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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 44
6010.58-M
MARCH 2, 2011**

**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 DIAGNOSIS RELATED GROUP (DRG) UPDATE

CONREQ: 15178

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change updates the DRG rates, weights, and marginal cost factors for FY 2011 and includes the \$535 inpatient per diem as stated in the National Defense Authorization Act (NDAA) for FY 2011.

EFFECTIVE DATE: October 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 74 PAGE(S)
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Chapter 2, Section 1

Cost-Shares And Deductibles

[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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Chapter 2, Section 1 Cost-Shares And Deductibles

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

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.

1.3.3.2.2 Other Beneficiaries: For services exempt from the DRG-based payment system and the mental health per diem payment system and services provided by institutions other than hospitals (i.e., Residential Treatment Centers (RTCs)), the cost-share shall be 25% of the allowable charges.

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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Cost-Shares And Deductibles

- 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.

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.

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.

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))
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10	Hospital Reimbursement - TRICARE DRG-Based Payment System (Charges To Beneficiaries)
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B (FY 2009)	TRICARE Adjusted Standardized Amounts (ASAs) - FY 2009
	Figure 6.B.2009-1 69.7% Labor Share/30.3% Non-Labor Share If Wage Index Greater Than 1
	Figure 6.B.2009-2 62% Labor Share/38% Non-Labor Share If Wage Index Less Than Or Equal To 1
B (FY 2010)	TRICARE Adjusted Standardized Amounts (ASAs) - FY 2010
	Figure 6.B.2010-1 68.8% Labor Share/31.2% Non-Labor Share If Wage Index Greater Than 1
	Figure 6.B.2010-2 62% Labor Share/38% Non-Labor Share If Wage Index Less Than Or Equal To 1

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C (FY 2009)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2009
C (FY 2010)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2010
C (FY 2011)	Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2011

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Chapter 6, Section 3

Hospital Reimbursement - TRICARE DRG-Based Payment System (Basis Of Payment)

3.4.2.1 Criteria for qualifying for interim payments. In order to qualify for interim payments the following conditions must be met. If a condition is not met, e.g., the claim is received out of chronological order, the claim is to be denied.

- The patient has been in the hospital at least 60 days.
- Multiple claims for single individuals must be submitted in chronological order.

3.4.2.2 A hospital may request additional interim payments at intervals of at least 60 days after the date of the first interim bill.

3.4.2.3 Contractor actions on interim claims. Contractors will process the initial claim as a complete claim and each subsequent claim as an adjustment. However, the interim claims are only a method of facilitating cash flow to providers, and the final bill is still the final accounting on the hospital stay. Therefore, upon receipt of the final bill, the contractor is required to review the entire claim to ensure that it has been correctly paid and to ensure that the cost-share has been correctly determined. See the [TRICARE Systems Manual \(TSM\), Chapter 2, Section 1.1, paragraph 7.0 for TRICARE Encounter Data \(TED\) record submission requirements for interim hospital billings.](#)

3.5 Inpatient Operating Costs

The TRICARE DRG-based payment system provides a payment amount for inpatient operating costs, including:

3.5.1 Operating costs for routine services, such as the costs of room, board, therapy services (physical, speech, etc.), and routine nursing services as well as supplies (e.g., pacemakers) necessary for the treatment of the patient;

3.5.2 Operating costs for ancillary services, such as radiology and laboratory services furnished to hospital inpatients (the professional component of these services is not included and can be billed separately);

3.5.3 Take-home drugs for less than \$40;

3.5.4 Special care unit operating costs (intensive care type unit services); and

3.5.5 Malpractice insurance costs related to services furnished to inpatients.

3.6 Discharges And Transfers

3.6.1 Discharges

Subject to the provisions of [paragraphs 3.6.2 and 3.6.3](#), a hospital inpatient is considered discharged from a hospital paid under the TRICARE DRG-based payment system when:

3.6.1.1 The patient is formally released from the hospital; or

3.6.1.2 The patient dies in the hospital.

3.6.1.3 The patient is transferred to a hospital or unit that is excluded from the TRICARE DRG-based payment system under the provisions of [Section 4](#). Such cases can be identified by Form Locator (FL) 17 on the CMS 1450 UB-04 claim form. For discharges with an admission date on or after October 1, 1998, such cases shall be processed as a transfer, if the claim contains one of the qualifying DRGs listed in [paragraph 3.6.4](#), and the patient is transferred to one of the settings outlined in [paragraph 3.6.3](#).

3.6.2 Acute Care Transfers

A discharge of a hospital inpatient is considered to be a transfer for purposes of payment under this subsection if the patient is readmitted the same day (unless the readmission is unrelated to the initial discharge) to another hospital is:

3.6.2.1 Paid under the TRICARE DRG-based payment system (such instances will result in two or more claims); or

3.6.2.2 Excluded from being paid under the TRICARE DRG-based payment system because of participation in a statewide cost control program which is exempt from the TRICARE DRG-based payment system under [Section 4](#) (such instances will result in two or more claims); or

3.6.2.3 Authorized as a Designated Provider (DP) [formerly Uniformed Services Treatment Facilities (USTFs)] or a Department of Veterans Affairs (DVA) hospital.

3.6.3 Postacute Care Transfers

A discharge of a hospital inpatient is considered to be a transfer for purposes of this subsection when the patient's discharge is assigned to one of the qualifying DRGs listed in [paragraph 3.6.4](#), and the discharge is made under any of the following circumstances:

3.6.3.1 To a hospital or distinct part hospital unit excluded from the TRICARE DRG-based payment system as described in [Section 4](#). Claims shall be coded 05, 62, or 63 in FL 17 on the CMS 1450 UB-04 claim form. Effective April 1, 2004, claims shall be coded 65 in FL 17 for psychiatric hospitals and units.

3.6.3.2 To a Skilled Nursing Facility (SNF). Claims shall be coded 03 in FL 17 on the CMS 1450 UB-04 claim form.

3.6.3.3 To home under a written plan of care for the provision of home health services from a home health agency and those services begin within three days after the date of discharge. Claims shall be coded 06 in FL 17 on the CMS 1450 UB-04 claim form. Claims coded 06 with a condition code of 42 or 43 in FL 18 shall be processed as a discharge instead of a transfer.

3.6.4 Qualifying DRGs

The qualifying DRGs, for purposes of [paragraph 3.6.3](#), are listed on either the TRICARE DRG web site at <http://www.tricare.mil/drgrates/> or listed in the applicable addendum for the respective fiscal year. Addendum C reflects the **current** fiscal year and the two **most recent** fiscal years.

3.6.5 Payment For Discharges

The hospital discharging an inpatient (under [paragraph 3.6.1](#)) is paid in full in accordance with [paragraph 3.4](#).

3.6.6 Payment For Transfers

3.6.6.1 General Rule. Except as provided in [paragraphs 3.6.6.2](#) and [3.6.6.5](#), a hospital that transfers an inpatient under circumstances described in [paragraphs 3.6.2](#) or [3.6.3](#), is paid a graduated per diem rate for each day of the patient's stay in that hospital, not to exceed the TRICARE DRG-based payment amount that would have been paid if the patient had been discharged to another setting. The per diem rate is determined by dividing the appropriate DRG rate by the geometric mean LOS for the specific DRG to which the case is assigned. Payment is graduated by paying twice the per diem amount for the first day of the stay, and the per diem amount for each subsequent day, up to the full DRG amount. For neonatal claims, other than normal newborns, payment is graduated by paying twice the per diem amount for the first day of the stay, and 125% of the per diem rate for each subsequent day, up to the full DRG amount.

3.6.6.2 Special rule for DRGs 209, 210, and 211 for Fiscal Years (FYs) prior to FY 2006. For fiscal years prior to FY 2006, a hospital that transfers an inpatient under the circumstances described in [paragraph 3.6.3](#) and the transfer is assigned to DRGs 209, 210, and 211 is paid as follows:

3.6.6.2.1 Fifty percent (50%) of the DRG-based payment amount plus one-half of the per diem payment for the DRG for day one (one-half the usual transfer payment of double the per diem for day one).

3.6.6.2.2 Fifty percent (50%) of the per diem for each subsequent day up to the full DRG payment.

3.6.6.3 Special rule for DRGs meeting specific criteria. For discharges occurring on or after October 1, 2005, a hospital that transfers an inpatient under the circumstances described in [paragraph 3.6.3](#) and the transfer is assigned to DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, and 550 shall be paid under the provisions of [paragraphs 3.6.6.2.1](#) and [3.6.6.2.2](#). **For all other years, those DRGs subject to the special rule for transfers shall be listed in Addendum C. Addendum C reflects the current fiscal year and the two most recent fiscal years.**

3.6.6.4 Outliers.

- A transferring hospital may qualify for an additional payment for extraordinary cases that meet the criteria for long-stay or cost outliers as described in [Section 8, paragraph 3.2.6.1](#). For admissions on or after October 1, 1995, when calculating the cost outlier payment, if the LOS exceeds the geometric mean LOS, the cost outlier threshold shall be limited to the DRG-based payment plus the fixed loss amount. The contractor shall readjudicate claims affected by this change if brought to their attention by any source.
- Refer to <http://www.tricare.mil/drgrates/> for payment details associated with outliers.

3.6.6.5 Transfer assigned to DRG 601. If a transfer is classified into DRG 601 (Neonate, transferred < 5 days old), the transferring hospital is paid in full. Effective October 1, 2008, and thereafter, the DRGs for these descriptions can be found at <http://www.tricare.mil/drgrates/>.

3.7 Leave Of Absence Days

3.7.1 General. Normally, a patient will leave a hospital which is subject to the DRG-based payment system only as a result of a discharge or a transfer. However, there are some circumstances where a patient is admitted for care, and for some reason is sent home temporarily before that care is completed. Hospitals may place patients on a leave of absence when readmission is expected and the patient does not require a hospital level of care during the interim period. Examples of such situations include, but are not limited to, situations where surgery could not be scheduled immediately, a specific surgical team was not available, bilateral surgery was planned, further treatment is indicated following diagnostic tests but cannot begin immediately, a change in the patient's condition requires that scheduled surgery be delayed for a short time, or test results to confirm the need for surgery are delayed.

3.7.2 Billing for leave of absence days. In billing for inpatient stays which include a leave of absence, hospitals are to use the actual admission and discharge dates and are to identify all leave of absence days by using revenue code 18X for such days. Contractors are to disallow all leave of absence days. Neither the Program nor the beneficiary may be billed for days of leave.

