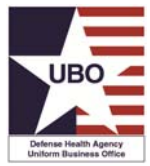


DHA UBO

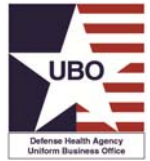
VA-DoD Resource Sharing Outpatient Billing Guide

USER GUIDE



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1.0 Introduction

In 1982, Congress passed the Veteran's Administration (VA) and Department of Defense (DoD) Health Resources Sharing and Emergency Operations Act to promote cost-effective use of health care resources and efficient delivery of care. It authorizes VA medical centers and DoD military treatment facilities (MTFs) to enter into mutually beneficial sharing agreements to buy, sell, and barter medical and support services. Congress then passed the National Defense Authorization Act (NDAA) of 2003 that encourages VA and DoD joint strategic planning, established a Joint Executive Council for governance over VA and DoD sharing *and mandated standardized reimbursement rates for VA and DoD medical facilities with resource sharing agreements.*

Per the NDAA of 2003, the VA and DoD signed a 2003 Memorandum of Agreement in which they agreed to a standard reimbursement methodology for medical facilities with direct resource sharing agreements. In 2009, they agreed to the *Outpatient Billing Guidance for Department of Defense/Veterans Affairs Direct Sharing Agreements for Health Care* (herein referred to as *Outpatient Billing Guidance*). This methodology bills outpatient clinical services at TRICARE CHAMPUS Maximum Allowable Charge (TRICARE CMAC) rates less 10% for the appropriate Current Procedure Terminology (CPT®).

To support the 2009 *Outpatient Billing Guidance*, the TRICARE Management Activity (DHA) Uniform Business Office (UBO) developed a "VA-DoD Resource Sharing Outpatient Billing Guide" to calculate outpatient charges for MTFs that provide VA-DoD resource sharing agreement care.¹ Developed in FY13, the DHA UBO Outpatient Billing Guide ("OBG") is designed to assist MTFs with resource sharing agreement care to calculate both the institutional and non-institutional components of an outpatient encounter. The VA-DoD OBG is published along with instructions for use in a Microsoft® Excel® workbook. It is available for download and use on the DHA UBO Website at:

<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient>. A Webinar showing how to use the VA-DoD OBG is also available for on demand viewing free of charge on the Website at:

http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent.

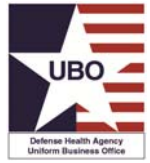
2.0 Calculating Charges with the VA-DoD Outpatient Billing Guide

The Outpatient Billing Guide ("OBG") is designed to assist MTFs with resource sharing agreement care to calculate both the institutional and non-institutional elements of an outpatient encounter. It is an Excel® workbook that can be used to document all services, supplies and pharmaceuticals that may be provided during an outpatient visit and to calculate the total charge to bill to the VA. Note: this is a guide to help calculate charges and does not generate a bill; you must follow Service-specific or MTF-specific guidance on how to bill the VA and what format to use.

Versions available

VA-DoD Discount: In the *Standard_VA-DoD_Outpatient_Billing_Guide_FY13* version, "VA-DoD Discount" is pre-populated according to the 2009 *Outpatient Billing Guidance*. For MTFs that have negotiated reimbursement discounts

¹ Your MTF must have a resource sharing agreement with the VA to use the VA-DoD Outpatient Billing Guide, otherwise outpatient charges must be calculated using DHA UBO interagency rates. MTFs with current VA-DoD sharing agreements are listed at: <http://www.tricare.mil/DVPCO/va-direct.cfm>. Scroll to the bottom of that Webpage and click the hyperlink "Current Sharing Agreements".



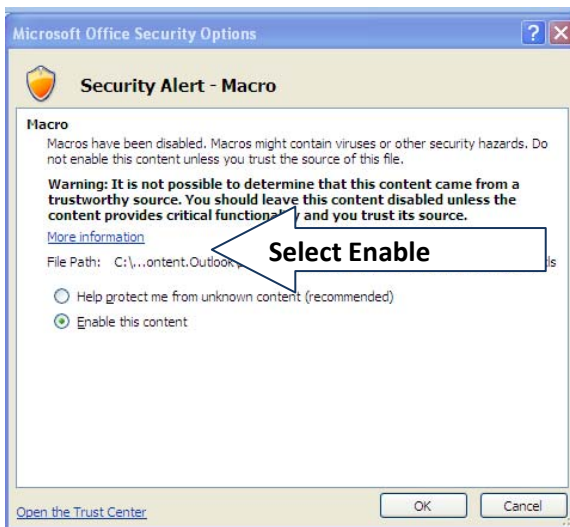
or have negotiated specific reimbursement amounts, use the *Variable_Rate_VA-DoD_Outpatient_Billing_Guide_FY13* version. The variable rate OBG allows you to enter your MTF-specific discount amount or negotiated rate. All other guidance in this OBG applies to both versions of the guides.

