Crest Hospital and RTC HMTN Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	696.00
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	758.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	632.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	711.00
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	653.00
UTAH	
UHS of Provo Canyon, Inc 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	449.00
VIRGINIA	
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	445.00

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 TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2010

FACILITY	TRICARE RATE
Poplar Springs West HHC Poplar Springs, Inc 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	730.00
The Pines Residential Treatment Center - Kempsville, The 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	632.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	495.00
WASHINGTON	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	628.00

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Addendum D (FY 2011)

TRICARE-Authorized Residential Treatment Centers (RTCs) -
FY 2011

The rates in this Addendum will be used for payment of claims for services rendered on or after October 1, 2010. The rates were adjusted by the lesser of the FY 2010 Medicare update factor (2.6%) or the amount that brought the rate up to the new cap amount of \$777.

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	777.00
ARKANSAS	
BHC Pinnacle Pointe Hospital 11501 Financial Center Parkway Little Rock, AR 72211 EIN: 62-1658502	772.00
COLORADO	
PSI Cedar Springs Hospital, Inc. Cedar Springs Behavioral Health Systems, Inc 2135 Southgate Road Colorado Springs, CO 80906 EIN: 74-3081810	777.00
CBR Youth Connect 28071 Hwy 109 La Junta, CO 81050 EIN: 84-0500375	715.00
FLORIDA	
LaAmistad Behavioral Health Services 1650 Park Avenue North Maitland, FL 32751 EIN: 58-1791069	737.00

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 TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2011

FACILITY	TRICARE RATE
Ten Broeck Ocala Behavioral 3130 SW 27th Ave Ocala, FL 34474 EIN: 32-0235544	397.00
River Point Behavioral Health TBJ Behavioral, LLC 6300 Beach Blvd Jacksonville, FL 32216 EIN: 20-4865566	599.00
Tampa Bay Academy Youth & Family Centered Services of Florida, Inc 12012 Boyette Road Riverview, FL 33569 EIN: 52-1955335	605.00
Manatee Palms Youth Service 4480 51st Street West Bradenton, FL 34210 EIN: 65-0816927	692.00
GEORGIA	
Costal Harbor Treatment Center UHS of Savannah, LLC 1150 Cornell Avenue Savannah, GA 31406 EIN: 20-0931196	429.00
HAWAII	
Kahi Mohala Behavioral Health Sutter Health Pacific 91-2301 Fort Weaver Road Ewa Beach, HI 96706 EIN: 99-0298651	777.00
Queen's Medical Center/Family Treatment Ctr The Queen's Healthcare System 1301 Punchbowl Honolulu, HI 96813 EIN: 99-0073524	750.00
IDAHO	
Eastern Idaho Regional Medical Center - Behavioral Health Center 2280 E 25th Street Idaho Falls, ID 83404 EIN: 82-0436622	352.00

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TRICARE-Authorized Residential Treatment Centers (RTCs) - FY 2011

FACILITY	TRICARE RATE
Kootenai Medical Center 2003 Lincoln Way Coeur d'Alene, ID 83814 EIN: 82-0231746	447.00
INDIANA	
Michiana Behavioral Health Center HHC Indiana, Inc 1800 North Oak Road Plymouth, IN 46563 EIN: 20-0768028	438.00
Valle Vista Hospital, LLC Valle Vista Health System 898 East Main Street Greenwood, IN 46143 EIN: 62-1740366	464.00
KENTUCKY	
Ten Broeck Hospital -- Louisville KMI Acquisition, LLC 8521 LaGrange Road Louisville, KY 40242 EIN: 20-5048153	699.00
Ten Broeck Hospital -- Dupont TBD Acquisition, LLC Louisville, KY 40207 EIN: 20-5048087	657.00
MISSOURI	
Crittenton Children's Center 10918 Elm Avenue Kansas City, MO 64134 EIN: 44-0545808	334.00
Heartland Behavioral Health Services, Inc Great Plains Hospital, Inc 1500 W. Asland Nevada, MO 64772 EIN: 43-1328523	409.00
Lakeland Regional Hospital Lakeland Hospital Acquisition Corporation 440 South Market Avenue Springfield, MO 65806 EIN: 58-2291915	418.00

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FACILITY	TRICARE RATE
MONTANA	
Shodair Children's Hospital Montana Children's Home & Hospital 2755 Colonial Drive Helena, MT 59601 EIN: 81-0231789	447.00
NEVADA	
Willow Springs Center Willow Springs, LLC 690 Edison Way Reno, NV 89502 EIN: 62-1814471	777.00
NEW MEXICO	
BHC Lovelace Sandia Health System BHC Mesilla Valley Hospital, LLC 3751 Del Ray Blvd Las Cruces, NM 88012 EIN: 20-2612295	328.00
NORTH CAROLINA	
Brynn Marr Hospital 192 Village Drive Jacksonville, NC 28546 EIN: 56-1317433	476.00
OHIO	
Belmont Pines Hospital 615 Churchill-Hubbard Road Youngstown, OH 44505 EIN: 62-1658523	410.00
SOUTH CAROLINA	
Palmetto Lowcountry Behavioral Health 2777 Speissegger Drive Charleston, SC 29405 EIN: 57-1101380	446.00
Three Rivers Residential Treatment - Midlands Campus 200 Ermine Road West Columbia, SC 29170 EIN: 57-0884924	745.00
TENNESSEE	
Compass Intervention Center Keystone Memphis, LLC 7900 Lowrance Road Memphis, TN 38125 EIN: 62-1837606	462.00

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FACILITY	TRICARE RATE
Youth Villages, Inc 3320 Brother Blvd Memphis, TN 38133 EIN: 58-1716970	777.00
TEXAS	
Cedar Crest Hospital and RTC HMTH Cedar Crest, LLC 3500 South IOH - 35 Belton, TX 76513 EIN: 20-1915868	714.00
Laurel Ridge Treatment Center Texas Laurel Ridge Hospital 17720 Corporate Woods Drive San Antonio, TX 78259 EIN: 43-2002326	777.00
Meridell Achievement Center 12550 W Hwy 29 Liberty Hill, TX 78642 EIN 74-1655289	648.00
San Marcos Treatment Center Texas San Marcos Treatment, LP 120 Bert Brown Road San Marcos, TX 78666 EIN: 43-2002231	729.00
Southwest Mental Health Center 8535 Tom Slick Drive San Antonio, TX 78229-3363 EIN: 74-1153067	669.00
UTAH	
UHS of Provo Canyon, Inc 1350 East 750 North Orem, UT 84097 EIN: 23-3044423	460.00
VIRGINIA	
Newport News Behavioral Health Center 17579 Warwick Blvd Newport News, VA 23603 EIN: 32-0066225	456.00
Poplar Springs West HHC Poplar Springs, Inc 350 Poplar Drive Petersburg, VA 23805 EIN: 20-0959684	748.00

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FACILITY	TRICARE RATE
The Pines Residential Treatment Center - Kempsville, The 860 Kempsville Road Norfolk, VA 23502 EIN: 54-1465094	648.00
Riverside Health Behavioral Center 2244 Executive Drive Hampton, VA 23666 EIN: 54-1979321	507.00
WASHINGTON	
Tamarack Center 2901 West Fort George Wright Drive Spokane, WA 99224 EIN: 91-1216841	644.00

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