

# Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

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## Farewell Message from Lt Col Yoder



Dear Colleagues:

*As I prepare for my retirement, I wanted to simply say: Thank you very much! These past four years have been fantastic because of all of you in the field. I appreciated all of the comments, suggestions and opinions – even those opinions that challenged me to think differently.*

*Look at how much we achieved!*

- *Third party collections have gone from \$106.3 million in FY 2005 to \$159.8 million in FY 2007. That means MTFs have more than \$50 million in collections to keep and use!*
- *We have annual third party collections program (TPCP) collection goals.*
- *We've gone from lowest-possible-cost pharmacy pricing to the median. We now have a Pharmacy Estimator to help determine prescription prices BEFORE dispensing the drug.*
- *We've built a cosmetic surgery estimator that helps us to bill in almost the same manner as the civilian sector.*
- *We updated the DoD/VA Resources Sharing billing agreement.*
- *We updated the UBO Policy Manual (the first in 10 years).*
- *We continue to update the billing user guide.*
- *Rates for MAC claims finally match TPCP pricing.*
- *We have "tent" rates for medical care in deployment and may even update them annually.*
- *We have NPI, UB-04, new CMS 1500, and HIPAA taxonomies.*
- *Overseas has its own CMAC locality so we won't have to keep changing locality numbers just to meet the national average. Now it's permanently CMAC locality 391.*
- *Everyone has access to data in the form of the performance measurements and metrics called the TPCP Analysis Summary on the UBO Web site.*
- *We updated many standalone policies, such as newborn billing and occupational health.*
- *We have an updated Web site that continues to improve based on your suggestions.*

**BUT** there is still much to do:

*We continue to work toward our goal to "collect all that is due to us in a cost effective manner." Along with much mental anguish, we learned that the commercial sector does not have a billing system that can do inpatient, physician office that includes anesthesia physician practices, referral laboratory, retail pharmacy, ambulance service, and dental. And we had thought that MAC and MSA would be the big problems!*

*Making TPCP accounts receivable (A/R) as of 1 October 2008 is moving down the tracks. Denials management will become easier with our transition from the current handful of claims adjustment reasons to the HIPAA claims adjustment reasons.*

*As you know, my official retirement date was 1 July 2008. Good luck to you all.*

Lt Col M. Jeanne Yoder (Retired)



## 1. A Funny Thing Happened on the Way to the OIB Rate Package Release

The CY 2008 Outpatient Itemized Billing (OIB) Rates were supposed to become effective 7 July. In fact, the policy memo explaining the rates was signed by Assistant Secretary of Defense for Health Affairs S. Ward Casscells, MD, on 30 May. Subsequently, it was discovered that the updated CPT codes were not loaded into AHLTA. The CY 2008 rates cannot be implemented without the updated CPT codes. Therefore, as of the date of this publication, the effective date of the CY 2008 rate is on hold. This means that MTFs continue to bill for outpatient services, including cosmetic surgery, using the CY 2007 rates until the revised implementation date for the CY 2008 rates is set and announced.

The OIB rates package includes: CMAC Rates, CMAC Component Rates, Anesthesia, Ambulance, APV, Dental, DME/DMS, Immunization, Cosmetic Surgery, IAR/IMET, Pharmacy Dispensing Fee (which is set at zero), TPOCS Mapping Table, CPT Revenue Mapping Table, DMIS ID Table, and the Modifier Mapping Table. As soon as the updated CPT codes are loaded into AHLTA, the UBO Service Managers will be given a revised effective date for the CY 2008 rates.

## 2. Updated Cosmetic Surgery Estimator Now Available

As mentioned earlier, cosmetic surgery rates are part of the OIB rates package. The Cosmetic Surgery Estimator (CSE), developed to help MTFs estimate the cost of a cosmetic procedure, has been updated to reflect the new rates and other changes. Most notably, in the current Cosmetic Surgery Estimator Tool, version 3 (CSET v3) – which should continue to be used (see sidebar) – Botox treatments were estimated using unlisted CPT code 17999. Patients incur a separate charge for the Botox drug. Once it becomes effective, CSE v4 (2008) will change this; Botox treatments will be estimated using CPT codes 64612-64614. In addition, the drug will be included in the cost of the procedure, so the patient will not incur a separate fee for the Botox. Other changes in the updated version include adding new codes for piercings (ears and other body parts), and availability of a single manual for the CSE instead of multiple documents. This manual will be updated as needed. We invite you to submit recommended changes to the manual as we strive toward continued quality improvement.

