

DHA UBO

FY16 VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE MS-DRG Payment Calculator and Inpatient Billing Guide

USER GUIDE



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient 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 Understanding (MOU) in which they agreed to a standard reimbursement methodology for medical facilities with resource sharing agreements. This methodology charges both institutional and professional care at TRICARE CHAMPUS Maximum Allowable Charge (TRICARE CMAC) rates less 10%. In a 2006 Memorandum, the VA and DoD issued guidance on *institutional* (i.e., hospital), *professional and other* (e.g., durable medical equipment, laboratory, pharmacy, anesthesia) *billing rates¹ for inpatient episodes of care²* to be used by medical facilities with resource sharing agreements. It instructs that services and items NOT included in the institutional charge are billed separately based on TRICARE CMAC rates less 10% in effect on the date of discharge. It also states: the 10% discount can be modified by mutual agreement; "initial bills for inpatient care will be accepted for payment for up to one year after the date of discharge or end of encounter, unless the facilities agree to an extension due to local circumstances;" and "valid bills will be paid promptly."

Thus, per the 2003 and 2006 Memoranda, the Defense Health Agency's (DHA) Uniform Business Office (UBO) developed a "VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE MS-DRG Calculator" (the "VA-DoD IIC") to calculate inpatient institutional charges for billing by MTFs that provide VA-DoD resource sharing agreement care.³ The DHA UBO also published an Inpatient Billing Guide (IBG) to assist MTFs with resource sharing agreement care to calculate the non-institutional elements of an inpatient episode of care (e.g. professional and other services) and to document the total inpatient institutional, professional and other VA billing charges for that episode of care. The FY16 VA-DoD IIC and IBG are published, along with instructions for use, in a Microsoft Excel workbook. The package is available for download and use on the DHA UBO Website at: <http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing>.

¹ For MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE ASA used in the Modified TRICARE DRG Inpatient institutional Payment Calculator is NOT the MTF-specific ASA used in various UBO billing processes.

² Inpatient hospital care is defined in the 2006 VA-DOD Memorandum as "treatment provided to an individual, other than a transient patient, who is admitted to the hospital, requiring the patient to be in the facility on a 24-hour a day basis. It does not include services such as partial hospitalization, observation, or ambulatory surgery (this is not a complete list)."

³ Your MTF must have a resource sharing agreement with the VA to use the VA-DoD Inpatient Institutional Calculator; otherwise, inpatient 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 Website and click the hyperlink "Current Sharing Agreements."



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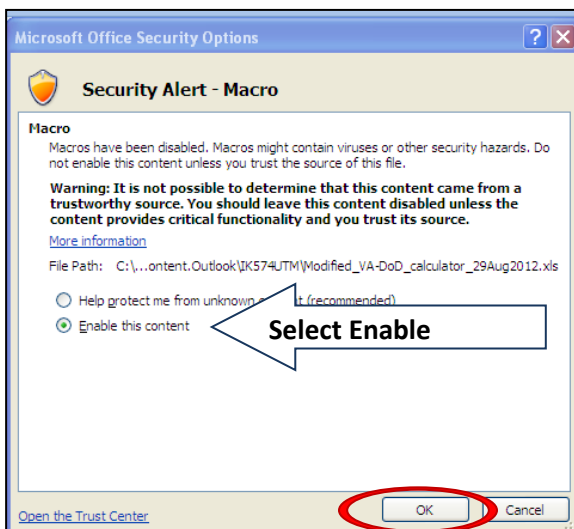
2.0 Calculating Charges with the FY16 VA-DoD Inpatient Institutional Calculator⁴

2.1 Accessing the FY16 VA-DoD Inpatient Institutional Calculator

The FY16 VA-DoD Inpatient Institutional Calculator (IIC) is contained in a Microsoft Excel workbook that is available for use and download from the DHA UBO Website at: <http://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing>. Note there are two versions.

Calculator Version	Use
Standard_Modified_VA-DoD_Inp Inst Calculator_FY16	For MTFs with standard direct sharing agreements (i.e., charge TRICARE CMAC rates less 10% discount)
Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16	For MTFs that have negotiated discounts other than the standard 10% discount or have specific negotiated reimbursement amounts
Select the version of the calculator effective on the patient's date of discharge.	

Both versions of the IIC contain two worksheets: the VA-DoD IIC and the IBG, designed to assist MTFs that provide VA Resource Sharing Agreement care in generating a bill for all institutional and non-institutional charges (e.g., professional, anesthesia, DME) relating to an inpatient episode of care. To use either version of the FY16 VA-DoD IIC and IBG, **download and save the appropriate version to a computer that has Internet access.** The FY16 VA-DoD IIC and IBG will not function properly if they are not saved before use. The IIC can be used alone without connection to the Internet, but the IBG included with the workbook allows you to look up billing rates for non-institutional inpatient services from the DHA UBO, TRICARE and CMS Websites.



Note: When opened, the FY16 VA-DoD IIC workbook may display a Security Warning, *Macros have been disabled*. If it does, you must select *Options* to enable the content to its full functionality.

Click on the radio button, *Enable this content*. Click OK.

⁴ The specific modified TRICARE DRG Inpatient Institutional Payment Calculator to use is the one which corresponds to the fiscal year in which the patient was discharged.



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2.2 Generating a Charge with the FY16 VA-DoD Inpatient Institutional Calculator

There are five components of the FY16 VA-DoD IIC (to be referred as “IIC” in the remainder of this document) that must be populated to calculate an accurate inpatient institutional charge: Length of Stay (LOS), Medicare Severity Diagnosis Related Group (MS-DRG), Disposition Status, ZIP Code, and VA-DoD Discount. The instructions in this USER GUIDE apply to both versions of the IIC, except, as noted below, the VA-DoD discount amount or negotiated rate can be manually entered into the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16* version.

The screen below displays when you open the IIC workbook.