2.1 Accessing the VA-DoD Resource Sharing Outpatient Billing Guide

The OBG is contained in a Microsoft® Excel® workbook that is available for use and download from the DHA UBO Website at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Outpatient>. For optimal functionality, the OBG should be saved to a computer that has Internet access. The OBG allows you to look up billing rates for services from the TRICARE website and for pharmaceuticals in the DHA UBO VA-DoD Pharmacy Pricing Estimator.

When opened, the OBG workbook may display a Security Warning, “Macros have been disabled”. If so, select “Options” to enable the content and its full functionality.

Click on the radio button “Enable this content”. Then click OK.

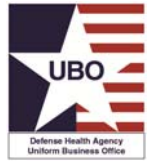


2.2 Command Buttons

Use the command buttons on the far left column of each worksheet to add additional lines to enter additional services, supplies and pharmaceuticals provided in an outpatient visit. These buttons each have a plus sign (+). When selected, an additional line with the same criteria and discount will be added to the worksheet for you to complete. For example, if there are three CPT® codes for professional services in an encounter record, click on the plus sign (+) next to “Professional Services” twice to add two additional lines; then enter all three CPT® codes and look up the rate for each within the same worksheet.



VA-DoD Outpatient Billing Guide USER GUIDE



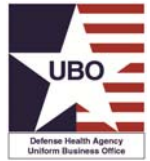
VA-DoD Resource Sharing - Outpatient						
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount	
Institutional Service(s)		Locally negotiated rate	\$ -	0%	\$ -	
+ Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -	
+ Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -	
+ Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -	
+ Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -	
+ Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -	
+ Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ DME/DMS		Locally negotiated rate	\$ -	0%	\$ -	
Total					\$ -	

Clicking on the plus sign (+) next to “Professional Services” on the worksheet will add a new line for entering an additional service.

VA-DoD Resource Sharing - Outpatient						
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount	
Institutional Service(s)		Locally negotiated rate	\$ -	0%	\$ -	
+ Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -	
+ Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -	
+ Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -	

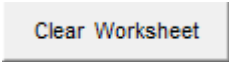
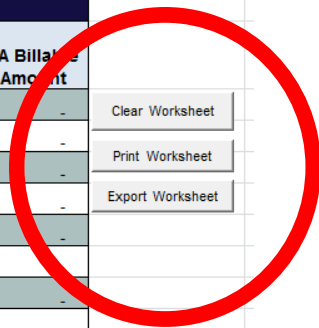


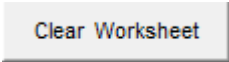
VA-DoD Outpatient Billing Guide USER GUIDE

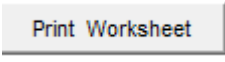


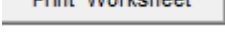
Three command buttons are located to the right of the OBG worksheet: “Clear Worksheet”, “Print Worksheet”, and “Export Worksheet”.

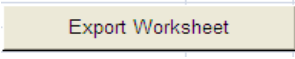
VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billing Amount
Institutional Service(s)		Locally negotiated rate	\$ -	0%	\$ -
+ Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
+ Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
+ Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
+ Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
+ Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
+ Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+ DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ -

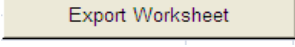


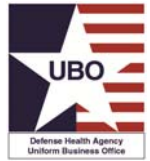
Click  on the OBG to clear the contents of the OBG worksheet. This will also remove any extra rows that were added during previous calculations.



Click  on the OBG to print the content of the worksheet. The worksheet will print to your default printer.



Click  to export the data entered and amounts calculated into a separate Excel® workbook. This new workbook can be saved with the patient’s file for that outpatient encounter.



3.0 Calculating Outpatient Charges Using the Outpatient Billing Guide

The OBG worksheet is designed to aid MTFs that provide VA-DoD resource sharing agreement care in keeping track of all charges related to an outpatient encounter. All potential components of an outpatient encounter are listed below.

