CY19 DHA UBO Outpatient Rates

DHA UBO Program Office Contract Support
June 2019

Session 1: 25 June 2019 @ 0800-0900 ET
Session 2: 27 June 2019 @ 1400-1500 ET
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Objective

Understand & Become Familiar With:

1) DHA UBO Rate Structures
2) DHA UBO Outpatient Rates
   —CY2019 Effective Date
   —Rate Components (12)
3) Service Rate Requests
4) DHA UBO Inpatient Rates
5) MAC Rates
6) Billing Tips and Reminders
7) Health.mil and LaunchPad Navigation
8) DHA UBO Helpdesk Q&A
9) Summary
DHA UBO Rate Structures
Widely used billing rate structures intended to recover costs in the military fixed facilities.

1) Full or Third Party Collections (TPC).
2) Interagency.
3) International Military Education & Training (IMET).

• The DHA UBO Program Office recommends billing rates for contractors and foreign nationals supporting deployed forces.

• Patient Category (PATCAT) assignment drives the assignment of the applicable rate structure.
1) Full or Third Party Collection (TPC) Rates

- Full / TPC Billing rates are used synonymously.
  - Recover the full cost of healthcare services provided.
  - Normally the highest DHA UBO rate.

- TPC Rates are used for billing commercial third-party payers and pay patients.
  - Exception: OCONUS DoD Civilians and Cosmetic Procedures.

- Most DHA UBO Ambulatory/Professional TPC rates match TRICARE Reimbursement (CMAC rates).

- Inpatient TPC rates are indexed to TRICARE annual percent growth.

- TPC rates are based on average Medical Expense & Performance Reporting System (MEPRS) unit costs with adjustments for costs not included in MEPRS data.
  - Dental, Ambulance, Ambulatory Procedure Visit (APV), specific Injectables.
2) Interagency Rates

- Interagency rates are TPC rates discounted to remove several cost factors for healthcare services.
- Durable medical equipment and pharmaceuticals are not discounted.
- Interagency Rates do not include:
  - Asset Use Charge: Use of assets (facilities and/or equipment) to recoup depreciation and interest on investment.
  - Government Share of Unfunded Retirement (GSUR) Costs: Cover the cost of the unfunded civilian retirement, post retirement health benefits and life insurance.
3) International Military Education & Training Rates

- The IMET Program provides training on a grant basis to students from allied and friendly nations.
  - Authority for the IMET program is found in Chapter 5, Part II, Foreign Assistance Act of 1961.
  - Funding is appropriated from the International Affairs budget of the Department of State.
  - Not all foreign national patients participate in the IMET program.

- IMET Rates do not include:
  - *Asset Use Charge and GSUR Costs.*
  - *Military Personnel Cost.*
Patient category (PATCAT) assignment determines billing, who should be billed and under which rate structure

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Outpatient Rate Package
Outpatient Rates Overview:

- CY 2019 Outpatient Rates developed to accommodate Military Health Systems billing systems and solutions.
- Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.
- UBO CHAMPUS Maximum Allowable Charge (CMAC) rates are developed for reimbursement in the purchased care community.
- Purchased Care System data used to calculate the average allowable amounts. Some procedures require special handling and rates are based on purchased care data or Ambulatory Payment Classification (APC) charges.
- Medical Expense & Performance Reporting System (MEPRS) data is used to calculate the average MTF operational expenses.
**Overview**
- Primary rate table, formatted and sorted for UBO.
- Based on what TRICARE allows.
- Categorized by CMAC localities.

**2019 Highlights**
- Certain CMAC codes are not available for separate reimbursement.
  - ED Rates
  - Observation
  - Moderate Sedation
- 0.18% Overall Average Percent Increase from CY18
- CY19 New codes became effective January 1, 2019, the rest of the file will have an effective date for CY19 of **July 1st, 2019.**

### Codes Set To Zero

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TRICARE Localities Overview

• TRICARE localities are designated within the range of 301-424
• TRICARE localities are defined with the same geographic boundaries as Medicare localities.
• TRICARE localities apply to the CHAMPUS Maximum Allowable Charges, or CMAC reimbursable rates.
• TRICARE localities also are assigned to individual Military Treatment Facilities (MTFs) and DMIS ID locations.
• After the “national” average CMAC level has been determined (Locality 300), rates are calculated for the remaining 114 localities.
There are 114 Active TRICARE Localities for CY19
A single locality assignment often includes many zip codes and military treatment facilities.