3.7.3 DRG-based payments for stays including leave of absence days. Placing a patient on a leave of absence will not result in two DRG-based payments, nor can any payment be made for leave of absence days. Only one claim is to be submitted when the patient is formally discharged (as opposed to being placed on leave of absence), and only one DRG-based payment is to be made. The contractor should ensure that the leave of absence does not result in long-stay outlier days being paid and that it does not increase the beneficiary's cost-share.

3.7.4 Services received while on leave of absence. The technical component of laboratory tests obtained while on a leave of absence would be included in the DRG-based payment to the hospital. The professional component is to be cost-shared as inpatient. Tests performed in a physician's office or independent laboratory are also included in the DRG-based payment.

3.7.5 Patient dies while on leave of absence. If patient should die while on leave of absence, the date the patient left the hospital shall be treated as the date of discharge.

3.8 Area Wage Indexes

The labor-related portion of the ASA will be adjusted to account for the differences in wages among geographic areas and will correspond to the labor market areas used in the Medicare PPS, and the actual indexes used will be those used in the Medicare PPS. The wage index used is to be the one for the hospital's actual address--not for the hospital's billing address.

3.9 Redesignation Of Certain Hospitals To Other Wage Index Areas

TRICARE is simply following this statutory requirement for the Medicare Prospective Payment System (PPS), and the Centers for Medicare and Medicaid Services (CMS) determines the areas affected and wage indexes used.

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Chapter 6, Section 3

Hospital Reimbursement - TRICARE DRG-Based Payment System (Basis Of Payment)

3.9.1 Admissions occurring on or after October 1, 1988. A hospital located in a rural county adjacent to one or more urban areas shall be treated as being located in the urban area to which the greatest number of workers commute. The area wage index for the urban area shall be used for the rural county.

3.9.2 Admissions occurring on or after April 1, 1990. In order to correct inequities resulting from application of the rules in [paragraph 3.9.1](#), CMS modified the rules for those rural hospitals deemed to be urban. TRICARE has also adopted these changes. Some of these hospitals continue to use the urban area wage index, others use a wage index computed specifically for the rural county, and others use the statewide rural wage index.

3.9.3 Admissions occurring on or after October 1, 1991. Public Law 101-239 created the Medicare Geographic Classification Review Board (MGCRB) to reclassify individual hospitals to different wage index areas based on requests from the hospitals. These reclassifications are intended to eliminate the continuing inequities caused by the reclassification actions described in [paragraphs 3.9.1](#) and [3.9.2](#). TRICARE has adopted these hospital-specific reclassifications effective for admissions occurring on or after October 1, 1991.

3.9.4 Admissions occurring on or after October 1, 1997. The wage index for an urban hospital may not be lower than the statewide area rural wage index.

3.10 Admissions Occurring On Or After October 1, 2004

TRICARE has adopted the revisions CMS has made to the labor market areas and the wage index changes outlined in CMS' August 11, 2004, Final Rule, including the out-commuting wage index adjustment.

3.11 Refer to TMA's DRG home page at <http://www.tricare.mil/drgrates/> for annual DRG wage index updates.

- END -

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Chapter 6, Section 4

Hospital Reimbursement - TRICARE DRG-Based Payment System (Applicability Of The DRG System)

3.3.7 All services related to discharges involving pediatric (beneficiary less than 18 years old upon admission) bone marrow transplants which would otherwise be paid under the DRGs for such transplants.

3.3.8 All services related to discharges involving children (beneficiary less than 18 years old upon admission) who have been determined to be HIV (Human Immunodeficiency Virus) seropositive.

3.3.9 All services related to discharges involving pediatric (beneficiary less than 18 years old upon admission) cystic fibrosis.

3.3.10 For admissions occurring on or after October 1, 1997, an additional payment shall be made to a hospital for each unit of blood clotting factor furnished to a TRICARE patient who is a hemophiliac. Payment will be made for blood clotting factor when one of the following hemophilia ICD-9-CM diagnosis codes is listed on the claim:

- 286.0 Congenital Factor VIII Disorder;
- 286.1 Congenital Factor IX Disorder;
- 286.2 Congenital Factor XI Deficiency;
- 286.3 Congenital Deficiency of Other Clotting Factors;
- 286.4 Von Willebrand's Disease;
- 286.5 Hemorrhagic Disorder Due to Circulating Anticoagulants; and
- 286.7 Acquired Coagulation Factor Deficiency.

3.3.10.1 Each unit billed on the hospital claim represents 100 payment units except Q0187, Factor VIIa. For example, if the hospital indicates that 25 units of Factor VIII were provided, this would represent 2,500 actual units of factor, and the payment would be \$1,600 (paid at \$0.64/unit - Factor VIII). For HCPCS Q0187, one billing unit represents 1.2mg.

Note: Since the costs of blood clotting factor are reimbursed separately, for these claims all charges associated with the factor are to be subtracted from the total charges in determining applicability of a cost outlier. However, the charges for the blood clotting factor are to be included when calculating the cost-share based on billed charges.

3.3.10.2 Contractors shall make payment for blood clotting factor using Average Sale Price (ASP) plus 6%, using the Medicare Part B Drug Pricing file. The price allows for payment of a furnishing fee and is included in the ASP per unit.

3.4 Hospitals Subject To The TRICARE DRG-Based Payment System

All hospitals within the 50 United States, the District of Columbia, and Puerto Rico which are authorized to provide services to TRICARE beneficiaries are subject to the DRG-based payment system except for those hospitals and hospital units below.

3.5 Substance Use Disorder Rehabilitation Facilities (SUDRFs)

With admissions on or after July 1, 1995, SUDRFs are subject to the DRG-based system.

3.6 The following types of hospitals or units which are exempt from the Medicare PPS, are exempt from the TRICARE DRG-based payment system. In order for hospitals and units which do not participate in Medicare to be exempt from the TRICARE DRG-based payment system, they must meet the same criteria (as determined by the TMA, or designee) as required for exemption from the Medicare PPS as contained in Section 412 of Title 42 CFR.

3.6.1 Hospitals within hospitals.

3.6.2 Psychiatric hospitals.

3.6.3 Rehabilitation hospitals.

3.6.4 Psychiatric and rehabilitation units (distinct parts).

3.6.5 Long-term hospitals.

3.6.6 Sole Community Hospitals (SCHs). Any hospital which has qualified for special treatment under the Medicare PPS as a SCH and has not given up that classification is exempt from the TRICARE DRG-based payment system. For additional information on SCHs, refer to [Chapter 14, Section 1](#).

3.6.7 Christian Science sanitariums.

3.6.8 Cancer hospitals. Any hospital which qualifies as a cancer hospital under the Medicare standards and has elected to be exempt from the Medicare PPS is exempt from the TRICARE DRG-based payment system.

3.6.9 Hospitals outside the 50 United States, the District of Columbia, and Puerto Rico.

3.6.10 Satellite facilities.

3.7 Hospitals Which Do Not Participate In Medicare

It is not required that a hospital be a Medicare-participating provider in order to be an authorized TRICARE provider. However, any hospital which is subject to the TRICARE DRG-based payment system and which otherwise meets TRICARE requirements but which is not a Medicare-participating provider (having completed a CMS 1561, Health Insurance Benefit Agreement, and a CMS 1514, Hospital Request for Certification in the Medicare/Medicaid Program) must complete a participation agreement ([Addendum A](#)) with TMA. By completing the participation agreement, the hospital agrees to participate on all inpatient claims and to accept the TRICARE-determined allowable amount as payment in full for its services. Any hospital which does not participate in Medicare and does not complete a participation agreement with TMA will not be authorized to provide services to program beneficiaries.

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 2009, the CCR is 0.3796. Effective FY 2010, the CCR is 0.3740. **Effective FY 2011, the CCR is 0.3664.**

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

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standardized amount will be increased by 0.0060 for FY 2000, 0.0055 for FY 2001, and through July 14, 2001, and by 0.0070 as of July 15, 2001 and subsequent years.

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%.

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 -

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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, 2008, is 0.3796. The CCR for admissions occurring on or after October 1, 2009, is 0.3740. **The CCR for admissions occurring on or after October 1, 2010, is 0.3664.**

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 2009 is 0.925, for FY 2010 is 0.923, **and for FY 2011 is 0.920.**

3.2.6.4.2 For FY 2009, a **TRICARE** fixed loss cost-outlier threshold is set of \$**18,671**. Effective October 1, 2008, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$**18,671** (also wage-adjusted).

3.2.6.4.3 For FY 2010, a **TRICARE** fixed loss cost-outlier threshold is set of \$21,358. Effective October 1, 2009, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$21,358 (also wage-adjusted).

3.2.6.4.4 For FY 2011, a **TRICARE** fixed loss cost-outlier threshold is set of \$21,229. Effective October 1, 2010, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$21,229 (also wage-adjusted).

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3.2.6.4.5 The cost-outlier threshold shall be calculated as follows:

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

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

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.

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.

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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, 2008, the CCR was 0.4099. Effective October 1, 2009, the standardized costs are calculated using a CCR of 0.4047. **Effective October 1, 2010, the standardized costs are calculated using a CCR of 0.3974. (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 2009, the marginal cost factor shall be adjusted by 1.14. For admissions occurring during FY 2010, the marginal cost factor shall be adjusted by 1.10. **For admissions occurring during FY 2011, the marginal cost factor shall be adjusted by 1.00.**

3.2.6.6.5 The NOSCASTC for calculating the cost-outlier threshold for FY 2009 is 0.925. The NOSCASTC for calculating the cost-outlier threshold for FY 2010 is 0.923. **The NOSCASTC for calculating the cost-outlier threshold for FY 2011 is 0.920.**

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)]}

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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 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 ration 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

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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 DR 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 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.

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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, 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.

3.2.8.2 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 judgement that it is not possible to document when the onset of the condition occurred.
- N = Indicates that the condition was not present on admission.
- U = Indicates that the documentation is insufficient to determine if the condition was present at the time of admission.
- 1 = (Definition prior to FY 2011.) Signifies exemption from POA reporting. CMS established this code as a workaround to blank reporting on the electronic 4010A1. A list of exempt ICD-9-CM diagnosis codes is available in the ICD-9-CM Official Coding Guidelines.
- 1 = (Definition for FY 2011 and subsequent years.) Unreported/not used. Exempt from POA reporting.
(This code is equivalent to a blank on the CMS 1450 UB-04; however, it was determined that blanks are undesirable when submitting this data via 4010A.

3.2.8.3 HACs. TRICARE shall adopt those HACs adopted by CMS. The HACs, and their respective diagnosis codes, are posted at <http://www.tricare.mil/drgrates/>.