- Institutional Services (*locally negotiated*)
- Professional Services (*bill at TRICARE CMAC less 10%, else CMS rate less 10%*)
- Anesthesia Professional Services (*use TRICARE Anesthesia Procedure Pricing or follow internal business office guidance*)
- Implants Supplied by referring facility (*locally negotiated*)
- Surgical rates for Services not part of TRICARE or VA benefit (*locally negotiated*)
- Laboratory (*bill global TRICARE CMAC rates less 10%. Reference lab rates should be locally negotiated based on cost*)
- Radiology (*bill global TRICARE CMAC rates less 10%. Use technical rate if procedure only and use professional rate if interpretation only*)
- Pharmaceuticals (*bill using the DHA UBO VA-DoD Resource Sharing Pharmacy Pricing Estimator*)
- Durable Medical Equipment (*locally negotiated*)
- Other Outpatient services not specifically addressed in this guidance may be negotiated locally based on direct variable cost

MTF personnel must follow their Service-specific guidelines on how to bill the VA, and billing must be based upon the resource sharing agreement in place at the time services were rendered. If no resource sharing agreement has been negotiated, use DHA UBO interagency rates to bill the VA for care provided at MTFs to their eligible beneficiaries. These DHA UBO interagency rates are located at: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.1 Outpatient Encounter Services

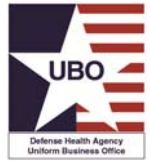
Outpatient visits include provider appointments, same-day surgery, emergency room visits, observation beds, and physical and occupational therapy. The OBG provides a worksheet that can track the components of care for any of these visits. Enter the documentation on the corresponding lines, and the OBG will apply the discounts and calculate a total charge. The following sections provide details on how to generate charges for components of care related to an outpatient encounter.

3.1.1 Institutional Services

Per the 2009 *Outpatient Billing Guidance*, for procedures performed in an operating room, a procedure room, ambulatory surgery center, or emergency room, sites may negotiate locally for the institutional cost. If an institutional charge has been locally negotiated, enter the charge in the Cost column on the Institutional Services line. Per the *Outpatient Billing Guidance*, no discount is applied to the Institutional Services cost; therefore, the VA Billable Amount will be the same as the Cost.



VA-DoD Outpatient Billing Guide USER GUIDE



VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,895.00	0%	\$ 1,895.00
Professional Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 1,895.00

3.1.2 Professional Services

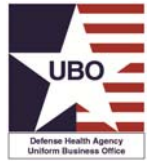
Per the 2009 *Outpatient Billing Guidance*, the professional component of outpatient visits are charged at the TRICARE CMAC rate less 10% for the appropriate CPT® code (unless otherwise negotiated). To access the TRICARE CMAC rates and calculate charges for professional services, use the TRICARE CMAC Procedure Pricing Webpage located at: <http://www.tricare.mil/CMAC/ProcedurePricing/ProcPricing.aspx>. You can also click the hyperlink *TRICARE CMAC less Discount* in the Billing Criteria column of the OBG to access that Webpage. General instructions on how to use the TRICARE CMAC Procedure Pricing Webpage are below and also available at: http://www.tricare.mil/CMAC/help/Help_Main.htm.

VA-DoD Resource Sharing - Outpatient			
Type of Service	CPT/HCPCS Code	Billing Criteria	
Institutional Services		Locally negotiated rate	\$
Professional Services	992	TRICARE CMAC less Discount	\$
Anesthesia		TRICARE Anesthesia Procedure Pricing	\$
Implants Supplied by referring facility		Locally negotiated rate	\$

To calculate the TRICARE CMAC procedure pricing, first enter your MTF's Locality Code, State, Catchment Area, ZIP Code, or Foreign Country. Only one input is required to proceed to the next screen. Click *Search* to advance to the next screen.



VA-DoD Outpatient Billing Guide USER GUIDE



TMA Home | About TMA | Conferences | TRICARE Contacts | Feedback | Site Map

CMAC Procedure Pricing | Int'l Procedure Pricing | Cross Reference Utilities | Download All Current CMAC Pricing | Download Current Individual Pricing Files

Provider Resources

CMAC Procedure Pricing

The effective dates for differing localities are reflected at the procedure code detail level. If you are not sure what you are looking for, we have some [cross-reference utilities](#) to help you. Or view the [HELP](#) page for general questions concerning CMAC.

Procedure pricing is calculated based on the Locality Code. Select a Locality Code for the geographic region you are querying, or you may look up locality codes by selecting a State, entering a Catchment Area Code, entering a Zip Code, or specifying a Foreign Country.

