CY20 DHA UBO Outpatient Rates

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DHA UBO Program Office Contract Support
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Session 1: 28 July 2020 @ 0800-0900 ET
Session 2: 30 July 2020 @ 1400-1500 ET

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Understand & Become Familiar With:

1) DHA UBO Rate Structures
2) DHA UBO Outpatient Rates
   —CY2020 Effective Date
   —Rate Components (12)
3) Service Rate Requests
4) DHA UBO Inpatient Rates
5) MAC Rates
6) COVID-19 Impacts and Updates
7) Billing Tips and Reminders
8) Health.mil and Launchpad Navigation
9) DHA UBO Helpdesk Q&A
10) 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 health care 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 2020 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.
Rate Package Components

UBO Outpatient Rate Package (12)

- CMAC
- CMAC Component
- Anesthesia
- Ambulance
- Dental
- DME/DMS
- Gov’t Discounts IMET-IOR
- Immunization
- ABACUS MT
- DMIS ID MT
- Modifier MT
- Revenue MT

MEPRS Based Rates
• **Overview**
  – Primary rate table, formatted and sorted for UBO.
  – Based on what TRICARE allows.
  – Categorized by CMAC localities.

• **2020 Highlights**
  – Certain CMAC codes are not available for separate reimbursement.
    • ED Rates
    • Observation
    • Moderate Sedation
  – 0.18% Overall Average Percent Increase from CY19
  – CY20 New codes became effective January 1, 2020, the rest of the file will have an effective date for CY20 of **July 1st, 2020.**

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<th>Codes Set To Zero</th>
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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 CY20

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.
  – \((\text{Average Time Units} + \text{Base Units}) \times \text{National Average Conversion Factor}\).
  – 2020 Total Codes: 272.

• **2020 Highlights**
  – Overall Decrease of \(-0.32\%\)
• **Overview**
  – 2019 Full Rate: $260.86.

• **2020 Highlights**
  – Overall Increase of +**3.22%**

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• **Overview**
  – The updated Defense Health Agency CY20 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.

• **2020 Highlights**
  – Overall increase of **+3.32%**.
  – Added 45 new codes, 18 revised codes, 9 deleted codes.
  – 794 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.
• **Overview**
  – International Military Education & Training (IMET).
  – Interagency Outpatient Rates (IOR).

• **2020 Highlights**

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• **Overview**
  
  – **1st Priority** – CMAC TRICARE Provided Rates (Released Quarterly).
  
  – **2nd Priority** – Purchased Care Allowable Amounts (Previous Fiscal Year).
  
  – **3rd Priority** – MEPRS Based Flat Rate.
    
    • 2019 Flat Rate: $65.11.
    
    • 2020 Flat Rate: $67.21 (Increased by 3.22%).

• **2020 Highlights**
  
  – 89 New Codes, 9 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.
• **2020 Process by Sourcing Priority**
• **Historical Purchased Care Pull for Outlier Rates +/-30% variance.**
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.
• **CY 2020 in the ABACUS Mapping Table to accommodate Inherently Bilateral codes**
  – Modifier -50 has historically been allowably mapped to all codes within applicable code ranges although several inherently bilateral codes fall within these ranges.
  – It is important to note that if an inherently bilateral code has modifier -50 included it will lead to further coding issues for any ancillary codes that are not filtered through CCE for coders to review and correct.
  – Logic in the mapping table uses a multiplier to increase the rate for codes appended with a -50 mod.
  – Codes that are inherently bilateral (their procedure description implies performing the procedure to both sides of the body) should not be appended with a -50 mod, as the rate already accounts for the procedure for left and right in the same operative session.
  – Change split new Radiology ranges to negate the -50 mod multiplier when used on inherently bilateral Rad codes.
Rate Package Components – MEPRS Based Rates

UBO Outpatient Rate Package (12)

CMAC
CMAC Component
Anesthesia
Ambulance
Dental
DME/DMS

Gov’t Discounts IMET-IOR
Immunization
ABACUS MT
DMIS ID MT
Modifier MT
Revenue MT