3.2.8.4 Provider responsibilities and reporting requirements. For non-exempt providers, issues related to inconsistent, missing, conflicting, or unclear documentation must be resolved by the provider. POA is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.

3.2.8.5 The TRICARE/CHAMPUS contractor shall accept, validate, retain, pass, and store the POA indicator.

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3.2.8.6 Exempt providers.

3.2.8.6.1 The following hospitals are exempt from POA reports for TRICARE:

- Critical Access Hospitals (CAHs)
- Long-Term Care (LTC) Hospitals
- Maryland Waiver Hospitals
- Cancer Hospitals
- Children's Inpatient Hospitals
- Inpatient Rehabilitation Hospitals
- Psychiatric Hospitals and Psychiatric Units
- Sole Community Hospitals (SCHs)
- Department of Veterans Affairs (DVA) Hospitals

3.2.8.6.2 Contractors shall identify claims from those hospitals that are exempt from POA reporting, and shall take the actions necessary to be sure that the TRICARE grouper software does not apply HAC logic to the claim.

3.2.8.7 The DRG payment is considered payment in full, and the hospital cannot bill the beneficiary for any charges associated with the hospital-acquired complications or charges because the DRG was demoted to a lesser-severity level.

3.2.8.8 Effective October 1, 2009, claims will be denied if a non-exempt hospital does not report a valid POA indicator for each diagnosis on the claim.

3.2.8.9 Replacement Devices

3.2.8.9.1 TRICARE is not responsible for the full cost of a replaced device if a hospital receives a partial or full credit, either due to a recall or service during the warranty period. Reimbursement in cases in which an implanted device is replaced shall be made:

- At reduced or no cost to the hospital; or
- With partial or full credit for the removed device.

3.2.8.9.2 The following condition codes 49 and 50 allow TRICARE to identify and track claims billed for replacement devices:

- Condition Code 49. Product replacement within product lifecycle. Condition code 49 is used to describe replacement of a product earlier than the anticipated lifecycle due to an indication that the product is not functioning properly - warranty.
- Condition Code 50. Replacement of a product earlier than the anticipated lifecycle due to an indication that the product is not functioning properly. Condition code 50 is used to describe that the manufacturer or the U.S. Food and Drug Administration (FDA) has identified the product for recall and, therefore, replacement.

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3.2.8.9.3 When a hospital receives a credit for a replaced device that is 50% or greater than the cost of the device, hospitals are required to bill the amount of the credit in the amount portion for value code **FD**.

3.2.8.9.4 Beginning with admissions on or after October 1, 2009, the contractor shall reduce hospital reimbursement for those DRGs subject to the replacement device policy, by the full or partial credit a provider received for a replaced device. The specific DRGs subject to the replacement device policy will be posted on TRICARE's DRG web page at <http://www.tricare.mil/drgrates/>. As necessary, the DRGs subject to the replacement device policy will be updated as part of the annual DRG update.

3.2.8.9.5 Hospitals must use the combination of condition code 49 or 50, along with value code **FD** to correctly bill for a replacement device that was provided with a credit or no cost. The condition code 49 or 50 will identify a replacement device while value code **FD** will communicate to TRICARE the amount of the credit, or cost reduction, received by the hospital for the replaced device.

3.2.8.9.6 The contractor shall deduct the partial/full credit amount, reported in the amount for value code **FD** from the final DRG reimbursement when the assigned DRG is one of the DRGs subject to the replacement device policy.

3.2.8.9.7 Once a DRG rate is determined, any full/partial credit amount is deducted from the DRG reimbursement rate. The beneficiary copayment/cost-share is then determined based on the reduced rate.

- END -

TRICARE Adjusted Standardized Amounts (ASAs) - FY 2011

These amounts are effective for admissions occurring on or after October 1, 2010 through September 30, 2011.

FIGURE 6.B.2011-1 68.8% LABOR SHARE/31.2% NON-LABOR SHARE IF WAGE INDEX GREATER THAN 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,444.80	\$1,562.18	\$5,006.98

FIGURE 6.B.2011-2 62% LABOR SHARE/38% NON-LABOR SHARE IF WAGE INDEX LESS THAN OR EQUAL TO 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,104.33	\$1,902.65	\$5,006.98

FY 2011 cost-share per diem for beneficiaries other than dependents of active duty member \$535.00.

- END -

Chapter 6

Addendum C (FY 2011)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2011

Effective for admissions on or after October 1, 2010. The second column labeled "PAC XFER" indicates whether the DRG is subject to the post acute care transfer policy. The third column labeled "PAC PAY" indicates whether the DRG is subject to the post acute care special payment provision.

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
1	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	25.3823	39.1	29.7	5
2	No	No	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	12.5238	20.0	18.0	7
3	Yes	No	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	19.5904	37.7	28.7	6
4	Yes	No	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	12.1023	28.6	22.7	5
5	No	No	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	11.5308	23.1	15.9	3
6	No	No	LIVER TRANSPLANT W/O MCC	5.4189	10.9	8.1	2
7	No	No	LUNG TRANSPLANT	11.5846	22.4	16.5	3
8	No	No	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.5092*	11.7	10.1	7
10	No	No	PANCREAS TRANSPLANT	4.1992*	9.7	8.6	5
11	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	4.7145	13.0	11.2	3
12	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	3.2815	9.4	7.2	1
13	No	No	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	2.6885	7.3	6.3	2
14	No	No	ALLOGENEIC BONE MARROW TRANSPLANT	12.8826	36.2	25.5	3
15	No	No	AUTOLOGOUS BONE MARROW TRANSPLANT	5.5725	18.8	16.8	6
20	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	8.9093	17.6	15.8	6
21	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	6.5751	14.4	12.7	4
22	No	No	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	4.3378	9.3	8.3	2
23	No	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	6.5113	13.3	9.2	1

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

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Chapter 6, Addendum C (FY 2011)

Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay (LOS), And Short-Stay Outlier Thresholds - FY 2011

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
24	No	No	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	4.2771	10.2	6.7	1
25	No	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W MCC	4.6711	9.7	7.4	1
26	No	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W CC	3.1019	6.0	4.7	1
27	No	No	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES AGE >17 W/O CC/MCC	2.5609	3.7	2.9	1
28	Yes	Yes	SPINAL PROCEDURES W MCC	4.8236	8.7	6.7	1
29	Yes	Yes	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	3.2920	5.7	4.1	1
30	Yes	Yes	SPINAL PROCEDURES W/O CC/MCC	1.9829	3.4	2.5	1
31	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W MCC	4.7668	13.5	9.7	1
32	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W CC	1.9328	5.1	3.6	1
33	No	No	VENTRICULAR SHUNT PROCEDURES AGE >17 W/O CC/MCC	1.4864	3.0	2.0	1
34	No	No	CAROTID ARTERY STENT PROCEDURE W MCC	3.9119*	7.0	4.7	2
35	No	No	CAROTID ARTERY STENT PROCEDURE W CC	2.5844	2.9	1.9	1
36	No	No	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	2.0574	1.9	1.4	1
37	No	No	EXTRACRANIAL PROCEDURES W MCC	3.6395	6.7	4.4	1
38	No	No	EXTRACRANIAL PROCEDURES W CC	1.9728	3.5	2.4	1
39	No	No	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.2017	1.6	1.4	1
40	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.9935	10.5	7.3	1
41	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	1.9283	5.4	3.7	1
42	Yes	Yes	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.6866	2.5	1.9	1
52	No	No	SPINAL DISORDERS & INJURIES W CC/MCC	2.2852	10.1	5.5	1
53	No	No	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.7293	2.8	2.1	1
54	Yes	No	NERVOUS SYSTEM NEOPLASMS W MCC	1.5480	5.7	4.1	1
55	Yes	No	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0733	3.9	2.8	1
56	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.6042	8.7	5.9	1
57	Yes	No	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1134	5.3	3.6	1
58	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.3830	4.9	4.3	1
59	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.0089	4.4	3.7	1
60	No	No	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.8473	3.5	2.9	1
61	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	2.5349	6.0	4.3	1
62	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	2.1396	5.4	4.8	1
63	No	No	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.4879	2.6	2.3	1
64	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.3332	7.0	5.0	1
65	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	1.3357	4.4	3.6	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
66	Yes	No	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	1.0142	2.9	2.4	1
67	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.2752	3.3	3.0	1
68	No	No	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	1.0983	2.9	2.3	1
69	No	No	TRANSIENT ISCHEMIA	0.8274	2.2	1.8	1
70	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	2.6668	9.4	5.8	1
71	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.0971	4.7	3.4	1
72	Yes	No	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.8831	2.9	2.1	1
73	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	2.4019	9.1	4.9	1
74	No	No	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9380	3.6	2.8	1
75	No	No	VIRAL MENINGITIS W CC/MCC	1.1859	4.3	3.5	1
76	No	No	VIRAL MENINGITIS W/O CC/MCC	0.6387	2.9	2.4	1
77	No	No	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.5557	5.5	4.0	1
78	No	No	HYPERTENSIVE ENCEPHALOPATHY W CC	0.9252	2.8	2.4	1
79	No	No	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	1.0987	3.2	2.8	1
80	No	No	NONTRAUMATIC STUPOR & COMA W MCC	1.2587	3.2	2.8	1
81	No	No	NONTRAUMATIC STUPOR & COMA W/O MCC	0.7918	2.7	1.9	1
82	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.8355	7.5	4.8	1
83	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.4891	3.8	2.7	1
84	No	No	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.7787	2.4	1.9	1
85	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W MCC	2.3770	7.4	5.0	1
86	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.3150	4.2	3.1	1
87	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC/MCC	0.7635	2.2	1.8	1
88	No	No	CONCUSSION AGE >17 W MCC	1.8122	3.1	2.2	1
89	No	No	CONCUSSION AGE >17 W CC	1.0514	2.0	1.8	1
90	No	No	CONCUSSION AGE >17 W/O CC/MCC	0.8941	1.5	1.3	1
91	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.8320	6.5	3.9	1
92	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.9635	3.7	2.6	1
93	Yes	No	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.7885	2.4	2.0	1
94	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	4.5099	13.3	9.2	1
95	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	3.3418	7.3	5.9	1
96	No	No	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.2474	5.8	4.5	1
97	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	2.8527	9.2	7.9	2
98	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	2.7084	10.0	6.4	1