Locality Code:

State:

Catchment Area:

Zip Code:

Foreign Country:

NOTE: THE NATIONAL HEALTH EDUCATION CENTER (NHEC) HAS BEEN DESIGNATED AS THE OFFICIAL CMAC PROVIDER.

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Applicable FAR/DFARS Restrictions Apply to Government Use

Next, enter the CPT® code from the encounter record, and then click *Show Pricing Information*.

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CMAC Procedure Pricing | Int'l Procedure Pricing | Cross Reference Utilities | Download All Current CMAC Pricing | Download Current Individual Pricing Files

Provider Resources

CMAC Search Results

State: VIRGINIA

DC * MDVA SUBURBS

This is a list of localities associated with the search criteria you selected. Use your mouse to select a locality from the list, type in a procedure code and click on the "Show Pricing Information" button to retrieve CMAC pricing data.

Procedure Code:

Enter CPT® Code

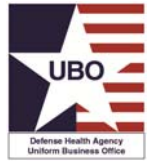
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Resulting pricing will display for Categories 1-4 type providers. Enter the price for either Category 2 (Non-Facility Physician) or Category 4 (Non-Facility Non-Physician) into the Professional Services Cost column of the OBG based on the provider type documented in the clinical encounter record. (Note: Categories 1 (Facility Physician) and 3 (Facility Non-Physician) do not apply to VA-DoD resource sharing outpatient care).



VA-DoD Outpatient Billing Guide USER GUIDE



CMAC Search Results

CMAC Detail Screen for Procedure Code: 17000
 Locality Code: 317
 Locality Name: DC + MD/VA SUBURBS
 State Code: DC
 State Name: DISTRICT OF COLUMBIA
 State Code: MD
 State Name: MARYLAND
 State Code: VA
 State Name: VIRGINIA

Procedure Code	Description
17000	DESTRUCT PREMALG LESION

Effective Date: 01-May-12 Correction Date: N/A Term Date: N/A

CMAC for Category 1	\$63.80
Category of Provider	Facility Physician
CMAC for Category 2	\$93.57
Category of Provider	Non-Facility Physician
CMAC for Category 3	\$54.23
Category of Provider	Facility Non-Physician
CMAC for Category 4	\$79.53
Category of Provider	Non-Facility Non-Physician

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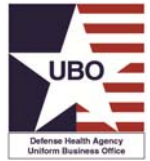
Manually enter the professional service CPT® code rate into the “Professional Service(s)” Cost column of the OBG.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,712.23

Enter the CPT® Code for the procedure in the CPT®/HCPCS Code column. If there is more than one professional service, use the “+” button to the left of the page on the Professional Services line and an additional row will be added. There is no limit to the number of professional services codes that can be recorded for an encounter. For the *Standard_VA-DoD_OBG_FY13*, the VA Billable Amount, including a fixed 10% discount, will populate the *VA Billable Amount* column. For the *Variable_Rate_Modified_VA-DoD_OBG_FY13*, enter the negotiated discount percent in the *Discount %* column. The discount specified will be applied to the cost entered. If there is a negotiated flat rate for the service or item, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press “Enter” on your keyboard, and the negotiated rate will populate in the *VA Billable Amount* column.



VA-DoD Outpatient Billing Guide USER GUIDE



VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)		TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,712.23

3.1.3 Anesthesia Professional Services

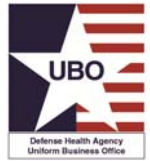
Per the 2009 Outpatient Billing Guidance, Anesthesia Professional Services are based on the TRICARE CMAC rates, and there is a separate TRICARE website for pricing anesthesia services. Per the 2009 *Outpatient Billing Guidance*, a 10% discount is applied to anesthesia professional services (unless otherwise negotiated). To reach the TRICARE anesthesia pricing website, click on the link under *Billing Criteria* on the OBG or proceed directly to <http://tricare.mil/anesthesia/>.

To calculate the TRICARE Anesthesia Procedure Prices, enter your MTF’s Locality Code, State, Catchment Area, ZIP Code, or Foreign Country. Only one entry is required to proceed to the next screen.

Select the Provider Classification (Class 1 physician, or Class 4 non-physician); enter the Procedure Code, and length of procedure (in minutes) as documented in the encounter record. Then click “Submit for Calculations”.