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY16		
Claim Information	LOS	0
	MS-DRG	0
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -

Clear Worksheet

Print Worksheets

Export Worksheets

Instructions for use:

- a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information
- b. Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below
- c. Enter Disposition Status in cell C5 of Claim Information
- d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information unless care was provided at an overseas MTF. Overseas MTFs enter 00000 in cell C6.
- e. VA-DoD Discount is fixed at 10%
- f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary

[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)

	MS-DRG Description	Enter MS-DRG Above in cell C4.

Claim Information

LOS: Enter the Length of Stay (LOS) in Bed Days in cell C3 of *Claim Information*. This information is obtained from the clinical record of the inpatient stay.

MS-DRG: Enter the Medicare Severity Diagnosis Related Group (MS-DRG) number assigned for the inpatient case in cell C4 of *Claim Information*. This information is obtained from the TRICARE MS-DRG grouper implemented in conjunction with the CHCS/AHLTA to assign the MS-DRG. If an incorrect MS-DRG is entered, an estimate will not be generated and “#N/A” will appear in the MS-DRG Description.



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Generating a Charge with the FY16 VA-DoD Inpatient Institutional Calculator cont.

Disposition Status: Enter the Disposition Status in cell C5 of *Claim Information*. This information is obtained from the clinical record of the stay. The specific Disposition Status Code data values used by the Modified TRICARE MS-DRG Payment Calculator are:

Disposition Status Code	Disposition Status
01	<i>Home, self-care</i>
02	<i>Short term hospital</i>
03	<i>SNF</i>
04	<i>ICF</i>
05	<i>Other facility</i>
06	<i>Home health service</i>
07	<i>Against medical advice</i>
20	<i>Died</i>
30	<i>Still a patient</i>
50	<i>Hospice-home</i>
51	<i>Hospice-medical facility</i>
61	<i>Swing bed</i>
62	<i>Rehab facility/rehab unit</i>
63	<i>Long term care hospital</i>
65	<i>Psych. hospital or unit</i>
66	<i>Discharge or transfer to CAH</i>
71	<i>OP services - other facility</i>
72	<i>OP services - this facility</i>

Hospital Specific Information

Facility Zip Code: Enter the MTF’s ZIP code in cell C6 of *Hospital Specific Information*. Overseas MTFs enter 00000 for their ZIP code. *[The calculator automatically looks up the ZIP codes corresponding Area Wage Index (AWI) in a hidden worksheet and applies the AWI to the calculation of the inpatient institutional charge. The AWI is used to adjust the labor portion of the reimbursement rate for the cost of living in the area where the patient’s hospital of discharge is located.]* If a ZIP code is entered that does not correspond with one of the ZIP codes in the *ZIP Code and Disposition Status Excel®* spreadsheet posted on the UBO website, an estimate will not be generated. Only ZIP codes that apply to MTFs with inpatient facilities are included in the IIC.

Policy Information

VA-DoD Discount: In the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16* version, cell C7 contains the *VA-DoD Discount* which is pre-populated and fixed at 10%. For MTFs that have negotiated reimbursement discounts other than 10% or have negotiated specific reimbursement amounts, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16* version. The variable rate IIC allows you to enter your MTF-specific discount amount or negotiated rate. All other guidance in this IBG applies to both versions of the calculators.



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Generating a Charge with the FY16 VA-DoD Inpatient Institutional Calculator cont.

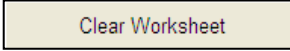
Payment Summary

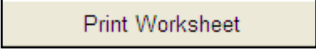
When all five components have been entered, the *Payment Summary* section calculates and displays the *Inpatient Institutional Charge* due from the VA. This charge will also be automatically displayed in the *Institutional Services, VA Billable Amount* of the IBG that is included with the FY16 VA-DoD IIC workbook as a separate worksheet. Instructions on how to use the IBG are in section 3.0 of this USER GUIDE.

2.2.1 Command Buttons

Three command buttons are located to the right of the VA-DoD IIC and IBG worksheets: “Clear Worksheet,” “Print Worksheet,” and “Export Worksheet.”

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY16		
Claim Information	LOS	
	MS-DRG	
	Disposition Status	
Hospital-Specific Information	Facility ZIP Code (5 digits)	
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -
Instructions for use:		
a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information		
b. Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below		
c. Enter Disposition Status in cell C5 of Claim Information		
d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information unless care was provided at an overseas MTF. Overseas MTFs enter 00000 in cell C6.		
e. VA-DoD Discount is fixed at 10%		
f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary		
Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website		
	MS-DRG Description	Enter MS-DRG Above in cell C4.

Click  on the IBG to clear the contents of the VA-DoD IIC and IBG worksheets. If you click Clear Worksheet on the VA-DoD IIC, it will only clear the contents of the VA-DoD IIC.

Click  on the VA-DoD IIC or IBG worksheet to print the contents of both worksheets. The worksheets will print from your default printer.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Click Export Worksheet on either of the two worksheets to export the data entered and amounts calculated from both worksheets into a separate Excel workbook. This new workbook can be saved with the patient’s file for that inpatient episode of care.

3.0 Calculating Inpatient Charges Using the Inpatient Billing Guide

The Inpatient Billing Guide (IBG) worksheet is designed to aid MTFs that provide VA-DoD resource sharing agreement care in keeping track of all charges related to an inpatient episode of care. To generate a complete bill for an inpatient episode of care, the IBG accounts for charges for non-institutional services and other items listed below that may be provided during an inpatient episode of care and must be billed based on the rates in effect on the date of discharge.