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99	No	No	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.1026	4.2	3.3	1
100	No	No	SEIZURES AGE >17 W MCC	1.5076	4.6	3.5	1
101	No	No	SEIZURES AGE >17 W/O MCC	0.7784	2.9	2.4	1
102	No	No	HEADACHES AGE >17 W MCC	1.3510	5.2	3.6	1
103	No	No	HEADACHES AGE >17 W/O MCC	0.7691	3.1	2.4	1
104	No	No	CRANIOTOMY, VENTRICULAR SHUNT & ENDOVASC INTRACRANIAL PROC AGE 0-17	2.8195	6.4	3.6	1
105	No	No	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.4963	1.9	1.5	1
106	No	No	CONCUSSION AGE 0-17	0.5547	1.3	1.2	1
107	No	No	SEIZURES & HEADACHES AGE 0-17	0.5367	2.4	1.9	1
108	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2.2347	9.6	3.8	1
109	No	No	OTHER DISORDERS OF THE EYE AGE 0-17	0.7063	4.0	2.3	1
110	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE 0-17	0.8043	2.3	1.7	1
111	No	No	SINUS & MASTOID PROCEDURES AGE 0-17	1.6771	6.8	4.2	1
112	No	No	OTITIS MEDIA & URI AGE 0-17	0.3193	2.1	1.8	1
113	No	No	ORBITAL PROCEDURES W CC/MCC	1.9387	3.8	2.8	1
114	No	No	ORBITAL PROCEDURES W/O CC/MCC	1.0342	2.2	1.7	1
115	No	No	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	1.0459	3.6	2.6	1
116	No	No	INTRAOCULAR PROCEDURES W CC/MCC	1.4069*	4.4	3.0	2
117	No	No	INTRAOCULAR PROCEDURES W/O CC/MCC	0.8541	1.7	1.6	1
118	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.4446	2.4	2.0	1
119	No	No	DENTAL & ORAL DISEASES AGE 0-17	0.5353	2.9	2.3	1
120	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	1.7403	9.2	6.7	1
121	No	No	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.9050	4.0	3.1	1
122	No	No	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.5803	3.5	2.9	1
123	No	No	NEUROLOGICAL EYE DISORDERS	0.8563	2.7	2.2	1
124	No	No	OTHER DISORDERS OF THE EYE AGE >17 W MCC	0.8190#	2.1	2.3	2
125	No	No	OTHER DISORDERS OF THE EYE AGE >17 W/O MCC	0.6913	2.7	2.1	1
129	No	No	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	1.9658	3.5	2.6	1
130	No	No	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.2951	2.5	2.1	1
131	No	No	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.3984	3.9	2.9	1
132	No	No	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.3885	1.6	1.4	1
133	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W CC/MCC	1.1496	3.4	2.5	1
134	No	No	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES AGE >17 W/O CC/MCC	0.9424	1.8	1.5	1
135	No	No	SINUS & MASTOID PROCEDURES AGE >17 W CC/MCC	2.1428	7.3	4.7	1
136	No	No	SINUS & MASTOID PROCEDURES AGE >17 W/O CC/MCC	1.1184	2.1	1.8	1
137	No	No	MOUTH PROCEDURES W CC/MCC	1.0520	3.4	3.0	1
138	No	No	MOUTH PROCEDURES W/O CC/MCC	0.7563	2.3	1.8	1

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139	No	No	SALIVARY GLAND PROCEDURES	0.8963	1.5	1.4	1
140	No	No	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.4672	2.7	2.3	1
141	No	No	BRONCHITIS & ASTHMA AGE 0-17	0.4002	2.4	2.0	1
142	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	2.7449	8.1	3.4	1
143	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE 0-17	0.9589	4.1	3.0	1
144	No	No	HERNIA PROCEDURES AGE 0-17	0.6106	2.0	1.5	1
145	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.3994	2.5	1.9	1
146	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	1.3891	6.4	5.3	1
147	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.1795	6.0	4.6	1
148	No	No	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.8953*	3.3	2.4	3
149	No	No	DYSEQUILIBRIUM	0.7057	2.1	1.8	1
150	No	No	EPISTAXIS W MCC	1.4217*	5.0	3.7	2
151	No	No	EPISTAXIS W/O MCC	0.6255	2.3	1.9	1
152	No	No	OTITIS MEDIA & URI AGE >17 W MCC	0.7911	3.8	3.3	1
153	No	No	OTITIS MEDIA & URI AGE >17 W/O MCC	0.5345	2.5	2.1	1
154	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W MCC	0.9052	3.9	2.9	1
155	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W CC	0.6866	2.7	2.3	1
156	No	No	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17 W/O CC/MCC	0.5825	2.3	1.9	1
157	No	No	DENTAL & ORAL DISEASES AGE >17 W MCC	1.9074	6.0	4.3	1
158	No	No	DENTAL & ORAL DISEASES AGE >17 W CC	0.9269	3.6	2.7	1
159	No	No	DENTAL & ORAL DISEASES AGE >17 W/O CC/MCC	0.7379	2.6	2.0	1
160	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.5575	2.9	1.9	1
161	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.3546	3.1	2.4	1
162	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	0.9497	1.8	1.5	1
163	Yes	No	MAJOR CHEST PROCEDURES W MCC	4.5039	11.8	9.8	2
164	Yes	No	MAJOR CHEST PROCEDURES W CC	2.3144	6.3	5.3	1
165	Yes	No	MAJOR CHEST PROCEDURES W/O CC/MCC	1.6311	4.1	3.3	1
166	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.9375	11.4	8.3	1
167	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.1237	6.4	5.1	1
168	Yes	No	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2841	4.0	3.1	1
169	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE 0-17	0.4413	1.5	1.3	1
170	No	No	CELLULITIS AGE 0-17	0.4250	2.5	2.1	1
171	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.6266	1.7	1.5	1
172	No	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	0.3334	2.5	1.9	1
173	No	No	URETHRAL PROCEDURES AGE 0-17	0.7732#	3.0	2.6	2
174	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.4411	2.9	2.5	1
175	Yes	No	PULMONARY EMBOLISM W MCC	1.8252	6.6	5.4	1

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176	Yes	No	PULMONARY EMBOLISM W/O MCC	0.9862	4.2	3.6	1
177	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W MCC	2.3630	9.3	7.1	1
178	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	1.6396	6.8	5.5	1
179	No	No	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC/MCC	1.1450	5.2	3.8	1
180	No	No	RESPIRATORY NEOPLASMS W MCC	2.1110	7.7	5.7	1
181	No	No	RESPIRATORY NEOPLASMS W CC	1.2831	5.4	4.0	1
182	No	No	RESPIRATORY NEOPLASMS W/O CC/MCC	1.0069	4.2	3.1	1
183	No	No	MAJOR CHEST TRAUMA W MCC	1.5871	5.3	3.9	1
184	No	No	MAJOR CHEST TRAUMA W CC	0.9189	3.3	2.7	1
185	No	No	MAJOR CHEST TRAUMA W/O CC/MCC	0.7393	2.0	1.7	1
186	Yes	No	PLEURAL EFFUSION W MCC	1.5473	6.2	4.5	1
187	Yes	No	PLEURAL EFFUSION W CC	1.1369	4.3	3.3	1
188	Yes	No	PLEURAL EFFUSION W/O CC/MCC	0.8518	3.1	2.5	1
189	No	No	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2201	4.9	3.8	1
190	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.2035	5.2	4.1	1
191	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	1.0258	4.3	3.5	1
192	Yes	No	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7596	3.4	2.8	1
193	No	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W MCC	1.5532	6.0	4.9	1
194	No	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.9976	4.2	3.5	1
195	No	No	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC/MCC	0.6650	3.0	2.6	1
196	Yes	No	INTERSTITIAL LUNG DISEASE W MCC	1.6919	7.0	5.6	1
197	Yes	No	INTERSTITIAL LUNG DISEASE W CC	1.1322	4.4	3.7	1
198	Yes	No	INTERSTITIAL LUNG DISEASE W/O CC/MCC	1.0981	4.0	3.2	1
199	No	No	PNEUMOTHORAX W MCC	1.6490	6.1	5.0	1
200	No	No	PNEUMOTHORAX W CC	0.9180	3.8	3.1	1
201	No	No	PNEUMOTHORAX W/O CC/MCC	0.5965	3.1	2.5	1
202	No	No	BRONCHITIS & ASTHMA AGE >17 W CC/MCC	0.8868	4.0	3.1	1
203	No	No	BRONCHITIS & ASTHMA AGE >17 W/O CC/MCC	0.6032	2.8	2.4	1
204	No	No	RESPIRATORY SIGNS & SYMPTOMS	0.6465	2.3	1.8	1
205	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.2846	4.9	3.4	1
206	Yes	No	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.7694	2.5	1.9	1
207	Yes	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	5.9663	14.6	12.6	4
208	No	No	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	2.1737	5.7	4.2	1
209	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.3291	1.6	1.4	1
210	No	No	URETHRAL STRICTURE AGE 0-17	0.4968#	1.9	1.9	2
211	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.7937	4.2	3.2	1
212	No	No	TESTES PROCEDURES AGE 0-17	0.6958	1.7	1.4	1
213	No	No	SPLENECTOMY AGE 0-17	1.3016	2.9	2.7	1
214	No	No	RED BLOOD CELL DISORDERS AGE 0-17	0.5430	3.5	2.7	1

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(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 2011