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The TRICARE Allowable amount will result:

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Site Map

Provider Resources

Anesthesia Home
Downloads

**Anesthesia Procedure Pricing
Search Results**

Anesthesia Rates for Procedure Code: **00840**
 Locality Code: **317**
 Current Rate Effective as of **Tuesday, May 01, 2012**

Class:	Class 1 Provider
Duration:	30 minutes
Allowable amount:	\$185.60

Note: Procedure duration rounded up to next 15-minute interval.
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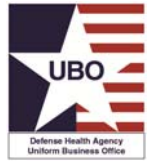
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www.tricare.mil is the official Web site of the
 TRICARE Management Activity,
 a component of the [Military Health System](#)
 7700 Arlington Boulevard, Suite 5101, Falls Church, VA 22042-5101

Enter the TRICARE allowable amount manually into the "Anesthesia Professional Services" Cost column of the OBG. For the *Standard_VA-DoD_OBG_FY13*, the VA Billable Amount, including a 10% discount, will automatically populate in the *VA Billable Amount* column. For the *Variable_Rate_VA-DoD_OBG_FY13*, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 212.50	10%	\$ 191.25
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,903.48



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The VA Billable Amount, including the applicable discount, will automatically populate under VA Billable Amount.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 212.50	10%	\$ 191.25
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,903.48

3.1.4 Implants Supplied by the Referring Facility

Per the 2009 Outpatient Billing Guidance, if patients bring supplies provided by their referring facility, pricing will be negotiated locally.

Enter the locally negotiated cost of the supply manually into the “Implants Supplied by Referring Facility” Cost column of the OBG. Per the 2009 *Outpatient Billing Guidance*, no discount applies, thus the amount entered in the Cost column will populate in the VA Billable Amount column for both the *Standard_VA-DoD_OBG_FY13* and *Variable_Rate_VA-DoD_OBG_FY13* versions of the OBG.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ -	10%	\$ -
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ -	10%	\$ -
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 3,250.00

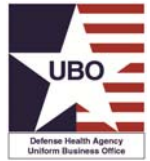
3.1.5 Surgical Rates for Services Not Part of TRICARE or VA Benefit

Per the 2009 Outpatient Billing Guidance, surgical rates for services that are not part of the designated TRICARE or VA benefit will be locally negotiated.

Enter the locally negotiated surgical rate for services not part of TRICARE or VA benefit amount manually into the “Surgical Rates for Services Not Part of TRICARE or VA Benefit” Cost column of the OBG. Per the 2009 *Outpatient Billing Guidance*, no discount applies, thus the amount entered in the Cost column will populate in the VA Billable Amount column for both the *Standard_VA-DoD_OBG_FY13* and *Variable_Rate_VA-DoD_OBG_FY13* versions of the OBG.



VA-DoD Outpatient Billing Guide USER GUIDE



VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 562.00	10%	\$ 505.80
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 177.00	10%	\$ 159.30
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ 985.00	0%	\$ 985.00
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 4,900.10

3.1.6 Laboratory

Per the 2009 *Outpatient Billing Guidance*, a 10% discount is applied to the global TRICARE CMAC rates for laboratory services (unless otherwise negotiated). Calculate laboratory service charges using the TRICARE CMAC Procedure Pricing Webpage located at: <http://www.tricare.mil/CMAC/ProcedurePricing/ProcPricing.aspx>. You can also click the hyperlink *TRICARE CMAC less Discount* in the *Billing Criteria* column of the OBG to access that Webpage. General instructions on how to use the TRICARE CMAC Procedure Pricing Webpage are below and also available at: http://www.tricare.mil/CMAC/help/Help_Main.htm.

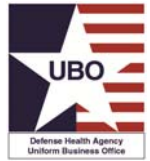
See instructions in professional services section above as to how to use TRICARE CMAC calculator. If there is more than one laboratory service for the outpatient encounter, use the plus sign (+) next to the *Type of Service* column to add additional rows for laboratory services.

Select the TRICARE CMAC category 2 rate if the service was performed by a physician and category 4 rate if performed by a non-physician. There are no TRICARE CMAC rates for reference lab services. Thus do not bill for reference lab services unless your MTF has an agreement in place wherein one facility acts as a reference lab and rates are negotiated locally based on cost.

Enter the TRICARE allowable amount manually into the "Laboratory Service(s)" *Cost* column of the OBG. For the *Standard_VA-DoD_OBG_FY13*, the VA Billable Amount, including a 10% discount, will automatically populate in the *VA Billable Amount* column. For the *Variable_Rate_VA-DoD_OBG_FY13*, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column.