Non-Institutional Service	<i>National Sharing Reimbursement Guidelines</i>
Professional Services	<i>Includes rounds, inpatient surgeries, and other inpatient procedures (e.g., reading an EKG); bill at TRICARE CMAC less 10%, else CMS rate less 10%</i>
Ambulance Services	<i>Bill at TRICARE CMAC less 10%, else CMS rate less 10%</i>
Anesthesia Professional Services	<i>For each pre-intra-post anesthesia episode, including any anesthesia medical direction or supervision, bill at TRICARE CMAC less 10%</i>
Purchased Care Services from outside facility	<i>Any service purchased for the patient from an outside facility during the hospitalization is billed at cost for the professional fee portion of the care only</i>
Durable Medical Equipment	<i>DME items not included in the MS-DRG rate, such as crutches that go home with the patient, are billed at cost</i>
Pharmaceuticals	<i>If furnished for use after episode of care is completed such as a 30 day supply are billed at the MTF’s cost using the DHA UBO VA-DoD resource sharing Pharmacy Pricing Estimator</i>
Pass-through “C” HCPCS Items	<i>Includes such things as implantable devices that are not yet incorporated into the MS-DRG are billed at cost</i>
Other	<i>Other Inpatient services not specifically addressed in this guidance may be negotiated locally based on direct variable cost</i>

As explained below, MTFs can enter these non-institutional services and other inpatient items into the IBG worksheet to calculate their individual costs and the total costs due from the VA relating to an inpatient episode of care. The IBG worksheet does not substitute for any billing documents and cannot be sent to the VA for collection. MTF personnel must also 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. MTFs may negotiate other rates and discounts. 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 interagency rates are located at: <http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Military-Health-System-UBO-Rates-Overview/MHS-UBO-Rates>.



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3.1 Accessing the Inpatient Billing Guide (IBG)

The IBG and the VA-DoD IIC are contained in the Microsoft Excel workbooks *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16* and *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*. They are available for download and use from the DHA UBO Website at: <http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing>. When you select this link, the screen below displays. Select the version of the IIC effective on the patient's date of discharge.

VA-DoD Resource Sharing: Billing for Inpatient Services

The Departments of Veterans Affairs (VA) and Defense (DoD) recognize a shared responsibility to ensure the highest quality of health care services and resources are delivered efficiently, compassionately, and with minimal inconvenience to our nation's Service members. The National Defense Authorization Act (NDAA) of 2003 encouraged 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-DoD sharing. The efforts of the Joint Executive Council resulted in a billing method which uses TRICARE reimbursement rates and an agreed upon methodology to calculate charges. The [Memorandum of Understanding Resource Sharing Reimbursement Methodology](#) is available for download.

Charging for Inpatient Services

The VA and DoD have agreed to a reimbursement methodology for both the institutional component (i.e. hospital) and non-institutional (e.g., professional, durable medical equipment, laboratory, pharmacy, anesthesia) elements of inpatient care.

FY15 VA-DoD Sharing Inpatient Payment Calculator Package

The DHA UBO Program Office released the FY15 VA-DoD Sharing Inpatient Payment Calculator package, including an Excel® workbook and the PDF document, "[FY15 VA-DoD Resource Sharing Release Notes](#)" Use the version of the calculator effective on the patient's date of discharge.

There are two versions of the FY15 VA-DoD Inpatient Institutional Calculator:

- MTFs with standard VA-DoD direct care resource sharing agreement (i.e., charge TRICARE CMAC rates less 10% discount) must use the "Standard_Modified_VA-DoD_Inp Inst Calculator_FY15" version. The 10% discount percentages are pre-populated and cannot be altered in this version.
- MTFs that negotiated discounts other than the standard 10% discount or have specific negotiated reimbursement amounts must use the "Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY15" version. The discount percentages are pre-populated at zero and can be changed to reflect the negotiated discount.



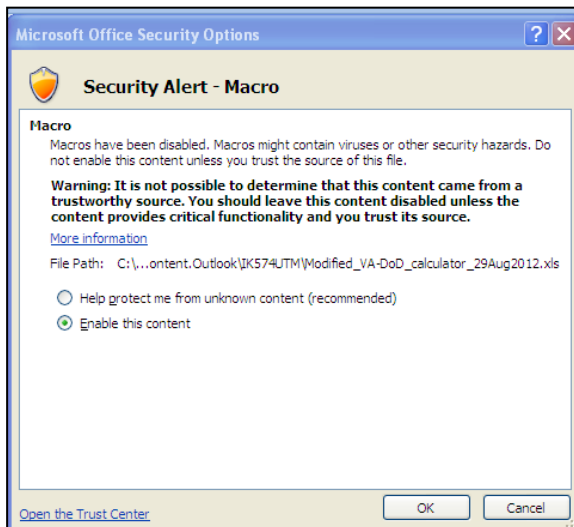
FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Accessing the Inpatient Billing Guide (IBG), cont.

To use the IBG worksheet, save the workbook to a computer that has Internet access because the worksheet allows you to look up billing rates for non-institutional inpatient services and items available on the DHA UBO, TRICARE and CMS Websites.

After selecting the appropriate version of the IBG, the screen below may display.



Note: When opened, the FY16 VA-DoD IIC workbook may display a Security Warning, *Macros have been disabled*. If it does, select must select *Options* to enable the content to its full functionality.

Click on the radio button, *Enable this content*. Click OK.

If the IIC is already open, you do not need to download or re-open it to access and use the IBG.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE




3.2 Calculating Inpatient Charges Using the Inpatient Billing Guide

As noted above in Section 3.0, non-institutional services and items can be provided and billed for during an inpatient episode of care. The IBG worksheet allows users to calculate and keep track of charges for any such services or items if documented for the inpatient episode of care. If there are multiple services provided (e.g. Professional Services, DME, Pharmaceuticals, and Pass Through items) for one inpatient episode of care, use the "+" sign to the left of the row to add additional rows. There is no limit to the number of codes that can be recorded for an encounter and each line item has the capability of adding more rows. This section of the USER GUIDE explains how to enter this information into the worksheets and calculate the charge(s) due from the VA.

NOTE: Not all non-institutional cost components in the IBG may be applicable to and thus not completed for an inpatient episode of care. If the clinical encounter record shows that a service/item was provided, use the IBG as explained below. If the clinical encounter record does not include a particular service/item listed on the IBG, leave that field blank.