Link: https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/CMAC-Rates/Locality-To-ZIP
• Emergency Department (ED)
• Evaluation & Management Codes (99281-99285)
  – Used for Hospital level (1-5) ED encounter.
  – System limitations: unable to bill both professional and institutional charges for same service.
    • Only represents the institutional charge for the ED E&M service.
    • Mapped to the UB 04/837I.

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• CMAC Component
  – TRICARE assigns code components with Professional (PC) and Technical (TC) components.
    • Technical Components (TC) are based on applied Ambulatory Payment Classification (APC) charges.
    • Professional Components (PC) are charges provided by the regular CMAC rates.
  – Not available for separate reimbursement – considered part of the “global procedure.”
  – Global Rate computed by combining TC and PC rates.
### Overview
- Flat Rate Calculation.
- Applied TRICARE Reimbursement Formula.
- \((\text{Average Time Units} + \text{Base Units}) \times \text{National Average Conversion Factor}\).
- 2019 Total Codes: 272.

### 2019 Highlights
- Overall Increase of **+0.38%**.

#### DHA UBO CY19 Anesthesia Rate Table

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• **Overview**
  – 2018 Full Rate: $255.52.
  – 2019 Full Rate: $260.86.

• **2019 Highlights**
  – Overall Increase of +2.09%

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• **Overview**
  – The updated Defense Health Agency CY19 Guidelines for Dental Procedure Codes, Surgical Procedure Codes, and Dental Weighted Values serves to define each dental procedure performed in military treatment facilities.
  – Contains “D” Codes (i.e. D0411).
  – Contains “W” Codes (i.e. W0141)
    • W Codes are DoD Specific but non-billable. They replaced Dental A-codes so as not to cause confusion with standard HCPCS A-codes.

• **2019 Highlights**
  – Overall increase of +3.28%.
  – Added 15 new codes, 7 revised codes, 4 deleted codes.
  – 758 total Dental codes.
• **Overview**
  – Expenses allocated for equipment and supplies.
  – Based On:
    • CMS Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule.
    • Purchased Care Data.

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<td>E0467</td>
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</tr>
<tr>
<td>G0068</td>
<td>Adm of infusion drug in home</td>
</tr>
<tr>
<td>G0069</td>
<td>Adm of immune drug in home</td>
</tr>
<tr>
<td>G0070</td>
<td>Adm of chemo drug in home</td>
</tr>
</tbody>
</table>
### Overview
- International Military Education & Training (IMET).
- Interagency Outpatient Rates (IOR).

### 2019 Highlights

<table>
<thead>
<tr>
<th>Type of Discount</th>
<th>Discounted Services Except Ambulance and Dental</th>
<th>Ambulance Services</th>
<th>Dental Services</th>
<th>Applicable PATCAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMET</td>
<td>0.6287</td>
<td>0.6306</td>
<td>0.4615</td>
<td>Misc.</td>
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<tr>
<td>IOR</td>
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<td>0.9342</td>
<td>0.9465</td>
<td>Misc.</td>
</tr>
<tr>
<td>IOR</td>
<td>0.9391</td>
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<td>0.9465</td>
<td>K611</td>
</tr>
<tr>
<td>IOR</td>
<td>0.8000</td>
<td>0.8000</td>
<td>0.8000</td>
<td>K612</td>
</tr>
</tbody>
</table>
• **Overview**
  
  – 1\textsuperscript{st} Priority – CMAC TRICARE Provided Rates (Released Quarterly).
  
  – 2\textsuperscript{nd} Priority – Purchased Care Allowable Amounts (Previous Fiscal Year).
  
  – 3\textsuperscript{rd} Priority – MEPRS Based Flat Rate.
    
    • 2018 Flat Rate: $63.78.
    
    • 2019 Flat Rate: $65.11 (Increased by 2.09%).

• **2019 Highlights**
  
  – 72 New Codes, 12 Deleted Codes.
  
  – Sourcing priority process addition to phase very low percentage usage codes:
    
    1. TRICARE Rate
    
    2. Purchased Care Prior Year
    
    3. Historical 5 Year Purchased care average for increase/decrease greater than 30%
    
    4. For codes assigned a flat rate in prior year, and no PSC data prior year, assign MEPRS flat rate.
    
    5. For codes set to zero per historical zero prior year without PSC data prior year, set to zero.
    
    6. Remaining codes without prior year PSC data utilize a tiering system to make a rate determination based on prior year historical purchased care.
• 2019 Process by Sourcing Priority
• Historical Purchased Care Pull for Outlier Rates +/-30% variance.