VA-DoD Outpatient Billing Guide USER GUIDE



VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 562.00	10%	\$ 505.80
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 177.00	10%	\$ 159.30
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ 985.00	0%	\$ 985.00
Laboratory Service(s)	82306	TRICARE CMAC less Discount	\$ 108.00	10%	\$ 97.20
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 4,997.30

3.1.7 Radiology

Per the 2009 *Outpatient Billing Guidance*, a 10% discount is applied to the global TRICARE CMAC rates for radiology services (unless otherwise negotiated). Calculate radiology service charges by using the TRICARE CMAC Procedure Pricing Webpage located at: <http://www.tricare.mil/CMAC/ProcedurePricing/ProcPricing.aspx>. You can also click the hyperlink *TRICARE CMAC less Discount** in the *Billing Criteria* column of the OBG to access that Webpage. General instructions on how to use the TRICARE CMAC Procedure Pricing Webpage are below and also available at: http://www.tricare.mil/CMAC/help/Help_Main.htm.

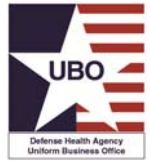
See instructions in professional services section above as to how to use TRICARE CMAC calculator. If there is more than one radiology service for the outpatient encounter, use the plus sign (+) next to the *Type of Service* column to add additional rows for radiology services.

Select the TRICARE CMAC category 2 rate if the service was performed by a physician and category 4 rate if performed by a non-physician. Global TRICARE CMAC rates should be used for radiology procedures that include both institutional and professional components. If the service provided is the procedure only (coded with modifier -TC), use the technical rate. If the service provided is interpretation only (coded with modifier -26), use the professional rate.

Enter the TRICARE allowable amount manually into the “Radiology Service(s) *Cost*” column of the OBG. For the *Standard_VA-DoD_OBG_FY13*, the VA Billable Amount, including a 10% discount, will automatically populate in the *VA Billable Amount* column. For the *Variable_Rate_VA-DoD_OBG_FY13*, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column.



VA-DoD Outpatient Billing Guide USER GUIDE



VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 562.00	10%	\$ 505.80
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 177.00	10%	\$ 159.30
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ 985.00	0%	\$ 985.00
Laboratory Service(s)	82306	TRICARE CMAC less Discount	\$ 108.00	10%	\$ 97.20
Radiology Service(s)	73560	TRICARE CMAC less Discount	\$ 85.00	10%	\$ 76.50
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 5,073.80

3.1.8 Pharmaceuticals

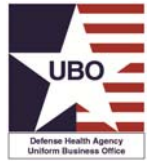
Per the 2009 *Outpatient Billing Guidance*, pharmaceutical charges are calculated using the average wholesale price (AWP) less 60 percent with a \$9.00 dispensing fee. Calculate Pharmaceutical charges using the DHA UBO VA-DoD Resource Sharing Pharmacy Price Estimator (PPE) that contains these AWP's and dispensing fee. The DHA UBO VA-DoD PPE is located at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#VAPharmacy>. You can also click the hyperlink *VA-DoD Resource Sharing PPE* in the *Billing Criteria* column of the OBG to access the VA-DoD PPE. Select the version effective on the pharmaceutical fill date.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 212.50	10%	\$ 191.25
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,903.48

Click hyperlink



VA-DoD Outpatient Billing Guide USER GUIDE



VA/DoD Resource Sharing Billing for Pharmacy Services

The UBO developed a pricing estimator to assist the billing office staff and other government organizations with estimating the costs of pharmaceuticals. This estimator, referred to as the DoD/VA Sharing Pharmaceutical Unit Price Estimator, may be downloaded via the links below.

The following DoD/VA Resource Sharing Pharmacy Billing Price Estimator is effective as of **01 September 2012**. Both 2007 and 2003 MS Access versions are available.

2012

- [DoD VA Sharing Pharmacy Price Estimator v2007- Sept 2012](#) zip 4089.9 KB
- [DoD VA Sharing Pharmacy Price Estimator v2003- Sept 2012](#) zip 11556.4 KB

2011

The following DoD/VA Resource Sharing Pharmacy Billing Price Estimator is effective as of **01 September 2011**. Both 2007 and 2003 MS Access versions are available.