Once all of the documented codes are entered, use the link (if applicable) in the corresponding row to access the Website that allows you to look up the corresponding rates. Instructions for how to use these Websites to look up rates are available in the individual sections below corresponding to the non-institutional service or item. Once the rate has been looked up, copy or enter that charge into the IBG, next to the corresponding code. When the codes for the non-institutional services and items have been entered, the appropriate discounted amount will populate in the *VA Billable Amount* column of the IBG.

Sample IBG estimate:

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Clear Worksheet
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Print Worksheets
+ Durable Medical Equipment		cost		0%	\$ -	Export Worksheet
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 238.53	
*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.						
Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.						
Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website						
						



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



3.2.1 Institutional Services

From the IBG, calculate **Institutional** charges by clicking the hyperlink *VA-DoD Inp. Inst. Calculator* in the Billing Criteria column or by switching to the *VA-DoD Inp. Inst. Calculator* tab. One of the following screens displays:

VA-DoD Resource Sharing - Inpatient Billing Guide					
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			
Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment		Cost	\$ -	0%	\$ -
Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items		cost	\$ -	0%	\$ -
Other		cost	\$ -	0%	\$ -
Total					\$ 7,095.90

Click hyperlink (arrow pointing to the hyperlink in the table)

Print Worksheets
Export Worksheet

VA-DoD Inp. Inst. Calculator (tab selected)

UBO Defense Health Agency Uniform Business Office

or

VA-DoD Resource Sharing - Inpatient Billing Guide					
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ 7,095.90
Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment		Cost	\$ -	0%	\$ -
Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
Pass-through Items		cost	\$ -	0%	\$ -
Other		cost	\$ -	0%	\$ -
Total					\$ 7,095.90

Clear Worksheet
Print Worksheets
Export Worksheet

VA-DoD Inp. Inst. Calculator (tab selected)

Tab to VA-DoD IIC (arrow pointing to the tab)

UBO Defense Health Agency Uniform Business Office



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Institutional Services, cont.

Selecting either option will display the following screen.

For instructions on how to calculate the inpatient institutional charge, see section 2.0 above, Calculating Charges with the FY16 VA-DoD Inpatient Institutional Calculator.

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY15		
Claim Information	LOS	12
	MS-DRG	514
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	78234
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ 7,095.90

Clear Worksheet

Print Worksheets

Export Worksheets

Instructions for use:

- Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information
- Enter Medicare Severity Diagnosis Related Group (MS-DRG) in cell C4 of Claim Information. The description of the MS-DRG number entered will display in the box below
- Enter Disposition Status in cell C5 of Claim Information
- Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information unless care was provided at an overseas MTF. Overseas MTFs enter 00000 in cell C6.
- VA-DoD Discount is fixed at 10%
- Inpatient Institutional Charge is displayed in cell C8 of Payment Summary

[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)

MS-DRG Description	
	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC

See Section 2.0 for instructions on how to calculate charges using the FY16 Inpatient Institutional Calculator.

Defense Health Agency
Uniform Business Office



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3.2.2 Professional Services

Calculate charges for **Professional services** (includes rounds, inpatient surgeries, and other inpatient procedures (e.g., reading an EKG)) by using the TRICARE CMAC Procedure Pricing Website 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 IBG to access that Website, as seen in the screen below. General instructions on how to use the TRICARE CMAC Procedure Pricing Website are below and also available at: http://www.tricare.mil/CMAC/help/Help_Main.htm.


To identify inpatient professional services, use the following menu path in CHCS: FM\IFE\KG ADC DATA\PATIENT NAME\SELECT APPOINTMENT\STANDARD OUTPAT? FM\IFE\YES//CR. If you are not currently authorized to use the menu in CHCS, contact your system administrator to request access.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	
+ Professional Services	73140	TRICARE CMAC less Discount*				Clear Worksheet
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ -	10%	\$ 29.05	Print Worksheets
+ Durable Medical Equipment		cost		0%	\$ -	Export Worksheet
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 238.53	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Professional Services, cont.

To calculate the TRICARE CMAC procedure pricing, first enter your MTF's Locality Code, State, Catchment Area, ZIP Code, or Foreign Country, as seen in the screen below.

The screenshot shows the 'CMAC Procedure Pricing' page. A red circle highlights the following input fields:

- Locality Code: Select
- State: Select
- Catchment Area: Select
- Zip Code: [Text Input]
- Foreign Country: Select

Below the inputs is a 'Search' button and a note: 'NOTE: We may not search based on OIR or the 9-10. It is below.'

Only one input is required to proceed to the subsequent screen.

Next, enter the CPT® code from the clinical encounter record, and click *Show Pricing Information*, as seen in the screen below:

The screenshot shows the 'CMAC Search Results' page. The state is set to 'VIRGINIA'. Below the search results, there is a 'Procedure Code' input field. A white arrow points to this field with the text 'Enter CPT® Code'. Below the input field is a 'Show Pricing Information' button, which is circled in red.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Professional Services, cont.

The resulting pricing will display for Categories 1-4 type providers. Enter the price for either Provider Category 1 (Facility Physician) or Provider Category 3 (Facility Non-Physician) into the row(s) of the IBG based on the provider type documented in the clinical encounter record. (*TRICARE Provider Categories 2 (Non-Facility Physician) and 4 (Non-Facility Non-Physician) do not apply to VA-DoD inpatient care.*)

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 \$63.90 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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Applicable FARS/DFARS Restrictions Apply to Government Use

Use Category 1 (Facility Physician) or Category 3 (Facility Non-Physician) for VA-DoD Inpatient Billing

Enter the CPT® code charge into the *Cost* column of the IBG. If there is more than one professional service, use the “+” button to the left of the *Professional Services* row 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 each additional procedure, follow the same directions to locate a charge and manually enter the charge for that CPT® code in the *Cost* column of the IBG.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Professional Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ 6,215.99	<input type="button" value="Clear Worksheet"/> <input type="button" value="Print Worksheets"/> <input type="button" value="Export Worksheet"/>
+ Professional Services	73120	TRICARE	\$ 26.47	10%	\$ 23.82	
+ Professional Services	73140	TRICARE	\$ 32.28	10%	\$ 29.05	
+ Durable Medical Equipment		CMS DME	\$ -	0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 6,268.86	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)