1. TRICARE Rates (Current Year)
2. Purchased Care (Previous FY Year)
3. Historical Purchased Care (Prior 5 Years)
4. Tiering: Based on prior year sourcing and historical purchased care (Set to Zero, MEPRS Flat Rate, Historical Avg.)
ABACUS Mapping Table
• Contains specific code ranges that maps to various applicable modifiers, claim forms and indicates which rate table to find the charge.
  – CPT®/HCPCS driven.

DMIS ID Mapping Table
• The Defense Medical Information System Identifier (DMIS ID) Mapping Table is used as a way of standardizing both medical and military facility identification and cost/workload classification.

Revenue Mapping Table
• Identifies the CPT®/HCPCS procedure, supply, drug code, description and available revenue centers.
  – Revenue center code informs the payer where the procedure was performed.

Modifier Mapping Table
• Contains a list of modifiers that can be attached to specific ranges of codes and which rate table to find the charge in.
  – Modifier driven – to identify applicable code ranges.
  – Released with the annual CPT®/HCPCS codes update.
Rate Package Components – MEPRS Based Rates

**CMAC**
- 1
- 2

**CMAC Component**
- 3

**Anesthesia**
- 4

**Ambulance**
- 5

**Dental**
- 6

**DME/DMS**
- 7

**Gov’t Discounts IMET-IOR**
- 8

**Immunization**
- 9

**ABACUS MT**
- 10

**DMIS ID MT**
- 11

**Modifier MT**
- 12

**Revenue MT**

**UBO Outpatient Rate Package (12)**

**MEPRS Based Rates**
Medical Expense Program Reporting System (MEPRS) Based Rates

- **Annual adjustment for the following rates:**
  - CMAC Ambulatory Procedure Visit (APV)
  - Ambulance
  - Dental
  - Immunization (Specific)
  - Government Discounts IMET-IOR

- **CY19 Development Cycle**
  - MEPRS data was not mature during the CY19 outpatient rates development cycle, thus, codes adjusted with MEPRS data were developed using an alternative method.
    - Alternative Method: O&M Inflation Factor (+2.09%) was used as the CY19 annual adjustment in place of MEPRS per PO decision.
Computation & Burdening Factors

• Factors and percentages used as adjustments/plus ups in the Outpatient rate development process.

• Six (6) Main Factors
  – Asset Use – Recoup depreciation and interest costs.
  – GSUR Costs - Retirement health benefits and life insurance.
  – Military Pay – Military pay raise percentage from the annual presidential budget.
  – Civilian Pay - Civilian pay raise percentage from the annual presidential budget.
  – DMDC Factor – Military medical personnel salary expenses.
CY19 Outpatient Rates Summary

- 2019 Outpatient Rate package is effective **July 1\textsuperscript{st}, 2019**.
  
  • DHA UBO rates are developed to accommodate Military Health Systems billing systems and solutions.
  
  • Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.

- Formatted and sorted specifically for DHA UBO.

- Comprised of 12 rate components.
  
  • Four (4) of which are Mapping Tables.
Service Rate Requests
Service Rate Requests

- Army, Navy, Air Force, NCR MD tIMO.
  - 7 requests for a rate assignment in CY19.
  - CPT®/HCPCS codes approved and added with a rate:
    - 90750: HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX
    - 99606: MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT
    - 99607: MEDICATION THERAPY EACH ADDITIONAL 15 MIN (Add-On Code)

Assigning Rates per Service Requests:

- Rates assigned if TRICARE provided a rate.

- Rates assigned according to Ambulatory Payment Classification (APC) charges or Purchased Care allowable amounts.

- Rates not assigned for:
  - Case management codes.
  - Codes on the Government No Pay list.
  - Non-billable codes.
Service Rate Requests

Process for Requesting Rates for Procedure Codes

1) Service/MTF/billing office identifies the CPT®/HCPCS procedure code that is not included in the DHA UBO rates file.

2) Draft a written explanation telling why the code(s) should be applied a charge, the date(s) of service, the number of times and specific details of when/how the code is being used are all helpful.

3) Submit request with justification to Service/NCR MD Program Manager.