- [DoD VA Sharing Pharmacy Price Estimator v2007- Sept 2011](#) zip 4045.3 KB
- [DoD VA Sharing Pharmacy Price Estimator v2003- Sept 2011](#) zip 11556.2 KB

To use the DHA UBO VA-DoD PPE, enter: 1) the National Drug Code (NDC) or Drug Name, and 2) quantity of the drug and then click "Submit".

Drug Information Input

DRUG NAME NDC

Drug: Qty:

NDC	DRUG(Generic Or Brand)	DRUG(Generic)	DOSAGE FORM	UNIT MEASURE	TOTAL PRICE
00087019441	TYROS 1 POWDER	INFANT FORMULA, SP. METAB.-IRON	POWDER (GM)	GM	
00087019841	GA POWDER	NUT.TX. METABOLIC DISORDER,REG	POWDER (GM)	GM	
00087019941	HCY 2 POWDER	NUT.TX. METABOLIC DISORDER,SOY	POWDER (GM)	GM	
00087020142	ENFAMIL A.R. LIPIL POWDER	INFANT FORMULA W-IRON	POWDER (GM)	GM	
00087020159	ENFAMIL A.R. LIPIL POWDER	INFANT FORMULA W-IRON	POWDER (GM)	GM	
00087020163	ENFAMIL RESTFULL LIPIL POWDER	INFANT FORMULA W-IRON	POWDER (GM)	GM	
00087020165	ENFAMIL A.R. POWDER	INFANT FORMULA, IRON/DHA/ARA	POWDER (GRAM)	GM	
00087020373	ENFAMIL A.R. LIPIL LIQUID	INFANT FORMULA W-IRON	LIQUID (ML)	ML	
00087026124	PROSOBEE NURSETTE LIQUID	INFANT FORMULA, SOY-FE LAC-FREE	LIQUID (ML)	ML	
00087026324	NUTRAMIGEN LIPIL NURSETTE	INFANT FORMULA, SPEC. METABOLIC	LIQUID (ML)	ML	

Total prices displayed in this tool are based on the full reimbursement rates approved by the TRICARE Management Activity Uniform Business Office (TMA UBO) Program Office. The total price actually charged at an MTF may vary based on DoD agreements in effect at the time the prescription is filled.

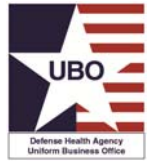
The DoD VA Sharing Pharmacy Estimator estimates the charge for a given prescription based on several characteristics (i.e., active ingredient, drug strength, dose form, etc.). To estimate the total price for a pharmaceutical, enter in either the "DRUG NAME" (i.e., Allegra, Flonase, Zocor), or the INDCI Number (an 11-digit unique drug identifier), and the quantity to be dispensed (i.e. 30, 60, 90). If you enter the drug name, the tool will display the total price for that drug at each level of drug strength in the tool database (e.g., 10MG, 20MG, 40MG). You will then need to choose the correct drug strength from the list. If you enter the NDC and quantity, the tool will display the total price for those inputs calculated by multiplying the unit price of the drug by the quantity to be dispensed plus the effective dispensing fee (\$9.00 effective Sep 01, 2012).

Example: For Allegra 180 mg tablet filled on Sep 01, 2012. (Unit Price of Allegra \$1.13 x 30 tablets) + Dispensing fee \$9.00 = Total price \$42.90

The VA-DoD PPE will display the "TOTAL PRICE", including the \$9.00 dispensing fee for the NDC/Drug Name and quantity entered.



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Drug Information Input

DRUG NAME NDC

Drug: Qty:

NDC	DRUG(Generic Or Brand)	DRUG(Generic)	DOSAGE FORM	UNIT MEASURE	TOTAL PRICE
00009039502	CLEOCIN HCL 300 MG CAPSULE	CLINDAMYCIN HCL	CAPSULE (HARD, SOFT, ETC.)	EA	\$118.20

Total prices displayed in this tool are based on the full reimbursement rates approved by the TRICARE Management Activity Uniform Business Office (TMA UBO) Program Office. The total price actually charged at an MTF may vary based on DoD agreements in effect at the time the prescription is filled.