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
215	No	No	OTHER HEART ASSIST SYSTEM IMPLANT	13.9955*	12.2	6.9	6
216	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	11.8954	17.7	14.9	4
217	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	7.1227	9.7	8.8	3
218	Yes	No	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.5332	7.8	6.8	2
219	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7.3745	10.3	8.2	2
220	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	5.0798	6.7	6.0	2
221	Yes	Yes	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.5027	5.1	4.8	2
222	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.3613	10.4	8.7	2
223	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.7196	4.9	4.1	1
224	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	6.9256	8.1	6.8	2
225	No	No	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.9201	4.2	3.6	1
226	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6.9348	8.0	4.8	1
227	No	No	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	5.1170	2.7	1.9	1
228	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.3959	10.5	8.2	2
229	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W CC	4.3948	6.7	5.4	1
230	Yes	No	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.1630	4.3	3.6	1
231	No	No	CORONARY BYPASS W PTCA W MCC	7.6904	10.9	9.7	3
232	No	No	CORONARY BYPASS W PTCA W/O MCC	6.6250	8.4	8.0	4
233	Yes	No	CORONARY BYPASS W CARDIAC CATH W MCC	7.1526	11.5	10.2	3
234	Yes	No	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.0750	7.6	7.2	3
235	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.2944	8.2	7.5	3
236	Yes	No	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.9746	5.7	5.4	2
237	No	No	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR	5.7349	9.7	6.7	1
238	No	No	MAJOR CARDIOVASC PROCEDURES W/O MCC	2.9933	4.2	3.2	1
239	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	5.3150	13.4	9.6	1
240	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.7470	10.1	8.8	3
241	Yes	No	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.6240*	6.0	5.0	7
242	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	4.0598	6.2	4.9	1
243	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	3.0637	4.0	3.1	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
244	Yes	No	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.2038	2.3	2.0	1
245	No	No	AICD GENERATOR PROCEDURES	4.6619	3.6	2.3	1
246	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	3.6812	3.9	2.8	1
247	No	No	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.6203	2.1	1.8	1
248	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	3.3588	4.9	3.6	1
249	No	No	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	2.2823	2.4	2.0	1
250	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	3.1904	5.9	4.1	1
251	No	No	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	2.6135	2.3	1.8	1
252	No	No	OTHER VASCULAR PROCEDURES W MCC	3.5574	7.2	4.8	1
253	No	No	OTHER VASCULAR PROCEDURES W CC	2.7635	5.0	3.7	1
254	No	No	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.9762	2.4	1.9	1
255	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.7798*	9.2	7.0	4
256	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.3836	5.5	4.1	1
257	Yes	No	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	1.0823*	4.3	3.4	4
258	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	3.2057*	7.0	5.2	2
259	No	No	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.0351*	3.2	2.4	2
260	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	2.3078	6.6	6.0	2
261	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.8469	4.9	3.3	1
262	No	No	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.1623	2.8	2.1	1
263	No	No	VEIN LIGATION & STRIPPING	1.5683	3.6	2.6	1
264	Yes	No	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.2683	10.7	6.7	1
265	No	No	AICD LEAD PROCEDURES	3.5814	2.7	2.1	1
266	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	5.5898	16.3	9.7	1
267	No	No	VIRAL ILLNESS & FEVER AGE 0-17	0.3647	2.3	2.0	1
268	No	No	SEPTICEMIA OR SEVERE SEPSIS AGE 0-17	1.2551	5.5	3.9	1
269	No	No	TRAUMATIC INJURY AGE 0-17	0.4184	1.4	1.3	1
270	No	No	ALLERGIC REACTIONS AGE 0-17	0.2586	1.5	1.3	1
271	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.3733	1.8	1.4	1
280	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	2.2712	6.5	4.7	1
281	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.3600	3.3	2.6	1
282	Yes	No	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	1.0568	2.0	1.7	1
283	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	2.2096	4.4	3.0	1

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284	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.9866*	3.0	2.1	2
285	No	No	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.6340*	1.8	1.4	2
286	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.1289	5.5	4.0	1
287	No	No	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.2297	2.3	1.9	1
288	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W MCC	4.5787	12.9	9.7	1
289	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W CC	2.0526*	7.8	6.4	4
290	Yes	No	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.4384*	5.6	4.4	4
291	Yes	No	HEART FAILURE & SHOCK W MCC	1.6120	6.0	4.4	1
292	Yes	No	HEART FAILURE & SHOCK W CC	1.0280	4.3	3.5	1
293	Yes	No	HEART FAILURE & SHOCK W/O CC/MCC	0.7101	2.8	2.4	1
294	No	No	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	0.8088	6.0	4.2	1
295	No	No	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.7107*	4.0	3.4	3
296	No	No	CARDIAC ARREST, UNEXPLAINED W MCC	1.8271	3.6	2.0	1
297	No	No	CARDIAC ARREST, UNEXPLAINED W CC	1.3671	1.8	1.5	1
298	No	No	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4992*	1.2	1.1	2
299	Yes	No	PERIPHERAL VASCULAR DISORDERS W MCC	1.0973	4.6	3.7	1
300	Yes	No	PERIPHERAL VASCULAR DISORDERS W CC	0.8596	4.0	3.3	1
301	Yes	No	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.6427	3.1	2.5	1
302	No	No	ATHEROSCLEROSIS W MCC	1.0562	3.0	2.3	1
303	No	No	ATHEROSCLEROSIS W/O MCC	0.6357	1.8	1.6	1
304	No	No	HYPERTENSION W MCC	1.1617	4.5	3.4	1
305	No	No	HYPERTENSION W/O MCC	0.6397	2.2	1.8	1
306	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W MCC	1.0348	5.0	3.9	1
307	No	No	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O MCC	0.8185	2.7	2.2	1
308	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.2481	4.7	3.6	1
309	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7581	2.8	2.2	1
310	No	No	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.5386	1.9	1.6	1
311	No	No	ANGINA PECTORIS	0.5799	1.7	1.5	1
312	No	No	SYNCOPE & COLLAPSE	0.7602	2.3	1.9	1
313	No	No	CHEST PAIN	0.6174	1.6	1.4	1
314	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.1470	7.5	5.5	1
315	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.0590	4.2	3.1	1
316	Yes	No	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.5950	2.1	1.8	1
326	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W MCC	5.6411	14.6	10.3	1
327	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W CC	2.5650	7.2	5.2	1
328	No	No	STOMACH, ESOPHAGEAL & DUODENAL PROC AGE >17 W/O CC/MCC	1.5117	2.9	2.2	1
329	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	5.0604	14.0	10.7	2

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
330	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.4396	7.9	6.6	2
331	Yes	No	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6218	4.6	4.1	1
332	Yes	No	RECTAL RESECTION W MCC	7.5368	16.1	12.0	2
333	Yes	No	RECTAL RESECTION W CC	2.2769	6.5	5.7	2
334	Yes	No	RECTAL RESECTION W/O CC/MCC	1.7772	4.5	4.1	1
335	Yes	No	PERITONEAL ADHESIOLYSIS W MCC	3.7531	10.6	8.4	1
336	Yes	No	PERITONEAL ADHESIOLYSIS W CC	2.0781	7.0	5.6	1
337	Yes	No	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.3784	3.8	3.1	1
338	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	2.8156	8.1	6.7	1
339	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.9565	6.7	5.6	1
340	No	No	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.2818	3.5	3.0	1
341	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	1.6428	3.6	2.8	1
342	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.2897	2.8	2.2	1
343	No	No	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.9932	1.6	1.4	1
344	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	2.8989	9.8	7.8	2
345	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.4233	5.8	4.9	1
346	No	No	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.1414	4.3	3.8	1
347	No	No	ANAL & STOMAL PROCEDURES W MCC	1.7875	6.1	4.7	1
348	No	No	ANAL & STOMAL PROCEDURES W CC	1.2010	4.0	3.0	1
349	No	No	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.8099	2.6	2.1	1
350	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W MCC	1.8753#	4.4	3.8	2
351	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.5769	3.5	2.7	1
352	No	No	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC/MCC	1.0882	2.0	1.7	1
353	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W MCC	3.1851	7.9	5.6	1
354	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.5813	4.1	3.4	1
355	No	No	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC/MCC	1.2460	2.6	2.2	1
356	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.6168	11.1	8.3	1
357	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.0852	6.3	4.8	1
358	Yes	No	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3122	3.5	2.9	1
368	No	No	MAJOR ESOPHAGEAL DISORDERS W MCC	2.0320	5.6	4.0	1
369	No	No	MAJOR ESOPHAGEAL DISORDERS W CC	0.7935	3.2	2.6	1
370	No	No	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.5991	2.2	1.9	1
371	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	2.2263	8.0	6.3	1
372	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.1336	5.3	4.2	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
373	Yes	No	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.7882	3.8	3.2	1
374	Yes	No	DIGESTIVE MALIGNANCY W MCC	2.6960	8.9	6.1	1
375	Yes	No	DIGESTIVE MALIGNANCY W CC	1.5774	5.6	4.1	1
376	Yes	No	DIGESTIVE MALIGNANCY W/O CC/MCC	0.8477	3.5	2.7	1
377	Yes	No	G.I. HEMORRHAGE W MCC	2.0022	6.1	4.3	1
378	Yes	No	G.I. HEMORRHAGE W CC	0.9653	3.5	2.9	1
379	Yes	No	G.I. HEMORRHAGE W/O CC/MCC	0.6773	2.4	2.1	1
380	Yes	No	COMPLICATED PEPTIC ULCER W MCC	1.4586	5.8	4.8	1
381	Yes	No	COMPLICATED PEPTIC ULCER W CC	1.1223	4.6	3.6	1
382	Yes	No	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7632	3.3	2.6	1
383	No	No	UNCOMPLICATED PEPTIC ULCER W MCC	1.4165	6.4	3.7	1
384	No	No	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.8924	3.2	2.5	1
385	No	No	INFLAMMATORY BOWEL DISEASE W MCC	1.7772	7.2	5.2	1
386	No	No	INFLAMMATORY BOWEL DISEASE W CC	1.0618	4.9	3.9	1
387	No	No	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.7778	3.6	3.1	1
388	Yes	No	G.I. OBSTRUCTION W MCC	1.7057	7.1	5.1	1
389	Yes	No	G.I. OBSTRUCTION W CC	0.8993	4.1	3.3	1
390	Yes	No	G.I. OBSTRUCTION W/O CC/MCC	0.5977	2.8	2.3	1
391	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W MCC	1.1536	4.5	3.4	1
392	No	No	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O MCC	0.7559	2.9	2.4	1
393	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W MCC	1.6041	6.3	4.5	1
394	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	0.9159	4.0	3.1	1
395	No	No	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC/MCC	0.7223	2.8	2.2	1
405	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	6.1788	15.8	10.8	1
406	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W CC	3.0704	7.4	6.2	1
407	Yes	No	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.8368	4.4	3.7	1
408	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	3.8154	10.0	8.3	2
409	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.2683	6.7	5.9	2
410	No	No	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.7087	5.8	5.2	2
411	No	No	CHOLECYSTECTOMY W C.D.E. W MCC	4.0868*	11.8	9.9	4
412	No	No	CHOLECYSTECTOMY W C.D.E. W CC	1.8713	5.9	4.5	1
413	No	No	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.4260	4.0	3.4	1
414	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.0202	8.6	7.4	2
415	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.0853	5.9	5.1	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 2011