4) Service/NCR MD Program Manager forwards the written explanation and/or supporting documentation to the DHA UBO Helpdesk with a request for pricing.
   - Use “DHA UBO Special Price Request” in the subject line.

5) The pricing request will be forwarded to the appropriate SME for verification.
   - If confirmed that there is no DHA UBO current rate, a recommendation for an Out-of-Cycle (OOC) rate update may be considered.
   - SME determines the recommended rate structure and charge to apply, if any.
   - SME submits the recommended charge and supporting justification/documentation (including no charge if insufficient justification and documentation) to the PO for review and approval.

6) Upon PO approval, charges are updated and submitted to be included in the next rates cycle OOC update.
DHA UBO Inpatient Rates
• **Inpatient rates - Billing inpatient medical services at MTFs.**
  – Each inpatient MTF has an Adjusted Standardized Amount (ASA).

• **Effective rates for FY 2019 Inpatient Billing Rates.**
  – October 1, 2018 until superseded.
MAC Rates
• MAC rates - Same as DHA UBO Inpatient Adjusted Standardized Amounts (ASAs) and Outpatient rates but for liability insurance.
  • Automobile.
  • Homeowners and renters.
  • General casualty.
  • Medical malpractice.
  • Workers’ compensation.

• Approved by Office of Management and Budget (OMB) and published in the Federal Register (FR).

• Based on date(s) of service.

• Pharmacy rates do not require OMB approval.

• MAC collections are reported on a monthly basis.
Determining Which Rate File to Use for MAC Claims

- Determine Date(s) of Service.
- Find CMAC locality according to DMIS ID.
- Look up CPT®/HCPCS code for rate.
- Refer to UBO website to determine which file to use.
- Follow Service/NCR MD specific guidelines for filing MAC claims.
# Outpatient MAC Rates

<table>
<thead>
<tr>
<th>MAC Claims --- Date of Service</th>
<th>Rate File to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Publication</td>
<td>CY18 Outpatient Rates</td>
</tr>
<tr>
<td>January 24, 2018 – ** Will remain in effect until further notice</td>
<td>CY17 Outpatient Rates</td>
</tr>
<tr>
<td>November 18, 2014 – March 3, 2016</td>
<td>CY14 Outpatient Rates</td>
</tr>
<tr>
<td>October 22, 2013 – November 17, 2014</td>
<td>CY13 Outpatient Rates</td>
</tr>
<tr>
<td>November 19, 2012 - October 21, 2013</td>
<td>CY12 Outpatient Rates</td>
</tr>
<tr>
<td>November 21, 2011 - November 18, 2012</td>
<td>CY11 Outpatient Rates</td>
</tr>
<tr>
<td>March 21, 2011 - November 20, 2011</td>
<td>CY10 Outpatient Rates</td>
</tr>
<tr>
<td>December 15, 2009 - March 20, 2011</td>
<td>CY09 Outpatient Rates</td>
</tr>
</tbody>
</table>

Inpatient MAC Rates

<table>
<thead>
<tr>
<th>MAC Claims --- Date of Service</th>
<th>Rate File to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Publication</td>
<td>FY19 ASA Inpatient Rates</td>
</tr>
<tr>
<td>January 24, 2018 - ** Will remain in effect until further notice</td>
<td>FY18 ASA Inpatient Rates</td>
</tr>
<tr>
<td>September 16, 2015 - January 23, 2018</td>
<td>FY15 ASA Inpatient Rates</td>
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<td>June 12, 2014 - September 15, 2015</td>
<td>FY14 ASA Inpatient Rates</td>
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<td>April 11, 2013 - June 11, 2014</td>
<td>FY13 ASA Inpatient Rates</td>
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<td>March 21, 2011 - April 10, 2013</td>
<td>FY11 ASA Inpatient Rates</td>
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<tr>
<td>May 5, 2010 - March 20, 2011</td>
<td>FY10 ASA Inpatient Rates</td>
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<tr>
<td>January 15, 2009 - May 4, 2010</td>
<td>FY09 ASA Inpatient Rates</td>
</tr>
</tbody>
</table>

Billing Tips & Reminders
Industry Updates

- Centers for Medicare & Medicaid Services (CMS) updates CPT®/HCPCS codes on a quarterly basis.
- The American Medical Association (AMA) updates CPT®/HCPCS codes annually, effective 1 January.
- TRICARE updates CPT®/HCPCS codes annually.

