

Professional Provider Reimbursement In Specified Locations Outside The 50 United States And The District Of Columbia

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Authority: [32 CFR 199.14\(m\)](#), [\(n\)](#), and [\(o\)](#)

1.0 APPLICABILITY

This policy is mandatory for reimbursement of providers of professional services in specified locations outside the 50 United States and the District of Columbia. This policy revises, replaces, and supersedes the current reimbursement policies for professional reimbursement, effective March 2004, in the Philippines. Puerto Rico follows the reimbursement methodologies used for the 50 United States and the District of Columbia.

2.0 ISSUE

How are providers of professional services in locations specified in [paragraph 4.1](#) reimbursed?

3.0 POLICY

3.1 The term "allowable charge" is the maximum amount TRICARE will reimburse for covered health care services:

3.2 The allowable charge is the lowest of: (a) the actual billed charge or (b) the maximum allowable charge. The maximum allowable charge is developed prospectively and utilizes the U.S. National CHAMPUS Maximum Allowable Charge (CMAC) which incorporates Relative Value Units (RVUs). For any covered service, the National CMAC rate is multiplied by a country specific index factor. This standardizes the National CMAC for that country and thus represents the maximum allowable TRICARE will reimburse in that country for that service.

4.0 BACKGROUND

4.1 Reimbursement Systems

4.1.1 Locations Affected. This payment system applies to covered professional services delivered in all designated locations outside the 50 United States and the District of Columbia. The designated locations are:

- The Philippines
- Panama
- Other as designated by the Government.

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4.2 General Methodology

Payment for professional services, in specified locations outside the 50 United States and the District of Columbia, are made utilizing the lesser of (a) billed charges or (b) prospectively determined rates that multiplies the U.S. National CMAC rates by a country specific index factor. The National CMAC rates are comprised of approximately 7,000 Current Procedural Terminology (CPT) codes. Each CPT code associates with an established CMAC rate. There are a limited number of CPT codes that do not have a National CMAC established. If these CPT codes are billed to the TRICARE program, they shall be reimbursed at billed charges. The U.S. National CMAC rates utilized in specified locations outside the 50 United States and the District of Columbia are paid at "the site of service" location of physicians' office without regard of the actual location where the service is delivered. This site of service location (physicians' office) represents the highest reimbursement allowed for all physicians. For example, should a physician, in a specified location outside the 50 United States and the District of Columbia, deliver a service in the emergency room, his payment will be based on the CPT code submitted, and paid at the site of service level of physician office (the highest). Each CPT code rate is multiplied by a specific country index factor and represents the maximum allowed to be paid to professional providers in designated locations outside the 50 United States and the District of Columbia.

4.3 Country Specific Index

4.3.1 The country specific index factor is obtained from the World Bank's International Comparison Program. It is based upon a large array of goods and services or market basket within a specific country which is then standardized and weighted to a U.S. standard and currency. The use of a country specific index enables a conversion and therefore parity between the U.S. and the specific country in the purchasing of the same amount and type of medical services. TRICARE is utilizing a two year phase in approach for the implementation of the World Bank's International Comparison Program country specific index.

COUNTRY SPECIFIC INDEX FACTOR*		COUNTRY SPECIFIC INDEX FACTOR EFFECTIVE MARCH 1, 2009
Philippines	0.52	0.229
Panama	0.70	0.60

* Effective data as directed by Contracting Officer (CO) through February 28, 2009.

4.3.2 The payment rates are all inclusive. An eligible and a representative procedure code or narrative description must be submitted by the provider or developed by the overseas claims processor.

4.4 Updating Professional Payment Rates

Annually, TRICARE shall calculate the National CMAC rates and supply them electronically to the overseas claims processor. The data will contain each CPT code, a short description, a U.S. National payment rate, as well as the effective date. On an annual basis, the National CMAC may increase or decrease as determined by TRICARE. TRICARE shall separately supply the country specific index every three years or as dictated by the World Bank's International Comparison program or as determined by TRICARE, and documented in the TRICARE Reimbursement Manual

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(TRM). For those codes that contain a technical as well as professional component, each component shall have a separate supplied payment rate. Additions, changes, revisions or deletions to the CPT codes or country specific index will be communicated to the overseas claims processor and be considered as routine updates to this payment system and processed under TRICARE Operations Manual (TOM), [Chapter 1, Section 4, paragraph 2.4](#).

4.5 Beneficiary Eligibility - Change in Eligibility Status

Since the payment is on a date of service basis, the professional, and other charges shall be paid for all dates of service that the beneficiary is TRICARE eligible and denied for all dates of services the beneficiary is not TRICARE eligible.

4.6 Beneficiary Cost-Shares

Beneficiary cost-shares are contained in [Chapter 2, Section 1](#), and shall be applicable to TRICARE's applicable professional allowable charges.

4.7 The overseas claims processor and the overseas contractor shall maintain the current year and two immediate past years' iterations of the TRICARE National CMAC CPT rates and the country specific index factors.

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