For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16*, the VA Billable Amount, including a fixed 10% discount, will populate the *VA Billable Amount* column, as seen in the screen below. For the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*, 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" and the negotiated rate will populate the *VA Billable Amount* column.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Professional Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide					
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ 6,215.99
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 24		\$ 23.82
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.25		\$ 29.05
+ Durable Medical Equipment		CMS DME	\$ -	0%	\$ -
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -
+ Anesthesia Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -
+ Pass-through Items		cost	\$ -	0%	\$ -
+ Other		cost	\$ -	0%	\$ -
Total					\$ 6,268.86

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



3.2.3 Durable Medical Equipment (DME)

Calculate the charge for **DME items not included in the MS-DRG rate**, such as crutches that go home with the patient, by billing at cost. The cost of DME items should be obtained from the MTF department responsible for maintaining DME purchase prices.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet Print Worksheets Export Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 238.53	
*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.						
Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.						
Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website						
						

NOTE: When determining DME charges, follow your local sharing agreement. If your local sharing agreement is silent on DME, follow the national sharing agreement’s guidance and bill DME at cost. If cost information is not available, the CMS DME Fee Schedule is available as a resource for VA-DoD resource sharing billing at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html#>.

This fee schedule is the basis for both TRICARE and DHA UBO DME rates.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Durable Medical Equipment (DME), cont.

Enter the DME charge into the *Cost* column of the IBG and press “Enter.” If multiple DME codes are included in the encounter documentation, use the “+” to the left of the DME row to add an additional row, as seen in the screen below. For each additional procedure, follow the same directions to locate a charge and manually enter the charge for that code in the *Cost* column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT@/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost	\$ 63.49		\$ 63.49	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 302.02	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

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For standard resource sharing agreement care, discounts do not apply for DME. Use the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16* and enter the full cost of the DME. That amount will also populate the VA Billable Amount column. If there is a negotiated discount or cost for the DME, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*. Enter the negotiated discount percent in the *Discount %* column, and the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the DME, enter 0 in the *Discount%* column, and the negotiated flat rate in the *Cost* column. Press “Enter” and the negotiated rate will populate the *VA Billable Amount* column, as seen in the screen below.



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE




Durable Medical Equipment (DME), cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Print Worksheets
+ Durable Medical Equipment		cost	\$ 63.49	0%	\$ 63.49	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 302.02	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

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FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



3.2.4 Ambulance Services

Calculate charges for **Ambulance** services, if documented in the inpatient episode of care, by using the CMS Ambulance Website located at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>. You can also click the hyperlink *CMS Ambulance* in the Ambulance Services row of the *Billing Criteria* column of the IBG to access that Website, as seen in the screen below.

VA-DoD Resource Sharing - Inpatient Billing Guide							
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount		
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet Print Worksheets Export Worksheet	
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82		
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05		
+ Durable Medical Equipment		cost	\$ 63.49	0%	\$ 63.49		
+ Ambulance Services		CMS Ambulance less Discount*				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Click hyperlink </div>	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -		
+ Purchased Care Services from Outside Facility		cost		0%	\$ -		
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20		
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83		
+ Other		cost	\$ 73.45	0%	\$ 73.45		
Total					\$ 584.13		
*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.							
Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.							
Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website							





FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Ambulance Services, cont.

Ambulance Fee Schedule Public Use Files

The Ambulance Fee Schedule public use files for calendar years 2004 through December 31, 2015 are located in the Downloads section below.

Section 203 of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 extended payment provisions of previous legislation including the Protecting Access to Medicare Act of 2014, the Pathway for SGR Reform Act of 2014, the American Taxpayer Relief Act of 2012, the Middle Class Tax Relief and Job Creation Act of 2012, the Temporary Payroll Tax Cut Continuation Act of 2011, the Medicare and Medicaid Extenders Act of 2010, the Patient Protections and Affordable Care Act of 2010 (ACA), and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Section 203 extends the provision increasing Ambulance Fee Schedule amounts by 2% for services originating in urban areas (as defined by the ZIP Code of the point of pickup) and by 3% for services originating in rural areas (again, as defined by the ZIP Code of the point of pickup). This provision will expire on December 31, 2017.

Section 203 extends the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that is within the lowest 25th percentile of all rural areas arrayed by population density (known as the "super rural" bonus). This provision will expire on December 31, 2017.

The 2015 Ambulance Fee Schedule Public Use File found below reflects the mandated extensions and is effective for claims with dates of service beginning January 1, 2015 and through December 31, 2015.

Note: The add-on provision related to designation of rural areas for air ambulance services expired on June 30, 2013. While this did not affect the fee schedule, suppliers are advised to refer to the ambulance ZIP Code files for more information on which zip codes are considered rural for air ambulance services.

Note: The reduction for non-emergency BLS transports to and from dialysis treatment facilities that became effective on October 1, 2013 is not reflected in the Ambulance Fee Schedule Public Use File. The 10% reduction is taken at the time of claim payment. For more information, see Transmittal 2703, issued May 10, 2013.

Disclaimer: The Ambulance Fee Schedule Public Use Files on this page are for informational purposes only. All official fee schedule files that are used to process Medicare claims are maintained by Medicare Administrative Contractors (MACs) and could vary slightly from the amounts referenced in the files below. Contact your local MAC for official pricing information.

Downloads

[CY 2015 File \[ZIP, 260KB\]](#)

Pricing for ambulance HCPCS codes are calculated using the CMS Ambulance rates Website. Open the ZIP file pertinent to the date of discharge.