DHA UBO Updates

- DHA UBO Outpatient rates: New CY19 CMAC codes were approved prior to normal annual effective date, were assigned a rate in this year’s process effective January 1, 2019. Remaining CY19 package still effective July 1, 2019.
  - Can only bill if there is a DHA UBO rate associated with an effective code so this allowed billing for new CPT®/HCPCS codes from the CMAC file.
  - DHA UBO rates cannot be applied retroactively.
- Proper PATCAT assignment drives applicable rate structure and code assignment.
Billing Tips and Reminders:
Health Plan and Policy Billing Guidelines

• Claim formats that are used in the MHS are based on encounter services provided, payer requirements, and Service and NCR MD billing policies.
• Government may not collect more than the total charge from any one source or combination of sources.
• If total payment exceeds the billed amount, MTF must refund the overage.

**Institutional - Hospital charges**

<table>
<thead>
<tr>
<th>Health Plan/Policy</th>
<th>Institutional</th>
<th>Bill format</th>
<th>Professional</th>
<th>Bill format</th>
<th>Cost Recovery Program</th>
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</thead>
<tbody>
<tr>
<td>Private insurance</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>TPC, MSA, MAC</td>
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<tr>
<td>Employer Group Health Plan</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>TPC, MSA, MAC</td>
</tr>
<tr>
<td>High Deductible Health Plan (HDHP)</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>N/A</td>
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<tr>
<td>Health Savings Account (HSA)</td>
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<td>N/A</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Health Reimbursement Account (HRA)</td>
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<tr>
<td>Flexible Spending Account (FSA)</td>
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<td>Association or Organization Health Plan</td>
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<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MAC</td>
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<tr>
<td>No fault automobile insurance</td>
<td>Yes</td>
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<td>Yes</td>
<td>837/CMS1500</td>
<td>MAC</td>
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<tr>
<td>Third party automobile liability</td>
<td>Yes</td>
<td>8371/UB-04</td>
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<td>837/CMS1500</td>
<td>MAC</td>
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<tr>
<td>Medicare Supplemental Plan</td>
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<td>Yes</td>
<td>837/CMS1500</td>
<td>MAC</td>
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<tr>
<td>Workers’ Compensation Plan (non-federal employee)</td>
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<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MSA</td>
</tr>
<tr>
<td>Workers’ Compensation Plan (federal employee)</td>
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<td>DD7/DD7A</td>
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<td>DD7/DD7A</td>
<td>MSA</td>
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<td>TRICARE Supplement</td>
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<td>Income (wage) Supplement</td>
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<td>Other/Special Coverage Group</td>
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<td>837P/CMS1500</td>
<td>TPC, MSA, MAC</td>
</tr>
<tr>
<td>None (pay patient)</td>
<td>Yes</td>
<td>Invoice/receipt</td>
<td>Yes</td>
<td>Invoice/receipt</td>
<td>TPC, MAC</td>
</tr>
</tbody>
</table>

**Professional - Provider charges**
Inpatient Special Circumstance Rates

- **Family Member Rate (FMR):** Inpatient per diem rate charged to active duty family members not enrolled in TRICARE Prime and all retiree family members whose care is not reimbursed by a third party payer.
  - Does not apply to:
    - Beneficiaries with OHI.

- **Food Service Charge at Appropriated Fund Dining Facilities or Standard Rate (Subsistence - SR):** charges cover the basic cost of food.
  - Does not apply to:
    - Active duty or Retired Personnel.
    - Patients whose OHI covers any portion of the IP encounter or any other amount paid by a third party payer to the MTF.
    - Inpatient cadets and midshipmen.
  - MTF dining hall charges must be applied to any individual in a non-inpatient status (e.g., OBS or APV).
Health.Mil & Launchpad
Navigation
Accessing UBO Information Online

- DHA UBO information is maintained on Health.mil and Launchpad.
  - Health.mil is a public site.
  - Launchpad is a CAC user restricted access.
Health.mil Website

Uniform Business Office (UBO)

The Army, Navy, Air Force, and National Capital Region Medical Directorate (NCR MD) establish and operate UBO offices at Defense Health Program (DHP) fixed military treatment facilities (MTFs) throughout the world that administer Third Party Collections (TPC), Medical Services Account (MSA), and Medical Affirmative Claim (MAC) Programs:

- MSA activities involve the first-payer billing of individuals and other Government Agencies for services rendered in MTFs to include, but not limited to, the U.S. Coast Guard, the National Oceanic and Atmospheric Administration, and the U.S. Public Health Service.
- TPC activities involve billing third-party payers on behalf of non-active duty dependents for treatment provided in MTFs.
- MAC activities involve billing all areas of liability insurance, such as automobile, products, premises and general casualty, homeowner's and renter's insurance, medical malpractice (by civilian providers), and workers' compensation (other than Federal employees).