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

• **CY20 Development Cycle**
  – MEPRS data was again not mature during the CY20 outpatient rates development cycle, thus, codes adjusted with MEPRS data were developed using an alternative method.
    • Alternative Method: O&M Inflation Factor (+3.22%) was used as the CY20 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.
  - Defense Health Plan Growth - Annual budget growth percentage.
• Final Approval of the CY20 OP Rates Policy Package has not yet been approved at the time of this presentation.
• OP billing on hold in ABACUS until the updated rates are approved, files are loaded in ABACUS and ready to be used for dates of service after July 1, 2020 when the final approval is received.
• Leave claims in place in the Patient Billing screen of ABACUS, errors should read “Rate not Found.”
• Upon approval ABACUS will reprocess these stopped claims due to the missing rates and new rates applied to the process for billing retroactive to July 1, 2020.
CY20 Outpatient Rates Summary

- 2020 Outpatient Rate package is **NOT YET** effective.
  - 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

– 24 requests for a rate assignment in CY20.

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.
## 2020 Service Rate Requests

<table>
<thead>
<tr>
<th>Rate</th>
<th>Service</th>
<th>File</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71045</td>
<td>RAD</td>
<td>CMAC</td>
<td>Radiologic examination, chest; single view</td>
</tr>
<tr>
<td>71046</td>
<td>RAD</td>
<td>CMAC</td>
<td>Radiologic examination, chest; 2 views</td>
</tr>
<tr>
<td>78499</td>
<td>RAD</td>
<td>Lab and Misc: APC assigned rate</td>
<td>Unlisted cardiovascular procedure, diagnostic nuclear medicine</td>
</tr>
<tr>
<td>90471</td>
<td>OPE</td>
<td>CMAC</td>
<td>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</td>
</tr>
<tr>
<td>90750</td>
<td>IMM</td>
<td>IMM</td>
<td>Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use</td>
</tr>
<tr>
<td>97110</td>
<td>OPE</td>
<td>CMAC</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</td>
</tr>
<tr>
<td>97140</td>
<td>OPE</td>
<td>CMAC</td>
<td>Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure</td>
</tr>
<tr>
<td>99024</td>
<td>OPE</td>
<td>CMAC</td>
<td>Telephone evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>0208T</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Pure tone audiometry (threshold), automated; air only</td>
</tr>
<tr>
<td>0503F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model</td>
</tr>
<tr>
<td>2028F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)</td>
</tr>
<tr>
<td>3085F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Suicide risk assessed (MDD, MDD ADOL)</td>
</tr>
<tr>
<td>3353F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)</td>
</tr>
<tr>
<td>3511F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Patient (or caregiver) queried about sleep disturbances (Prkns)</td>
</tr>
<tr>
<td>4328F</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Patient (or caregiver) queried about sleep disturbances (Prkns)</td>
</tr>
<tr>
<td>A0433</td>
<td>AMB</td>
<td>Ambulance</td>
<td>Advanced life support, level 2 (als 2)</td>
</tr>
<tr>
<td>A4465</td>
<td>DME</td>
<td>DME</td>
<td>Non-elastic binder for extremity</td>
</tr>
<tr>
<td>J7301</td>
<td>IMM</td>
<td>IMM</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (SKyla), 13.5 MG</td>
</tr>
<tr>
<td>C1780</td>
<td>OPE</td>
<td>Lab and Misc.: PSC assigned rate</td>
<td>Lens, intraocular (new technology)</td>
</tr>
<tr>
<td>C178S</td>
<td>OPE</td>
<td>Lab and Misc.: PSC assigned rate</td>
<td>Pacemaker, dual chamber, rate-responsive (implantable)</td>
</tr>
<tr>
<td>G0515</td>
<td>OPE</td>
<td>EXPIRED</td>
<td>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</td>
</tr>
<tr>
<td>S9441</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Asthma education, non-physician provider, per session</td>
</tr>
<tr>
<td>S9445</td>
<td>OPE</td>
<td>Gov't No Pay List</td>
<td>Patient education, not otherwise classified, non-physician provider, individual, per session</td>
</tr>
</tbody>
</table>
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 2020 Inpatient Billing Rates.
  – October 1, 2019 until superseded.
MAC Rates
Medical Affirmative Claims (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>
</tr>
<tr>
<td>June 12, 2014 - September 15, 2015</td>
<td>FY14 ASA Inpatient Rates</td>
</tr>
<tr>
<td>April 11, 2013 - June 11, 2014</td>
<td>FY13 ASA Inpatient Rates</td>
</tr>
<tr>
<td>March 21, 2011 - April 10, 2013</td>
<td>FY11 ASA Inpatient Rates</td>
</tr>
<tr>
<td>May 5, 2010 - March 20, 2011</td>
<td>FY10 ASA Inpatient Rates</td>
</tr>
<tr>
<td>January 15, 2009 - May 4, 2010</td>
<td>FY09 ASA Inpatient Rates</td>
</tr>
</tbody>
</table>