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
416	Yes	No	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3041	3.8	3.3	1
417	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	1.9923	5.0	4.0	1
418	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6894	4.0	3.2	1
419	No	No	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.2641	2.5	2.1	1
420	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	4.4135	16.6	10.6	1
421	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	2.5789	8.7	5.6	1
422	No	No	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.2179	3.7	3.4	1
423	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	5.9921	16.2	12.3	2
424	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.1920	6.7	5.4	1
425	No	No	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.8063*	5.7	4.4	7
432	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	2.0890	7.3	5.1	1
433	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	1.0872	5.3	4.0	1
434	No	No	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6829*	3.2	2.5	3
435	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	1.5301	5.5	4.2	1
436	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	1.2586	4.9	3.7	1
437	No	No	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	1.2584	4.7	3.3	1
438	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	2.2308	8.1	5.9	1
439	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	1.0707	4.9	3.9	1
440	No	No	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.7411	3.3	2.7	1
441	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	2.5374	8.5	5.7	1
442	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	1.1311	4.6	3.5	1
443	Yes	No	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.6564	3.0	2.5	1
444	No	No	DISORDERS OF THE BILIARY TRACT W MCC	1.4515	4.8	3.6	1
445	No	No	DISORDERS OF THE BILIARY TRACT W CC	0.9631	3.5	2.9	1
446	No	No	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.6916	2.3	1.9	1
453	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	11.3232	14.2	11.0	3
454	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	7.2705	5.2	4.4	1
455	No	No	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.3617	3.1	2.6	1
456	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	7.6248	10.4	8.4	2
457	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	6.6520	6.2	5.5	2
458	No	No	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.8243	4.3	4.0	1
459	Yes	No	SPINAL FUSION EXCEPT CERVICAL W MCC	6.2512	7.1	6.2	2
460	Yes	No	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4.0602	3.1	2.7	1

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(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past five years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
461	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.4817*	8.2	6.7	3
462	No	No	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.3359	4.0	3.8	1
463	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	7.1312	20.8	13.6	2
464	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.4541	8.7	6.6	1
465	Yes	No	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.9088	4.3	3.4	1
466	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.4345	8.8	6.9	1
467	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.0888	4.0	3.6	1
468	Yes	No	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.5388	3.2	2.9	1
469	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	3.1526	6.1	5.2	1
470	Yes	No	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	2.1474	3.1	2.9	1
471	No	No	CERVICAL SPINAL FUSION W MCC	4.0914	6.0	4.1	1
472	No	No	CERVICAL SPINAL FUSION W CC	2.6255	2.3	1.7	1
473	No	No	CERVICAL SPINAL FUSION W/O CC/MCC	2.0714	1.3	1.2	1
474	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.9748	13.8	11.1	2
475	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	1.8618	7.1	5.5	1
476	Yes	No	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.1273	2.9	2.2	1
477	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	4.2174	16.5	10.6	1
478	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.5175	6.9	4.9	1
479	Yes	Yes	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.7830	3.7	2.6	1
480	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W MCC	3.3865	7.2	5.9	1
481	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	2.2378	5.3	4.6	1
482	No	No	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC/MCC	1.5555	3.2	2.6	1
483	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	2.7277	3.0	2.5	1
484	Yes	No	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	1.9641	1.9	1.7	1
485	No	No	KNEE PROCEDURES W PDX OF INFECTION W MCC	2.6631	8.2	7.3	2
486	No	No	KNEE PROCEDURES W PDX OF INFECTION W CC	2.3673	7.3	5.9	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
487	No	No	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.2637	4.2	3.8	1
488	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.4872	3.1	2.8	1
489	Yes	No	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.2966	2.1	1.8	1
490	No	No	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	2.0928	3.1	2.2	1
491	No	No	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.1762	1.5	1.3	1
492	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W MCC	3.7089	8.5	6.5	1
493	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	2.1035	4.3	3.5	1
494	No	No	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC/MCC	1.4121	2.6	2.2	1
495	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	3.8876	9.8	5.2	1
496	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5981	4.0	3.1	1
497	Yes	Yes	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.1749	2.1	1.6	1
498	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	1.9931	4.8	3.5	1
499	No	No	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	0.9457	2.0	1.6	1
500	Yes	Yes	SOFT TISSUE PROCEDURES W MCC	3.1836	8.6	6.2	1
501	Yes	Yes	SOFT TISSUE PROCEDURES W CC	1.3571	4.3	3.2	1
502	Yes	Yes	SOFT TISSUE PROCEDURES W/O CC/MCC	1.1277	2.3	1.9	1
503	No	No	FOOT PROCEDURES W MCC	2.5318*	8.5	6.5	2
504	No	No	FOOT PROCEDURES W CC	1.8619	4.3	3.6	1
505	No	No	FOOT PROCEDURES W/O CC/MCC	1.2984	2.5	2.0	1
506	No	No	MAJOR THUMB OR JOINT PROCEDURES	1.1377	2.4	2.0	1
507	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.3731	3.6	3.3	1
508	No	No	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.3648	2.0	1.6	1
509	No	No	ARTHROSCOPY	1.4594*	3.5	2.3	1
510	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.4005	4.8	3.9	1
511	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.6780	2.6	2.2	1
512	Yes	No	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.1713	1.7	1.5	1
513	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.0886	2.7	2.1	1
514	No	No	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.9068	2.3	1.8	1
515	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	3.2624	8.7	5.1	1

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516	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	2.3921	5.4	4.0	1
517	Yes	Yes	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.5681	2.7	2.2	1
533	Yes	No	FRACTURES OF FEMUR W MCC	1.7379*	6.5	4.9	2
534	Yes	No	FRACTURES OF FEMUR W/O MCC	0.5409	1.9	1.6	1
535	Yes	No	FRACTURES OF HIP & PELVIS W MCC	0.9346	3.9	3.1	1
536	Yes	No	FRACTURES OF HIP & PELVIS W/O MCC	0.6984	2.9	2.4	1
537	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.9185*	4.1	3.5	1
538	No	No	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.7157	2.0	1.6	1
539	Yes	No	OSTEOMYELITIS W MCC	2.0049	8.6	7.4	2
540	Yes	No	OSTEOMYELITIS W CC	1.4770	7.0	5.1	1
541	Yes	No	OSTEOMYELITIS W/O CC/MCC	0.7539	4.0	3.2	1
542	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	3.5084	12.1	8.2	1
543	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.4344	6.0	4.3	1
544	Yes	No	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.9903	3.7	2.9	1
545	Yes	No	CONNECTIVE TISSUE DISORDERS W MCC	3.7800	11.2	6.8	1
546	Yes	No	CONNECTIVE TISSUE DISORDERS W CC	1.2652	4.9	3.8	1
547	Yes	No	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.8528	3.3	2.5	1
548	No	No	SEPTIC ARTHRITIS W MCC	2.1809*	8.8	6.7	3
549	No	No	SEPTIC ARTHRITIS W CC	0.9696	4.8	4.0	1
550	No	No	SEPTIC ARTHRITIS W/O CC/MCC	0.6160	3.7	3.2	1
551	Yes	No	MEDICAL BACK PROBLEMS W MCC	1.6331	5.4	3.9	1
552	Yes	No	MEDICAL BACK PROBLEMS W/O MCC	0.7354	2.8	2.3	1
553	No	No	BONE DISEASES & ARTHROPATHIES W MCC	1.2604*	5.5	4.3	3
554	No	No	BONE DISEASES & ARTHROPATHIES W/O MCC	0.7529	2.9	2.4	1
555	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	0.8099	3.1	2.5	1
556	No	No	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.6979	2.7	2.0	1
557	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.1567	5.7	4.3	1
558	Yes	No	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.6780	3.3	2.6	1
559	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.5719	5.8	4.1	1
560	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	0.6897	3.6	2.6	1
561	Yes	No	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.6111	2.0	1.6	1
562	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W MCC	1.6984	6.0	4.1	1

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563	No	No	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH AGE >17 W/O MCC	0.7768	2.6	2.0	1
564	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	2.4093	7.7	4.3	1
565	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.9419	3.4	2.6	1
566	No	No	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.5162	2.0	1.7	1
573	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC	2.7862	11.4	8.4	1
574	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1.8453	7.7	5.9	1
575	Yes	No	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC	1.0051	4.1	3.4	1
576	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.3565*	13.0	9.1	2
577	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC	2.3029	6.4	4.7	1
578	No	No	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.4190	2.8	2.1	1
579	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.5010	8.4	6.3	1
580	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.5354	3.8	2.7	1
581	Yes	No	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.3973	2.3	1.9	1
582	No	No	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.7358	2.3	1.9	1
583	No	No	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	1.6393	1.9	1.7	1
584	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	1.8496	3.4	2.5	1
585	No	No	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.5306	2.2	1.8	1
592	Yes	No	SKIN ULCERS W MCC	1.1412	5.2	4.2	1
593	Yes	No	SKIN ULCERS W CC	0.9183	5.3	4.4	1
594	Yes	No	SKIN ULCERS W/O CC/MCC	0.7913	3.5	3.0	1
595	No	No	MAJOR SKIN DISORDERS W MCC	2.0746*	7.8	5.9	3
596	No	No	MAJOR SKIN DISORDERS W/O MCC	0.7335	4.0	3.0	1
597	No	No	MALIGNANT BREAST DISORDERS W MCC	1.3925	7.9	6.4	1
598	No	No	MALIGNANT BREAST DISORDERS W CC	0.8670	4.7	3.4	1
599	No	No	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6954*	3.2	2.5	3
600	No	No	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.8828	4.2	3.5	1
601	No	No	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.5032	2.9	2.5	1
602	No	No	CELLULITIS AGE >17 W MCC	1.3114	6.0	4.8	1
603	No	No	CELLULITIS AGE >17 W/O MCC	0.6995	3.7	3.1	1
604	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W MCC	1.1712	3.7	2.7	1
605	No	No	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O MCC	0.8092	1.9	1.5	1
606	No	No	MINOR SKIN DISORDERS W MCC	1.4776	6.5	3.9	1