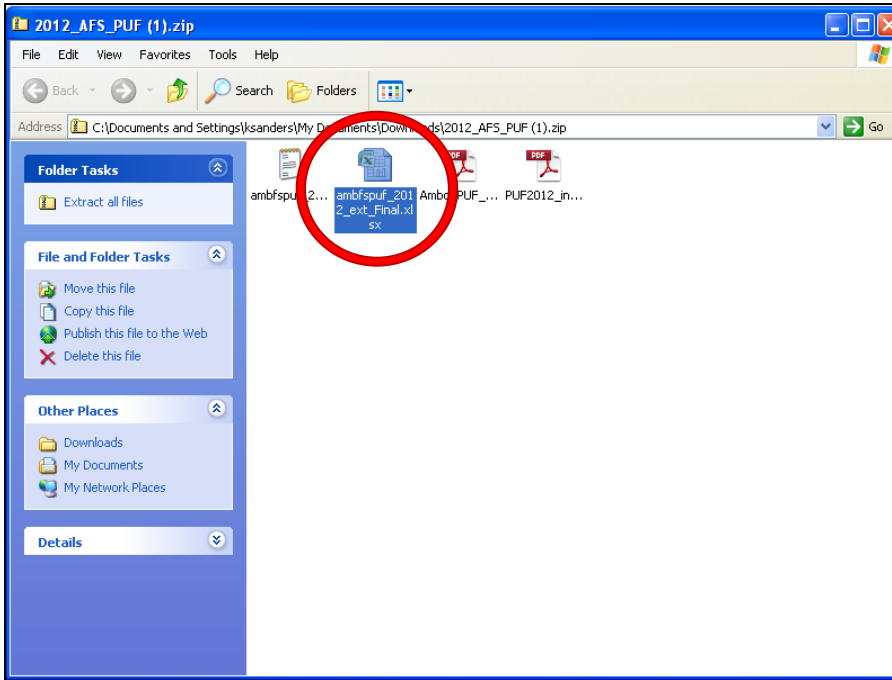


FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Ambulance Services, cont.

Select and open the .xls fee schedule effective on the date of discharge.



Look up the cost of the Ambulance services using the HCPCS code documented in the clinical encounter record and your MTF's State. Use the corresponding Base Rate for the state of service and HCPCS code to bill the VA.

(1) CONTRACTOR/CARRIER	(2) LOCAL	(3) HCPCS	(4) BASE RATE	(5) RVU	(6) GPCI	(7)(a) URBAN BASE RATE / URBAN MILEAGE	(7)(b) RURAL BASE RATE / RURAL MILEAGE	(7c) RURAL BASE RATE / LOWEST QUARTILE	(8) RURAL GROUND MILES 1-17*
11202	01	A0436	22.03	1.00	n/a	\$22.03	\$33.05	n/a	\$33.05
Virginia									
11302	00	A0425	6.89	1.00	n/a	\$7.03	\$7.10	n/a	\$10.65
11302	00	A0426	214.47	1.20	0.977	\$258.28	\$260.82	\$319.76	n/a
11302	00	A0427	214.47	1.90	0.977	\$408.95	\$412.96	\$506.29	n/a
11302	00	A0428	214.47	1.00	0.977	\$215.24	\$217.35	\$266.47	n/a
11302	00	A0429	214.47	1.60	0.977	\$344.38	\$347.76	\$426.35	n/a
11302	00	A0430	2910.50	1.00	0.977	\$2,877.03	\$4,315.54	n/a	\$4,315.54
11302	00	A0431	3383.89	1.00	0.977	\$3,344.98	\$5,017.46	n/a	\$5,017.46
11302	00	A0432	214.47	1.75	0.977	\$376.67	\$380.36	n/a	n/a
11302	00	A0433	214.47	2.75	0.977	\$591.90	\$597.71	\$732.79	n/a
11302	00	A0434	214.47	3.25	0.977	\$699.52	\$706.38	\$866.02	n/a
11302	00	A0435	8.25	1.00	n/a	\$8.25	\$12.38	n/a	\$12.38
11302	00	A0436	22.03	1.00	n/a	\$22.03	\$33.05	n/a	\$33.05
West Virginia									
11402	16	A0425	6.89	1.00	n/a	\$7.03	\$7.10	n/a	\$10.65
11402	16	A0426	214.47	1.20	0.828	\$230.90	\$233.17	\$285.86	n/a
11402	16	A0427	214.47	1.90	0.828	\$365.60	\$369.18	\$452.62	n/a
11402	16	A0428	214.47	1.00	0.828	\$192.42	\$194.31	\$238.22	n/a
11402	16	A0429	214.47	1.60	0.828	\$307.87	\$310.89	\$381.15	n/a
11402	16	A0430	2910.50	1.00	0.828	\$2,660.20	\$3,990.30	n/a	\$3,990.30
11402	16	A0431	3383.89	1.00	0.828	\$3,092.88	\$4,639.31	n/a	\$4,639.31
11402	16	A0432	214.47	1.75	0.828	\$336.74	\$340.04	n/a	n/a
11402	16	A0433	214.47	2.75	0.828	\$529.16	\$534.34	\$655.11	n/a
11402	16	A0434	214.47	3.25	0.828	\$625.37	\$631.50	\$774.22	n/a
11402	16	A0435	8.25	1.00	n/a	\$8.25	\$12.38	n/a	\$12.38



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Ambulance Services, cont.