COVID-19 Updates and CY20 Impacts
COVID-19 Updates:

- TRICARE has updated pricing to accommodate additional lab tests and related codes
- MHS has updated code tables twice: once April 1 and a second time July 1 to accommodate code updates from CMS and AMA for COVID-19 procedures and diagnosis
- Resulting in two different rate updates from DHA UBO, and two different sets of files, not including new codes updated January 1, 2020.
  - First update April 1, 2020: included COVID-19 codes 87635, U0001, U0002
- ABACUS COVID-19 Billing Guidance document, distributed to all UBO Service PMs
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 CY20 CMAC codes were approved prior to standard annual effective date, were assigned a rate in this year’s process effective January 1, 2020. Remaining CY20 package still to be effective July 1, 2020 once approved.
  – 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.

<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>
</tr>
</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>
</tr>
<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>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Association or Organization Health Plan</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MAC</td>
</tr>
<tr>
<td>No fault automobile insurance</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MAC</td>
</tr>
<tr>
<td>Third party automobile liability</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MSA</td>
</tr>
<tr>
<td>Medicare Supplemental Plan</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MSA</td>
</tr>
<tr>
<td>Workers’ Compensation Plan (non-federal employee)</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<td>837/CMS1500</td>
<td>MSA</td>
</tr>
<tr>
<td>Workers’ Compensation Plan (federal employee)</td>
<td>No</td>
<td>DD7/DD7A</td>
<td>No</td>
<td>DD7/DD7A</td>
<td>MSA</td>
</tr>
<tr>
<td>Workers’ Compensation Plan (DoD employee)</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>TRICARE Supplement</td>
<td>No</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Income (wage) Supplement</td>
<td>Yes</td>
<td>N/A</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Other/Special Coverage Group</td>
<td>Yes</td>
<td>8371/UB-04</td>
<td>Yes</td>
<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>
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 cycle management activities.

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.

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 on 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](https://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/UBO-Rates-Overview/MHS-UBO-Rates) (CAC authentication required).

**Ambulance Rates**

*Select Download: Select...  Download*

**Anesthesia Rates**

*Select Download: Select...  Download*

**CMAC Rates**

These files contain all localities and are compressed in a .zip file format. Please download the entire file before attempting to open.

*Select Download: Select...  Download*

**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.
DHA Uniform Business Office
Military Health System 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 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:

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Mapping Tables</th>
</tr>
</thead>
</table>
| 2016              | - DMAS ID to CMAC Locality Table  
|                   | - Revenue Mapping Table  
|                   | - ABACUS Mapping Table  
|                   | - Modifier Mapping Table |

Contact Us
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- Send an Email Message
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We will return your phone message within one business day.

Link: [https://info.health.mil/bus/brm/ubo/SitePages/Home.aspx](https://info.health.mil/bus/brm/ubo/SitePages/Home.aspx)
DHA UBO Helpdesk Q&A
• 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.
Questions?