These efforts are coordinated by the Chartered UBO Advisory Working Group, composed of the DHA, Army, Navy, Air Force, and NCR MD Program Officers, who meet quarterly to review and recommend effective processes to identify, review, validate, and prioritize functional changes and business process improvements to support MTF revenue and reimbursement activities.

Health.mil Website

UBO Rates Overview

The UBO billing rates are based on TRICARE allowable charges and are used to determine charges for outpatient, inpatient, dental, cosmetic surgery, and pharmacy services. Outpatient rates are the charges for professional and institutional health care services provided in MTFs. Inpatient rates are used when billing for inpatient medical services at MTFs. Each MTF providing inpatient care has its own applied Adjusted Standardized Amount (ASA). Pharmacy rates are based on TRICARE allowable charges, average wholesale price, or prime vendor program prices listed for the national drug codes and are used to set pharmacy rates for pharmaceuticals and approved drugs.

UBO rates differ slightly from the standard TRICARE rates. UBO rates are specifically formatted for military billing systems, and include charges for additional services not reimbursed by TRICARE.

The Assistant Secretary of Defense for Health Affairs (ASD/HA) approved the implementation of CY 2017 Outpatient Medical Dental and Cosmetic Procedure Reimbursement Rates for direct care received at military treatment facilities (MTFs) as of July 1, 2017. These rates are used to determine:

- Charges for medical and dental services provided on an outpatient basis
- Ambulatory services
- Inpatient cosmetic surgery services

These rates were released in accordance with U.S.C. Title 10, and will remain in effect until further notice.

The ASD/HA also approved the FY 2018 Inpatient Billing Rates for direct care received at MTFs effective October 1, 2017, and will remain in effect until further notice. These rates are used to determine charges for inpatient professional and institutional health care services provided in MTFs under the Defense Health Program (DHP).

UBO rates are published online in accordance with Executive Order 13410 (August 2006) to promote health care transparency relating to quality and cost.

Health.mil Website

MHS UBO Rates

MHS rates are used to determine charges for medical and dental services.
The MHS Rates are available to the authorized UBO Service Representative users with a Government Common Access Card by accessing the MHS UBO Site located on the MHS Secure Site LaunchPad (CAC authentication required).

Ambulance Rates

Anesthesia Rates

CMAC Rates

CMAC Locality DMIS ID Mapping Tables

CMAC Rates are adjusted for the locality of the providing military treatment facility (MTF). The following tables provide the key to determining which CMAC locality is appropriate for each MTF.

• DHA UBO Launchpad Website
  (https://info.health.mil/bus/brm/ubo/SitePages/Home.aspx)
  – Access restricted to CAC holders.
  – Note*** Users without a CAC may still request files using the DHA UBO Helpdesk.

• The following information is available on Launchpad:
  – Rates (Outpatient, Inpatient, MAC, Pharmacy, Deployed Forces, VA-DoD).
  – Pricing Calculators (VA-DoD, Cosmetic Surgery Estimator, Pharmacy).
  – PATCAT Table.
  – Publications.
  – Archived Webinars (Past 5 years).
  – Compliance Toolkit including template.
The UBO billing rates are based on TRICARE allowable charges and are used to determine charges for outpatient, inpatient, dental, cosmetic surgery, and pharmacy services. Outpatient rates are the charges for professional and institutional health care services provided in MTFs. Inpatient rates are used when billing for inpatient medical services at MTFs. Each MTF providing inpatient care has its own applied Adjusted Standardized Amount (ASA). Pharmacy rates are based on TRICARE allowable charges, average wholesale price, or prime vendor program prices listed for the national drug codes and are used to set pharmacy rates for pharmaceuticals and approved drugs.

UBO rates differ slightly from the standard TRICARE rates. UBO rates are specifically formatted for military billing systems, and include charges for additional services not reimbursed by TRICARE.