### NOTES

1. The CSET has had its own cosmetic surgery – a “T”-ectomy. Version 4 has been renamed the Cosmetic Surgery Estimator (CSE), and is referred to as the “Estimator.”
2. MTFs that have converted to Microsoft's Vista operating system and Office 2007 may encounter some issues since the Estimator was developed for XP operating systems and Office 2003. One solution is to set aside a computer and printer that run XP and 2003.
3. MTFs cannot use the 2008 version of the Cosmetic Surgery Estimator until the CY 2008 OIB package becomes effective. Continue to use the 2007 version (v3) until notified by your Service UBO Manager.

This year, Webinars – not teleconferences – were held to help billers learn about the new Estimator. Copies of the Webinar will be available from the [UBO Web site](#).

## 3. Patient Category (PATCAT) Table Update — Submit Your Suggested Changes

The CHCS Patient Category (PATCAT) Table was last updated in FY 2007. Recent policy changes by TMA and new beneficiary types enacted by Congress mean that more changes are needed. If your MTF has any suggestions for changes, submit them, with a brief reason for the change, to your Service UBO Manager.

*The PATCAT Table update process involves coordination with UBU, as well as design and testing of CHCS changes.*

#### 4. Do NOT Deactivate Any Health Insurance Carriers (HICs)

Did you know that responding “Yes” to “Do you want to deactivate the HIC?” is treated as a deletion throughout DEERS?

Deactivation is requested by an MTF either directly, by selecting the Deactivate function, or indirectly, when presented as a prompt, during the re-pointing OHI function. Either way, submitting a request to the UBO’s Verification Point of Contact (VPOC) to deactivate a health insurance carrier (HIC) goes first to the Defense Enrollment Eligibility Reporting System (DEERS). DEERS treats an “unverified request” as if the HIC has already been deactivated, and it terminates the related Other Health Insurance (OHI) policies. This means that the HIC is no longer available for billing.

While investigating the reason for increased requests for deactivation, we found that, during the re-pointing phase of the SIT clean-up, users were responding “Yes” to the pop-up question, “Do you want to deactivate the HIC?” The appropriate answer is “NO.” When an MTF clicks “Yes,” the request comes up to the VPOC queue for verification. Although the VPOC quickly “restores” the HIC to its original verified state, the brief delay while the HIC is in the “deactivation state” may affect normal billing.

Deactivating a HIC is discouraged. See the Standard Insurance Table (SIT) Business Rules on the UBO Web site for additional information on this subject. Unless an insurance company no longer exists, it cannot be assumed that all MTFs want that particular HIC to be deactivated. A merger of insurance plans/companies does not fall under the category of “no longer existing” since there could still be outstanding bills from the separate insurance plans/companies generated prior to the merger. Therefore, the general rule is NOT to deactivate a HIC. For more information visit the [UBO SIT/OHI](#) Web site. If you have any questions please contact [VPOChelpdesk@Altarum.org](mailto:VPOChelpdesk@Altarum.org).

#### 5. 2008 UBO/UBU Conference Wrap-Up

The 2008 Annual UBO/UBU Conference, held 31 March to 4 April 2008 at the National Conference Center (NCC), in Lansdowne, Virginia, was another resounding, record-breaking success. This year’s theme, “Learning to Dig Deeper: From Registration to Resolution,” was reflected in the more than 80 conference sessions in seven tracks. In addition, this year’s more than 625 attendees (another record-breaker) networked while visiting with exhibitors who were all within reach of the sessions and during the two evening receptions featuring Salsa Dancing lessons and Karaoke. See pictures from the conference on the back pages.