The DoD VA Sharing Pharmacy Estimator estimates the charge for a given prescription based on several characteristics (i.e., active ingredient, drug strength, dose form, etc.). To estimate the total price for a pharmaceutical, enter in either the "DRUG NAME" (i.e., Allegra, Flonase, Zocor), or the INDCI Number (an 11-digit unique drug identifier), and the quantity to be dispensed (i.e., 30, 60, 90). If you enter the drug name, the tool will display the total price for that drug at each level of drug strength in the tool database (e.g., 10MG, 20MG, 40MG). You will then need to choose the correct drug strength from the list. If you enter the NDC and quantity, the tool will display the total price for those inputs calculated by multiplying the unit price of the drug by the quantity to be dispensed and plus the effective dispensing fee (\$9.00 effective Sep 01, 2012).

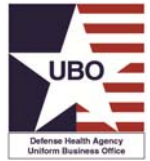
Example: For Allegra 180 mg tablet filled on Sep 01, 2012, (Unit Price of Allegra \$1.13 x 30 tablets) + Dispensing fee \$9.00 = Total price \$42.90

Manually enter the charge from the VA-DoD PPE in the "Pharmaceuticals" Cost column. Per the 2009 Outpatient Billing Guidance, no discounts apply to Pharmaceuticals provided under resource sharing agreement care unless negotiated otherwise. Thus in the *Standard Modified VA-DoD_OBG_FY13*, the cost of the pharmaceutical entered will also populate in the VA Billable Amount. If a discount has been negotiated, use the *Variable Rate Modified VA-DoD_OBG_FY13*. Enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount including the discount specified will populate. If there is a negotiated flat rate for the pharmaceutical, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Select "Enter" and the negotiated rate will also populate in the *VA Billable Amount* column.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 958.03	10%	\$ 862.23
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 212.50	10%	\$ 191.25
Implant(s) supplied by referring facility		Locally negotiated rate	\$ -	0%	\$ -
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ -	0%	\$ -
Laboratory Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Radiology Service(s)		TRICARE CMAC less Discount	\$ -	10%	\$ -
Pharmaceuticals	173044600	VA-DoD Resource Sharing PPE	\$ 58.25	0%	\$ 58.25
DME/DMS		Locally negotiated rate	\$ -	0%	\$ -
Total					\$ 2,961.73



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3.1.9. Durable Medical Equipment

Pricing for Durable Medical Equipment (DME) will be negotiated locally.

Enter the locally negotiated DME supplied by referring facility amount manually into the “DME/DMS” Cost column of the OBG. Since no discount applies, the amount entered in the Cost column will populate in the VA Billable Amount column for both the *Standard_VA-DoD_OBG_FY13* and *Variable_Rate_VA-DoD_OBG_FY13* versions of the OBG.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 562.00	10%	\$ 505.80
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 177.00	10%	\$ 159.30
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ 985.00	0%	\$ 985.00
Laboratory Service(s)	82306	TRICARE CMAC less Discount	\$ 108.00	10%	\$ 97.20
Radiology Service(s)	73560	TRICARE CMAC less Discount	\$ 85.00	10%	\$ 76.50
Pharmaceuticals	173044600	VA-DoD Resource Sharing PPE	\$ 58.25	0%	\$ 58.25
DME/DMS	A4217	Locally negotiated rate	\$ 55.00	0%	\$ 55.00
Total					\$ 5,187.05

3.2. Total Charge

Once all outpatient charges are entered, the total charge is calculated and displayed on the Total line. This is the final charge that should be billed to the VA for outpatient services.

VA-DoD Resource Sharing - Outpatient					
Type of Service, Supply or Pharmaceutical	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount	VA Billable Amount
Institutional Service(s)	99199	Locally negotiated rate	\$ 1,850.00	0%	\$ 1,850.00
Professional Service(s)	47600	TRICARE CMAC less Discount	\$ 562.00	10%	\$ 505.80
Anesthesia Professional Service(s)	00700	TRICARE Anesthesia Procedure Pricing	\$ 177.00	10%	\$ 159.30
Implant(s) supplied by referring facility		Locally negotiated rate	\$ 1,400.00	0%	\$ 1,400.00
Surgical Rates for Service(s) not part of TRICARE or VA benefit		Locally negotiated rate	\$ 985.00	0%	\$ 985.00
Laboratory Service(s)	82306	TRICARE CMAC less Discount	\$ 108.00	10%	\$ 97.20
Radiology Service(s)	73560	TRICARE CMAC less Discount	\$ 85.00	10%	\$ 76.50
Pharmaceuticals	173044600	VA-DoD Resource Sharing PPE	\$ 58.25	0%	\$ 58.25
DME/DMS	A4217	Locally negotiated rate	\$ 55.00	0%	\$ 55.00
Total					\$ 5,187.05