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607	No	No	MINOR SKIN DISORDERS W/O MCC	0.4558	2.8	2.3	1
608	No	No	BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1.5275#	11.2	9.0	5
609	No	No	OTHER RESPIRATORY PROBLEMS AFTER BIRTH	0.9060#	6.0	4.5	3
610	No	No	NEONATE, DIED W/IN ONE DAY OF BIRTH	0.1962	1.0	1.0	1
611	No	No	NEONATE, TRANSFERRED <5 DAYS OLD	0.2588	1.2	1.1	1
612	No	No	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	27.9016	95.8	78.3	16
613	No	No	NEONATE, BIRTHWT <750G, DIED	4.2947	9.7	3.3	1
614	No	No	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.0767	4.3	3.6	1
615	No	No	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.5796	2.8	2.5	1
616	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.9877*	15.6	12.4	4
617	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	2.2303	7.0	6.0	2
618	Yes	No	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.3327*	5.1	4.1	4
619	No	No	O.R. PROCEDURES FOR OBESITY W MCC	3.4812	4.8	3.8	1
620	No	No	O.R. PROCEDURES FOR OBESITY W CC	2.1568	2.8	2.3	1
621	No	No	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.7503	1.7	1.5	1
622	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.7924*	12.5	9.4	4
623	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.6711	6.0	5.2	1
624	Yes	No	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.1235*	4.7	3.8	4
625	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.5604	6.5	4.8	1
626	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.2444	2.0	1.7	1
627	No	No	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	0.9802	1.4	1.2	1
628	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	5.3336	11.9	7.0	1
629	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1.9506	7.0	5.6	1
630	Yes	No	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.7619	3.3	2.5	1
631	No	No	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	16.6234	74.3	66.6	23
632	No	No	NEONATE, BIRTHWT 750-999G, DIED	6.9116#	16.0	12.1	9
633	No	No	NEONATE, BIRTHWT 1000-1499G, W SIGNIF O.R. PROC, DISCHARGED ALIVE	18.0062	79.1	73.8	35
634	No	No	NEONATE, BIRTHWT 1000-1499G, W/O SIGNIF O.R. PROC, DISCHARGED ALIVE	7.9711	42.3	37.6	13
635	No	No	NEONATE, BIRTHWT 1000-1499G, DIED	5.5977	11.6	4.6	1
636	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	14.4921	51.4	39.7	8
637	Yes	No	DIABETES W MCC	1.6803	6.2	4.4	1
638	Yes	No	DIABETES W CC	0.7471	3.4	2.7	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
639	Yes	No	DIABETES W/O CC/MCC	0.4802	2.3	2.0	1
640	No	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W MCC	1.1553	4.7	3.4	1
641	No	No	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O MCC	0.6244	2.9	2.3	1
642	No	No	INBORN ERRORS OF METABOLISM	0.9953	3.9	2.7	1
643	Yes	No	ENDOCRINE DISORDERS W MCC	1.6949	6.2	4.7	1
644	Yes	No	ENDOCRINE DISORDERS W CC	0.9404	4.1	3.1	1
645	Yes	No	ENDOCRINE DISORDERS W/O CC/MCC	0.5704	2.4	2.0	1
646	No	No	NEONATE, BIRTHWT 1500-1999G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	5.0203#	26.7	23.6	13
647	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	5.8576	27.7	23.0	5
648	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MAJOR PROB	3.6052	21.8	19.0	6
649	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.7482	16.5	14.2	4
650	No	No	NEONATE, BIRTHWT 1500-1999G, W/O SIGNIF O.R. PROC, W OTHER PROB	1.9593	14.3	11.0	2
651	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	6.6692	29.4	25.1	8
652	No	No	KIDNEY TRANSPLANT	3.0197	5.9	5.4	2
653	Yes	No	MAJOR BLADDER PROCEDURES W MCC	5.3633	13.5	11.5	3
654	Yes	No	MAJOR BLADDER PROCEDURES W CC	2.6525	7.8	6.7	2
655	Yes	No	MAJOR BLADDER PROCEDURES W/O CC/MCC	1.6319	4.5	3.7	1
656	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.7968	8.8	6.7	1
657	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	2.1092	4.7	4.2	1
658	No	No	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.5461	3.2	2.8	1
659	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.8432	9.1	6.7	1
660	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.5936	3.9	3.0	1
661	Yes	No	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.2810	2.2	1.9	1
662	No	No	MINOR BLADDER PROCEDURES W MCC	3.3475*	10.7	7.5	2
663	No	No	MINOR BLADDER PROCEDURES W CC	0.8818	2.5	2.1	1
664	No	No	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1477	1.6	1.4	1
665	No	No	PROSTATECTOMY W MCC	3.1805*	11.3	8.7	3
666	No	No	PROSTATECTOMY W CC	1.8248*	6.4	4.5	3
667	No	No	PROSTATECTOMY W/O CC/MCC	0.8546	1.7	1.5	1
668	No	No	TRANSURETHRAL PROCEDURES W MCC	2.1447	6.0	4.3	1
669	No	No	TRANSURETHRAL PROCEDURES W CC	1.1283	2.5	2.0	1
670	No	No	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8618	1.7	1.5	1
671	No	No	URETHRAL PROCEDURES AGE >17 W CC/MCC	1.2872#	3.3	3.1	2
672	No	No	URETHRAL PROCEDURES AGE >17 W/O CC/MCC	0.8452	1.7	1.4	1
673	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.5976	9.9	5.4	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
674	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.1493	6.1	4.1	1
675	No	No	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.5745	1.9	1.4	1
676	No	No	NEONATE, BIRTHWT 2000-2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	4.0160#	20.5	17.6	11
677	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	3.5567	17.0	13.3	3
678	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	1.9885	12.2	10.4	3
679	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	1.4745	10.5	8.0	1
680	No	No	NEONATE, BIRTHWT 2000-2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.9344	7.0	5.1	1
681	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W MULT MAJOR PROB	8.9744	30.8	20.5	3
682	Yes	No	RENAL FAILURE W MCC	1.8341	6.7	4.8	1
683	Yes	No	RENAL FAILURE W CC	0.9848	4.3	3.4	1
684	Yes	No	RENAL FAILURE W/O CC/MCC	0.6645	2.8	2.3	1
685	No	No	ADMIT FOR RENAL DIALYSIS	0.8841	3.6	2.8	1
686	No	No	KIDNEY & URINARY TRACT NEOPLASMS W MCC	2.3763	8.6	6.5	1
687	No	No	KIDNEY & URINARY TRACT NEOPLASMS W CC	0.9439	3.3	2.8	1
688	No	No	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.6350	2.3	1.8	1
689	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W MCC	1.1646	5.1	4.0	1
690	No	No	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O MCC	0.7020	3.2	2.6	1
691	No	No	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.1964	2.5	2.0	1
692	No	No	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.1111	1.8	1.5	1
693	No	No	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.1523	3.4	2.9	1
694	No	No	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.6611	1.9	1.6	1
695	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W MCC	0.8884#	3.2	3.2	2
696	No	No	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O MCC	0.7496	3.2	2.4	1
697	No	No	URETHRAL STRICTURE AGE >17	0.6383	2.3	1.8	1
698	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W MCC	1.7733	7.1	4.9	1
699	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	1.0091	4.1	3.2	1
700	No	No	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC/MCC	0.7272	2.5	2.0	1
707	No	No	MAJOR MALE PELVIC PROCEDURES W CC/MCC	1.9848	3.1	2.5	1
708	No	No	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.5846	1.6	1.4	1
709	No	No	PENIS PROCEDURES W CC/MCC	1.2562	2.8	1.9	1
710	No	No	PENIS PROCEDURES W/O CC/MCC	1.3823	1.7	1.4	1
711	No	No	TESTES PROCEDURES AGE >17 W CC/MCC	1.9352	4.9	4.1	1
712	No	No	TESTES PROCEDURES AGE >17 W/O CC/MCC	0.8316	1.5	1.3	1
713	No	No	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.0232	2.8	2.1	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
714	No	No	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.7768	1.5	1.4	1
715	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	1.9351*	6.0	4.1	1
716	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	1.2906	1.6	1.4	1
717	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.7913*	6.4	4.6	3
718	No	No	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.8929*	2.6	2.0	3
722	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.8749*	7.7	5.4	3
723	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.1311*	5.1	3.9	3
724	No	No	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6894*	2.7	2.1	3
725	No	No	BENIGN PROSTATIC HYPERTROPHY W MCC	1.4144*	6.1	4.7	2
726	No	No	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.4548	2.4	2.0	1
727	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.3444	7.7	4.9	1
728	No	No	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.5737	2.8	2.4	1
729	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	0.7462	2.4	2.2	1
730	No	No	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.7120*	2.9	2.3	2
734	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.1364	4.8	3.9	1
735	No	No	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.4709	2.2	1.9	1
736	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	4.5892	14.2	11.3	2
737	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	1.9881	6.0	5.0	1
738	No	No	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.3593	3.1	2.7	1
739	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	2.8145	6.3	5.3	1
740	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.6058	4.0	3.3	1
741	No	No	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.1834	2.0	1.8	1
742	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.3875	3.1	2.6	1
743	No	No	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	1.0680	1.9	1.7	1
744	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.0852	3.0	2.1	1
745	No	No	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	1.0248	2.0	1.6	1
746	No	No	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.2458	3.3	2.5	1

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747	No	No	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	1.0008	1.7	1.5	1
748	No	No	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.0934	1.5	1.3	1
749	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.1814	6.4	5.4	1
750	No	No	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2134	2.6	2.3	1
754	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	2.2298	8.2	5.3	1
755	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.1581	5.1	3.9	1
756	No	No	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.7061*	3.1	2.3	3
757	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.8387*	7.8	6.0	2
758	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	0.9352	4.4	3.5	1
759	No	No	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5316	2.6	2.2	1
760	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.7372	2.5	2.1	1
761	No	No	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.5013	1.7	1.5	1
765	No	No	CESAREAN SECTION W CC/MCC	0.8684	4.3	3.6	1
766	No	No	CESAREAN SECTION W/O CC/MCC	0.6787	2.9	2.8	1
767	No	No	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7079	2.4	2.2	1
768	No	No	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	1.0659	3.4	2.9	1
769	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.4133	3.8	3.0	1
770	No	No	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.5719	1.4	1.2	1
774	No	No	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4960	2.7	2.4	1
775	No	No	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.3995	2.1	1.9	1
776	No	No	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5635	2.8	2.3	1
777	No	No	ECTOPIC PREGNANCY	0.8509	1.8	1.6	1
778	No	No	THREATENED ABORTION	0.4619	3.6	2.3	1
779	No	No	ABORTION W/O D&C	0.3543	1.5	1.3	1
780	No	No	FALSE LABOR	0.1865	1.3	1.2	1
781	No	No	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5191	3.1	2.2	1
782	No	No	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.4177	2.9	1.9	1
787	No	No	NEONATE, BIRTHWT >2499G, W SIGNIF O.R. PROC, W/O MULT MAJOR PROB	1.8209	7.1	4.9	1
788	No	No	NEONATE, BIRTHWT >2499G, W MINOR ABDOM PROCEDURE	0.5545	2.4	2.2	1
789	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MULT MAJOR PROB	2.2042	9.4	6.5	1
790	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MAJOR PROB	0.7815	4.8	3.7	1