Once the cost has been located, enter the ambulance services charge into the *Cost* column of the IBG. If multiple ambulance service codes are included in the documentation, use the “+” button to the left of the *Ambulance Services* row to add an additional row, as seen in the screen below. For each additional service, follow the same directions to locate a charge and manually enter the charge for that code in the *Cost* column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost	\$ 63.49	0%	\$ 63.49	
+ Ambulance Services		CMS Ambulance less Discount*	\$ 313.45		\$ 282.11	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 584.13	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

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FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



Ambulance Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	
+ Durable Medical Equipment		cost	\$ 63.49	0%	\$ 63.49	
+ Ambulance Services		CMS Ambulance less Discount*	\$ 313.45	10%	\$ 282.11	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 584.13	
*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.						
Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.						
Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website						



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3.2.5 Anesthesia Professional Services

Calculate charges for **Anesthesia Professional Services**, including pre-intra-post anesthesia episode care, including any **anesthesia medical direction or supervision**, if documented in the inpatient episode of care. Use the TRICARE Anesthesia Procedure Pricing Website located at: <http://health.mil/CPT-Agreement?content={C84BE007-2B7C-4839-A635-4143F50EE361}>. You can also click the hyperlink *TRICARE CMAC less Discount** in the *Billing Criteria* column of the *Anesthesia Professional Services* row of the IBG to access that Website, as seen in the screen below. General instructions on how to use the TRICARE CMAC Procedure Pricing Website are below and also available at: http://www.tricare.mil/CMAC/help/Help_Main.htm.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Clear Worksheet
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Print Worksheets
+ Durable Medical Equipment		cost	\$ 63.49	0%	\$ 63.49	Export Worksheet
+ Ambulance Services		CMS Ambulance less Discount*	\$ 282.11	10%	\$ 253.90	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*				Click hyperlink
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 584.13	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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To calculate the TRICARE Anesthesia Professional Services charges, first enter your MTF's Locality Code, State, Catchment Area, ZIP Code, or Foreign Country. Only one input is required to proceed to the subsequent screen.



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Anesthesia Professional Services, cont.

Anesthesia Procedure Pricing

Anesthesia Allowed Amounts are available for service dates from 5/1/2012 through 9/29/2015

Search the Database

* Denotes Required Field

Step 1 - Identify the Locality

To get rates for a specific region of the United States, begin by submitting either the service ZIP Code or the Locality from the following fields:

Please provide either a ZIP Code or Locality*

ZIP Code

or

Locality

Enter the Zip Code, National and State, Locality Code, or Catchment Area.

Next, select the CPT code; enter the length of procedure (in minutes) as documented in the clinical encounter record, then click "Submit."

Step 2 - Identify CPT Code

Identify the payment group by submitting the CPT Code for the selected service.

CPT Code*

Step 3 - Identify the Procedure Duration

Identify the duration for the selected service.

Procedure Duration (minutes)

Duration is not applicable for the following time-independent CPT Codes: 01953, 01996, 99100, 99116, 99135, 99140



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Anesthesia Professional Services, cont.

The calculated amount displays, as seen in screen below:

Results: Anesthesia Allowed Amounts

State, ZIP Code: VA, 22060
 Locality: 317 - DC + MD/VA SUBURBS
 CPT Code: 00100
 Duration: 15 minutes

Based upon the provided inputs the allowed amounts are:

Rating Period		Locality Code	Base Units	Time Units*	Conversion Factors		Allowed Amounts	
From	Through				Physician	Non-physician	Physician	Non-physician
6/1/2015	current	317	5.0	1	\$24.60	\$24.60	\$147.60	\$147.60
4/1/2014	5/31/2015	317	5.0	1	\$24.63	\$24.63	\$147.78	\$147.78
4/1/2013	3/31/2014	317	5.0	1	\$23.68	\$23.68	\$142.08	\$142.08
5/1/2012	3/31/2013	317	5.0	1	\$23.20	\$23.20	\$139.20	\$139.20

* 1 Time Unit = 15 minutes

[New Search](#)

Enter the charge for the anesthesia professional services code into the *Cost* column of the IBG, as seen in the screen below. If there is more than one anesthesia professional service, use the “+” button to the left of the *Anesthesia Professional Services* row to add a row. For each additional anesthesia professional service, follow the same directions to locate a charge and manually enter the charge for that code in the *Cost* column of the IBG.



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Anesthesia Professional Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Durable Medical Equipment		CMS DME	\$ -	0%	\$ -	Print Worksheets
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -	Export Worksheet
+ Anesthesia Professional Services	140	TRICARE CMAC less Discount*	\$ 260.43	10%	\$ 234.39	
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 234.39	

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. [Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)

Use the Anesthesia Procedure Pricing Allowable amount in the IBG

For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16*, the VA Billable Amount, including a 10% discount, will automatically populate the *VA Billable Amount* column. For the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*, 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. Press “Enter” and the negotiated rate will populate the *VA Billable Amount* column, as displayed in the screen below:

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Durable Medical Equipment		CMS DME	\$ -	0%	\$ -	Print Worksheets
+ Ambulance Services		CMS Ambulance less Discount*	\$ -	10%	\$ -	Export Worksheet
+ Anesthesia Professional Services	140	TRICARE CMAC less Discount*	\$ 260.43	10%	\$ 234.39	
+ Purchased Care Services from Outside Facility		cost	\$ -	0%	\$ -	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 234.39	

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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3.2.6 Purchased Care Services from Outside Facility

Any services purchased for the patient from an outside facility during the hospitalization is reimbursed at cost for the professional fee portion of the care only, unless otherwise negotiated. The technical portion of the fee is included in the inpatient MS-DRG payment amount (e.g., computed tomography services).


Enter the charge for the purchased care into the *Cost* column of the IBG. If there is more than one purchased care charge, use the “+” button to the left of the *Purchased Care Services from Outside Facility* row and an additional row will be added, as displayed in the screen below. For each additional purchased care charge, follow the same directions to manually enter the charge in the *Cost* column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	<input type="button" value="Clear Worksheet"/> <input type="button" value="Print Worksheets"/> <input type="button" value="Export Worksheet"/>
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost	\$ 650.00		\$ 650.00	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 650.00	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)



For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16*, the cost entered will also populate in the *VA Billable Amount* column, as seen in the screen below. If a negotiated amount or discount applies, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*. Enter the negotiated discount percent in the *Discount %* column; the *VA Billable Amount* will populate and 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. Press “Enter” and the negotiated rate will populate the *VA Billable Amount* column.