Special thanks to everyone who helped make this year’s conference a success. NOW, mark your calendars for the 2009 Annual UBO/UBU Conference, which is tentatively scheduled for next March at the NCC. We need YOUR input on topics and recommended speakers. We’ve heard from several volunteers, but we always need more. Working together, we can continue to help make the biller’s job easier and more effective.

Conference presentations are available through the [UBO Web site](#).

#### Can You Beat This?

Wilford Hall Medical Center UBO **COLLECTED** \$4.2M in May 2008.  
This includes TPCP, MSA, and MAC.



*Lt Col Jeanne Yoder accepts a poster of conference mascot Digger in Mexican regalia from the conference planner as conferees readied for the Salsa Breakout at the 2008 UBO/UBU conference. The audience (below) looked on appreciatively as Ricardo Loaiza, "The Salsa King," (lower, right) gave salsa lessons to the more adventurous attendees.*





*The theme of the karaoke breakout this year was finding the new UBO/UBU Idol. The Master of Ceremonies (MC) looks on as competitors prepare to perform for the audience (below).*

*The Judges chose a winner, who received her award from the MC (below, right), while the audience applauded (bottom).*



The conference was organized to encourage networking before, between, and after each day's many educational sessions.



**Abbreviations/Acronyms in This Newsletter**

<b>A/R</b>	Accounts Receivable
<b>AHLTA</b>	Military electronic health record
<b>APV</b>	Ambulatory Procedure Visit
<b>CHAMPUS</b>	Civilian Health and Medical Program of the Uniformed Services
<b>CHCS</b>	Composite Health Care System
<b>CMAC</b>	CHAMPUS Maximum Allowable Charge
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CPT</b>	Current Procedural Terminology
<b>CSE</b>	Cosmetic Surgery Estimator, Version 4.0
<b>CSET</b>	Cosmetic Surgery Estimating Tool, Versions 1-3
<b>CY</b>	Calendar Year
<b>DEERS</b>	Defense Enrollment Eligibility Reporting System
<b>DFAS</b>	Defense Finance and Accounting Service
<b>DME/DMS</b>	Durable Medical Equipment, Durable Medical Supplies
<b>DMIS ID</b>	Defense Medical Information System Identifier [for MTFs]
<b>DoD</b>	Department of Defense
<b>FY</b>	Fiscal Year
<b>HIC</b>	Health Insurance Carrier
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IAR/IMET</b>	Inter-Agency Rate/International Military Education and Training
<b>MAC</b>	Medical Affirmative Claims
<b>MD</b>	Medical Doctor
<b>MHS</b>	Military Health System
<b>MSA</b>	Medical Services Account
<b>MTF</b>	Medical Treatment Facility
<b>NCC</b>	National Conference Center (Lansdowne, VA)
<b>NPI</b>	National Provider Identifier
<b>OHI</b>	Other Health Insurance
<b>OIB</b>	Outpatient Itemized Billing
<b>PATCAT</b>	Patient Category
<b>SIT</b>	Standard Insurance Table
<b>TMA</b>	TRICARE Management Activity
<b>TPCP</b>	Third Party Collection Program
<b>TPOCS</b>	Third Party Outpatient Collection System
<b>UB-04</b>	Uniform Bill, version 2004
<b>UBO</b>	Uniform Business Office
<b>UBU</b>	Unified Biostatistical Utility
<b>VA</b>	(Department of) Veterans Affairs
<b>VPOC</b>	Verification Point of Contact

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**UBO Training Center**  
**UBO Subject Matter Experts:**  
**Patient Financial Services**  
 Billing office operations such as MHS rate development, CHCS/TPOCS mapping tables, and reimbursement procedures

**Medical Management**  
 Documentation, coding, and policy development, including ICD-9 and CPT-4 coding

**Access Management**  
 Registration, identification of other health insurance (OHI), third party contract management, and the standard insurance table (SIT)

**Compliance & Guidance Management**  
 Policy and guidance to ensure MTF revenue cycle business processes are conducted in accordance with DoD and national compliance standards

**Metrics Support**  
**PATCAT Support**