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791	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W MINOR PROB	0.3693	3.1	2.6	1
792	No	No	NEONATE, BIRTHWT >2499G, W/O SIGNIF O.R. PROC, W OTHER PROB	0.2128	2.6	2.3	1
793	No	No	NEONATAL AFTERCARE FOR WEIGHT GAIN	0.4902#	7.9	7.2	5
794	No	No	NEONATAL DIAGNOSIS, AGE > 28 DAYS	3.1187	15.1	7.3	1
795	No	No	NORMAL NEWBORN	0.1105	2.0	1.9	1
796	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W CC/MCC	1.3776#	7.0	6.6	5
797	No	No	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W/O CC/MCC	0.6816#	3.5	4.9	5
799	No	No	SPLENECTOMY AGE >17 W MCC	4.1623#	9.8	8.5	4
800	No	No	SPLENECTOMY AGE >17 W CC	2.6942	6.3	5.2	1
801	No	No	SPLENECTOMY AGE >17 W/O CC/MCC	1.6294	3.9	3.2	1
802	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	4.0150*	12.1	8.5	3
803	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	1.9198	6.2	4.3	1
804	No	No	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.1298	2.7	2.2	1
808	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	2.3169	8.2	6.0	1
809	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.1693	4.7	3.8	1
810	No	No	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.6641	3.2	2.7	1
811	No	No	RED BLOOD CELL DISORDERS AGE >17 W MCC	1.6032	6.1	4.3	1
812	No	No	RED BLOOD CELL DISORDERS AGE >17 W/O MCC	0.7477	3.4	2.5	1
813	No	No	COAGULATION DISORDERS	1.2216	3.2	2.4	1
814	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	4.2117	10.1	5.4	1
815	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.9229	3.9	2.8	1
816	No	No	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.6031	3.0	2.4	1
820	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	8.2974	20.8	13.8	1
821	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.6039	7.7	5.5	1
822	No	No	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.2984	2.8	2.1	1
823	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	6.4923	19.6	15.2	3
824	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.1032	6.5	5.1	1
825	No	No	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.7235	3.5	2.4	1
826	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	5.0160	15.1	11.6	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 were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
827	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.3412	7.1	5.6	1
828	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	2.0113	4.4	3.1	1
829	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	2.9785	10.0	6.4	1
830	No	No	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.3471	3.7	3.0	1
834	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W MCC	8.2002	25.0	16.7	2
835	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W CC	4.9904	19.5	11.5	1
836	No	No	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC/MCC	1.9859	7.8	3.9	1
837	No	No	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	6.2365	22.4	16.4	3
838	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	2.8065	10.2	6.8	1
839	No	No	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	1.1596	5.3	4.3	1
840	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	4.6953	14.7	10.1	1
841	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.9900	6.7	4.7	1
842	Yes	No	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.2723	4.2	2.8	1
843	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	2.4031	8.2	6.3	1
844	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.3085	5.5	3.8	1
845	No	No	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.8724	3.9	3.0	1
846	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	3.1127	9.7	6.7	1
847	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.0674	3.7	3.1	1
848	No	No	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	1.1092	3.5	2.8	1
849	No	No	RADIOTHERAPY	0.9861	5.1	2.7	1
853	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	6.5981	15.8	12.2	2
854	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	2.5605	8.2	6.9	2
855	Yes	No	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.3892	4.7	3.9	1
856	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	5.0426	14.1	9.4	1
857	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.8205	6.4	4.7	1
858	Yes	No	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.2496	4.4	3.6	1
862	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.5725	6.2	4.8	1
863	Yes	No	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.8251	3.9	3.2	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
864	No	No	FEVER AGE >17	0.8306	3.3	2.6	1
865	No	No	VIRAL ILLNESS AGE >17 W MCC	2.0599	5.5	4.1	1
866	No	No	VIRAL ILLNESS AGE >17 W/O MCC	0.7309	3.1	2.5	1
867	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.5722	8.3	6.3	1
868	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	0.8620	3.8	3.3	1
869	Yes	No	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.8912	3.5	2.9	1
870	No	No	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS AGE >17	7.0338	15.2	13.2	4
871	No	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W MCC	2.1547	6.7	5.0	1
872	No	No	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS AGE >17 W/O MCC	1.0672	4.5	3.7	1
876	No	No	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3.1239*	12.7	8.1	5
880	No	No	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6997	3.2	2.2	1
881	No	No	DEPRESSIVE NEUROSES	0.3570	4.0	3.0	1
882	No	No	NEUROSES EXCEPT DEPRESSIVE	0.3894	4.2	2.9	1
883	No	No	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.0887	11.5	6.1	1
884	Yes	No	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.9649	7.8	3.4	1
885	No	No	PSYCHOSES	0.6334	7.0	5.1	1
886	No	No	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.7596	11.1	7.6	1
887	No	No	OTHER MENTAL DISORDER DIAGNOSES	1.2462	14.5	6.6	1
894	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3874	4.1	2.3	1
895	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.7557	16.0	12.5	2
896	Yes	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.5404	5.8	4.4	1
898	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE >21 W/O MCC	0.4312	5.1	3.6	1
899	No	No	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY AGE <=21 W/O MCC	0.2981	5.8	3.8	1
901	No	No	WOUND DEBRIDEMENTS FOR INJURIES W MCC	5.1987	21.1	13.2	1
902	No	No	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.6457	5.9	4.2	1
903	No	No	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	1.2182	4.2	2.9	1
904	No	No	SKIN GRAFTS FOR INJURIES W CC/MCC	4.8632	14.7	7.1	1
905	No	No	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.2334	4.3	2.9	1
906	No	No	HAND PROCEDURES FOR INJURIES	1.2243	2.8	2.2	1
907	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W MCC	4.8845	11.8	8.0	1
908	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.9817	5.8	4.0	1
909	Yes	No	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1736	2.6	2.1	1
913	No	No	TRAUMATIC INJURY AGE >17 W MCC	1.2178#	4.0	3.5	2
914	No	No	TRAUMATIC INJURY AGE >17 W/O MCC	0.7616	2.0	1.7	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
915	No	No	ALLERGIC REACTIONS AGE >17 W MCC	1.4817	4.1	3.0	1
916	No	No	ALLERGIC REACTIONS AGE >17 W/O MCC	0.4701	2.0	1.6	1
917	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W MCC	1.4386	4.0	2.9	1
918	No	No	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O MCC	0.5248	2.0	1.6	1
919	No	No	COMPLICATIONS OF TREATMENT W MCC	1.4877	5.2	3.5	1
920	No	No	COMPLICATIONS OF TREATMENT W CC	0.8962	3.8	2.7	1
921	No	No	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.5403	2.4	1.9	1
922	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.9380	4.6	3.2	1
923	No	No	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.6915	2.2	1.5	1
927	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	14.7971	33.1	20.2	2
928	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	4.6496	15.4	10.9	2
929	No	No	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	1.4761	6.3	4.0	1
933	No	No	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	2.4397*	5.1	2.3	3
934	No	No	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	0.8339	4.1	2.7	1
935	No	No	NON-EXTENSIVE BURNS	0.9042	3.6	2.4	1
939	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	6.4514	34.6	20.6	2
940	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	2.8806	11.3	5.6	1
941	No	No	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.7632	3.1	2.3	1
945	Yes	No	REHABILITATION W CC/MCC	1.6369	13.4	9.7	1
946	Yes	No	REHABILITATION W/O CC/MCC	0.7428	6.0	5.0	1
947	Yes	No	SIGNS & SYMPTOMS W MCC	1.1731	5.3	3.8	1
948	Yes	No	SIGNS & SYMPTOMS W/O MCC	0.6867	3.0	2.2	1
949	No	No	AFTERCARE W CC/MCC	1.9372	9.7	3.6	1
950	No	No	AFTERCARE W/O CC/MCC	1.5126	6.3	2.5	1
951	No	No	OTHER FACTORS INFLUENCING HEALTH STATUS	0.3789	2.3	1.9	1
955	No	No	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	5.7663	9.1	6.1	1
956	Yes	No	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	5.6344	10.5	8.2	1
957	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.3915	14.1	9.2	1
958	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.2992	9.3	7.3	1
959	No	No	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.5209	5.0	4.2	1
963	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	3.1265	6.3	4.3	1
964	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.5877	5.1	4.1	1
965	No	No	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	1.1512	3.5	2.8	1

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
969	No	No	HIV W EXTENSIVE O.R. PROCEDURE W MCC	6.1131*	17.1	12.0	8
970	No	No	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.9698*	8.6	6.3	8
974	No	No	HIV W MAJOR RELATED CONDITION W MCC	3.3267	11.1	8.9	2
975	No	No	HIV W MAJOR RELATED CONDITION W CC	2.0818	7.7	6.0	1
976	No	No	HIV W MAJOR RELATED CONDITION W/O CC/MCC	1.5323	4.2	3.1	1
977	No	No	HIV W OR W/O OTHER RELATED CONDITION	1.0410	3.9	3.3	1
981	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	5.2064	14.0	9.7	1
982	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.6339	7.1	5.1	1
983	Yes	No	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.3742	3.0	2.2	1
984	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.6899*	13.3	10.5	4
985	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.3874*	9.0	6.8	4
986	No	No	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.2365*	4.0	2.7	4
987	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4.4091	11.5	6.8	1
988	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.6854	5.5	3.7	1
989	Yes	No	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1476	2.6	2.0	1
998	No	No	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	0.0000*	0.0	0.0	1
999	No	No	UNGROUPABLE	0.0000*	0.0	0.0	1

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- END -

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Appendix A

Acronyms And Abbreviations

DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
ECAS	European Cardiac Arrhythmia Society
EHRA	European Heart Rhythm Association
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing

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Appendix A

Acronyms And Abbreviations

E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan
E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EIA	Educational Interventions for Autism Spectrum Disorders
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits

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Appendix A

Acronyms And Abbreviations

EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis
FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator

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Appendix A

Acronyms And Abbreviations

FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHP	Group Health Plan
GHz	Gigahertz
GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)

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HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage
HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language

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HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program
ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement

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IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy
IPN	Intraperitoneal Nutrition
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance

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JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCF	Long-term Care Facility
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate
LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol

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MD	Doctor of Medicine
MDI	Mental Developmental Index
MDR	MHS Data Repository
MDS	Minimum Data Set
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health
MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area

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MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable
N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health

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NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs
NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form

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OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management
OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMRA	PCM Research Application

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PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory
PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key

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PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction
POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation

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PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time
PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal

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RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator
RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI Outcomes and Assessment Information Set Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service

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SelRes	Selected Reserve
SF	Standard Form
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program
SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services

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STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office
SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt

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TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity
TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select
TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center

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TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URF	Unremarried Former Spouses
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense
USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan

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USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thorascopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit
X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

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Appendix A

Acronyms And Abbreviations

2D	Two Dimensional
3D	Three Dimensional

- END -

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