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Purchased Care Services from Outside Facility, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Durable Medical Equipment		cost		0%	\$ -	Print Worksheets
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	Export Worksheet
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost	\$ 650.00	0%	\$ 650.00	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -	0%	\$ -	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 650.00	

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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3.2.7 Pharmaceuticals

Calculate **Pharmaceutical** charges if they were furnished for use after the episode of care was completed (e.g., 30 day supply) by using the DHA UBO VA-DoD Resource Sharing Pharmacy Price Estimator (PPE). The VA-DoD PPE is located at: <http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Billing>. You can also click the hyperlink *VA-DoD Resource Sharing PPE* in the *Billing Criteria* column of the IBG to access the VA-DoD PPE, as seen in the screen below.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT@/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet Print Worksheets Export Worksheet
+ Professional Services		TRICARE CMAC less Discount*	\$ -	10%	\$ -	
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost	\$ 650.00		\$ 650.00	
+ Pharmaceuticals		VA-DoD Resource Sharing PPE	\$ -		\$ -	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Click hyperlink </div>
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 650.00	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA. [Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)



Once at the VA-DoD PPE website, the following screen displays:

Request the VA-DoD Sharing PPE version by contacting [@altarum](mailto:UBO.Helpdesk@altarum.org)

Billing for Pharmacy Services

The UBO develops pricing estimators to assist the billing office staff and other government organizations with estimating the costs of pharmaceuticals. This estimators, referred to as the VA-DoD Sharing Pharmaceutical Unit Price Estimators, are available for request. **To receive a copy of the price estimator, please email UBO.Helpdesk@altarum.org, or call 202-776-1532 and leave a message for the Helpdesk staff. We will respond to your request within one business day.**

Use the version effective on the pharmaceutical dispense date. Enter the 1) National Drug Code (NDC) and 2) pharmaceutical quantity, as seen in the screen below. Click "Submit."



FY16 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



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 RESTELL 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 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

The VA-DoD PPE screen displays, below, containing the Total Price of the pharmaceutical which includes the dispensing fee:

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

Use the dollar amount in the Total Price column and enter that for the NDC in the *Cost* column of the IBG, as seen in the screen below. If there is more than one pharmaceutical, use the "+" button to the left of the *Pharmaceuticals* row and an additional row will be added. For each additional pharmaceutical, follow the same directions to locate a charge and manually enter the charge for that NDC in the *Cost* column of the IBG.



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Pharmaceuticals, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	00009039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 147.25	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

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[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)



For resource sharing agreement care, no discounts apply to pharmaceuticals provided after a completed episode of care unless negotiated otherwise. For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16*, the cost of the pharmaceutical entered will also populate in the *VA Billable Amount* column. If a discount or amount has been negotiated, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16 calculator*. Enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount including the discount specified will display. 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, as seen in the screen below.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	00009039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ -	0%	\$ -	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 147.25	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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3.2.8 Pass-through Items

Pass-through items with a “C” HCPCS code are billed at cost unless otherwise negotiated. Pass-through items include such things as implantable devices that are not yet incorporated into the MS-DRG.


Enter the charge for pass-through items in the *Cost* column of the *Pass-through Items* row of the IBG, as seen in the screen below. If there is more than one pass-through item charge, use the “+” button to the left of the *Pass-through Items* row and an additional row will be added. For each additional pass-through item charge, follow the same directions to manually enter the charge in the *Cost* column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83		\$ 17.83	
+ Other		cost	\$ -	0%	\$ -	
Total					\$ 165.08	

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

Disclaimer: This is a guide to assist MTFs in generating a complete bill for all charges (e.g. institutional, professional, anesthesia, DME) relating to an inpatient episode of care. This guide does not substitute for any billing documents and cannot be sent to the VA for collection. Services must also follow their specific guidelines on how to bill the VA.
[Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website](#)



For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16*, the cost entered will also populate the *VA Billable Amount* column. If a negotiated amount or discount applies, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*. Enter the negotiated discount percent in the *Discount %* column; the *VA Billable Amount* will populate and include the discount specified. If there is a negotiated flat rate for the item, enter 0% in the *Discount%* column and enter the negotiated flat rate in the *Cost* column. Select “Enter” and the negotiated rate will populate the *VA Billable Amount* column, as seen in the screen below.



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Pass-through Items, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide							
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount		
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -		
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Clear Worksheet	
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Print Worksheets	
+ Durable Medical Equipment		cost		0%	\$ -	Export Worksheet	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -		
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -		
+ Purchased Care Services from Outside Facility		cost		0%	\$ -		
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20		
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83		
+ Other		cost	\$ -	0%	\$ -		
Total					\$ 165.08		

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

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3.2.9 Other


Inpatient services not specifically addressed in this guidance or listed on the IBG may be negotiated locally based on direct variable cost. Enter the total of those costs, if any, manually in the *Cost* column of the *Other* row of the IBG. In both the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY16* and *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY16*, the costs entered will populate the *VA Billable Amount* column, as seen in the screen below:

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT@/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
+ Professional Services	73140	TRICARE CMAC less Discount*	\$ 32.28	10%	\$ 29.05	Export Worksheet
+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45		\$ 73.45	
Total					\$ 238.53	

*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.

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Other, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide						
Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount	
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			\$ -	Clear Worksheet
+ Professional Services	73120	TRICARE CMAC less Discount*	\$ 26.47	10%	\$ 23.82	Print Worksheets
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+ Durable Medical Equipment		cost		0%	\$ -	
+ Ambulance Services		CMS Ambulance less Discount*		10%	\$ -	
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	\$ -	
+ Purchased Care Services from Outside Facility		cost		0%	\$ -	
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20	
+ Pass-through Items		cost	\$ 17.83	0%	\$ 17.83	
+ Other		cost	\$ 73.45	0%	\$ 73.45	
Total					\$ 238.53	

**TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate.*

Note: For DoD MTF staff who work with VA-DoD Resource Sharing Agreement care, it is important to understand that the TRICARE CMAC rates are NOT the TMA UBO CMAC rates used in other UBO billing processes.

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