The Assistant Secretary of Defense for Health Affairs (ASD(HA)) approved the implementation of REVISED CY 2016 Outpatient, Medical, Dental, and Cosmetic Procedure Reimbursement Rates for direct care received at military treatment facilities (MTFs) as of November 1, 2016. These rates are used to determine:

- Charges for medical and dental services provided on an outpatient basis
- Ambulatory services
- Inpatient cosmetic surgery services

These rates were released in accordance with U.S.C. Title 10, and will remain in effect until further notice.

The ASD/HA also approved the FY 2017 Inpatient Billing Rates for direct care received at MTFs effective October 1, 2016, and will remain in effect until further notice. These rates are used to determine charges for inpatient professional and institutional health care services provided in MTFs under the Defense Health Program (DHP).

UBO rates are published online in accordance with Executive Order 13410 (August 2006) to promote health care transparency relating to quality and cost.

Mapping Tables
UBO billing systems use rate files in conjunction with several mapping tables that direct the billing systems to the appropriate rate file for any given procedure. These mapping tables also specify the billing form for each procedure and provide appropriate revenue centers and modifiers for each procedure. The major mapping files include:

- DMAS ID to CMAC Locality Table
- Revenue Mapping Table
- ABACUS Mapping Table
- Modifier Mapping Table

Contact Us
For questions or comments, please contact the UBO Help Desk:
- Send an Email Message
- Call 1-202-741-1532 and leave a message

We will return your phone message within one business day.

Link: https://info.health.mil/bus/brm/ubo/SitePages/Home.aspx
• 1) “I'm trying to locate CPT XXXX or HCPCS XXXX, but cannot seem to find this code, or no rate is attached. Please assist.”

  – **DHA UBO Helpdesk Response:** There is not currently a rate assigned to code XXXX. Please submit the below justification information for a rate request:

    – Date of service
    – Number of times used
    – Specific details of when/how the code is being used
    – Any further written justification of why a rate should be assigned
2) Where are the **TRICARE CMAC rates? I do not see them on the UBO Web site.**

- **DHA UBO Helpdesk Response:** TRICARE CMAC rates are available on the Health.mil Web site under the “Rates and Reimbursement” ([http://www.health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement](http://www.health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement)) section. These rates are used to recover the cost of healthcare services provided by MTFs that abides by DoD/VA Resource Sharing agreements. These rates are different than the DHA UBO CMAC rates which are based on TRICARE CMAC rates, but are formatted for military billing systems and include charges for additional services not reimbursed by TRICARE.

3) Where can I find **MAC billing rates from previous years?**

- **DHA UBO Helpdesk Response:** MAC rates are same as DHA UBO Inpatient Adjusted Standardized Amounts (ASA) and Outpatient rates, but must first be approved by Office of Management and Budget (OMB) and published in the Federal Register (FR)

- You can find the appropriate MAC rates under “UBO Archived Rates” on the DHA UBO Launchpad. Select the appropriate rate file according to the date(s) of service for MAC billing.
Webinar Summary

• Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at an MTF.
  
  12 Components.

• 2019 Overall percent change for Outpatient Rates is 0.80%.

• 2019 Outpatient Rate Package effective date: July, 1, 2019
Webinar Summary

• Locality Mapping
  – 114 TRICARE localities.
  – 1 DHA UBO Specific locality (#300).
    • National Average and OCONUS facilities.

• Table Reformatting
  – ABACUS Mapping Table
  – Revenue Mapping Table
Webinar Summary

• MAC Billing
  – Rates used for MAC billing are the same as those included in the OP, IP and Rx rate packages. However, these rates (except Rx) must be approved by the OMB and published in the Federal Register before they can be used for MAC purposes. Effective rate based on date(s) of service.

• Rate Requests for Procedures
  – Rates determined based on Service/ NCR-MD requests, necessity, and PO approval.
  – Submit code with justification to the UBO Helpdesk via your Service Program Manager.
    • Requests reviewed, approved by UBO, and included in next cycle update or may constitute an out of cycle update.
Webinar Summary

- **Follow Policy Billing Guidelines to ensure proper billing.**
  - MHS claims based on services provided, payer requirements, and Service/NCR-MD billing policies.
  - PATCAT assignment drives correct billing and identifies the appropriate rate structure.

- **DHA UBO information is maintained on Health.mil and Launchpad.**
  - Health.mil is a public site.
  - LaunchPad – CAC user restricted access.
Questions?