

Uniform Business Office Newsletter

Helping frontline users perform their day-to-day jobs

IMPORTANT NOTICE: Due to Privacy concerns, all personal identifiers, such as names and personal e-mail addresses, have been removed from this newsletter. We apologize for this inconvenience. If you have questions about an article, please do not hesitate to contact the UBO Help Desk (UBO.helpdesk@altarum.org/703-575-5385).

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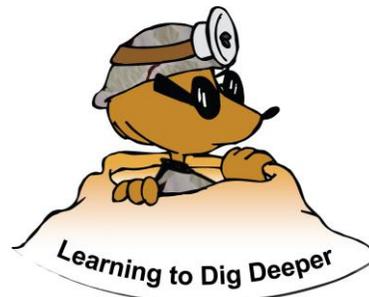
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1. 2008 Annual UBO/UBU Conference

Save the date and mark your calendar. The 2008 Annual UBO/UBU Conference will be held 1-3 April 2008, at the National Conference Center in Lansdowne, Virginia. Pre- and post-conference sessions will be held 31 March and 4 April. This year's theme:



*Learning to Dig Deeper:
From Registration to Resolution*

Building on last year's successful UBO/UBU Annual Conference, the 2008 conference will continue to provide opportunities to learn, network with colleagues, and take home information to make your job easier.

As with previous years, there will be seven tracks:

- Two UBO tracks focusing on billing and reimbursement (UBO)
- Two UBU tracks focusing on coding/data quality
- A Medical Services Account (MSA) track
- Two tracks for system training (TPOCS/CCE)

Add the UBO [Web site](#) to your Web browser favorites so you can check on conference information as it is posted. We will post a brochure and other important registration material soon. Contact your Service UBO Manager if you are interested in teaching a course this year.

2. Diabetic Over-the-Counter (OTC) Supplies Added Back Into Next Rate Update

Diabetic supplies are the *only* OTCs that will be added back into the pharmacy rate package in the next update. This update is scheduled for late fall 2007. A new version of the Pharmacy Pricing Estimator Tool (PPET) will also be available once the new rates are released. Contact the [UBO Helpdesk](#) with any questions or comments.

3. Elective Cosmetic Surgery Superbill Updated

Elective cosmetic surgery rates were released with the rates effective 30 June 2007. The most current version of the superbill is available on the [UBO Web site](#).

What Changed. The majority of the superbill changes are in the codes on the second page of the superbill under "Other Revisions." These codes were changed to reflect the codes in the Cosmetic Surgery Estimator Tool (CSET) v3. Space was added at the bottom of the first page of the superbill so providers can indicate the type of cosmetic filler that will be used.

Note: The new superbill does **not** change the prices estimated by CSET; it only provides a better alignment with the input data required by CSET to compute an estimate. Contact the [UBO Helpdesk](#) with questions.

4. More on Elective Cosmetic Surgery Rates

Overall, the CY 2007 rates for Elective Cosmetic Surgery are lower than last year. Key changes in this year's rate methodology generally resulted in a price decrease for outpatient operating room (OR) services at a hospital. The new rates apply to procedures performed on or after 30 June 2007.

The institutional fee for outpatients using a hospital operating room or ambulatory procedure unit (APU) is based on the TRICARE ambulatory payment classification (APC) rate and the TRICARE ambulatory surgical center (ASC) rate associated with the principal procedure.

Cosmetic procedure "MSA codes" were added to permit billing of procedures that did not have assigned codes. For example, an encounter for injecting Botox® was coded with 17999, an unlisted code. Now, the session will be coded in the MSA module in the CSET with Y1950. The 17999 will still be used by the coders.

The methodology did not change for procedures conducted in a provider's office, where a separate institutional fee will not be billed. For procedures performed in a provider's office, the institutional fee is included in the professional component.

The Diagnosis Related Group (DRG) Adjusted Standardized Amount – e.g., the base rate that is multiplied by the DRG weight to determine the hospital charge for inpatient surgical services – increased from \$5,167.21 to \$5,530.00. This was based on the FY07 direct care reimbursement rates.

Teleconferences outlining the new rates and methodology were held in late June. The slides are available from the [UBO Web site](#).

5. TMA to Monitor Other Health Insurance Policy Placeholders

Implementing the Standard Insurance Table (SIT) and Other Health Insurance (OHI) conversion allowed global access to information about beneficiaries' health insurance policies. As a result, OHI policy placeholders have become more visible at the military treatment facility (MTF) level. The placeholder is created as a temporary reminder when the health insurance information is incomplete.

Issue: More OHI placeholders are flowing from the Defense Enrollment Eligibility Reporting System (DEERS) during routine inquiries. This increases the workload for MTF staff since the placeholders must be investigated and completed or cancelled.

Most of the OHI placeholders were created by the Managed Care Support Contractors. Their compliance with the business rule of fifteen (15) days to complete or cancel a placeholder will be monitored more closely in the future.

Findings: An OHI Placeholder Report by Site Identifier (ID) from Defense Manpower Data Center (DMDC), which supports DEERS, revealed the following:

- 253,000 OHI placeholders on DEERS,
- 1,400 belong to MTFs (these MTFs have been notified).

MTF Guidance: New Business Rules for OHI Policy Placeholder

- There is a 60-day window for MTFs to either complete or cancel an OHI placeholder.
- The CHCS OHI report should be run monthly initially, then quarterly as compliance improves, or as directed by the Service UBO Manager, to monitor compliance.

The following steps can be used to run the OHI report.

1. Go to the MSA System Menu > (IPM) Insurance Processing Menu > (IOR) Insurance and OHI Report Menu > (OHI) Other Health Insurance Report.
2. Select the DMIS ID.
3. Print the OHI report by Sponsor Social Security Number (SSAN), (P) patient name, or (I) insurance company.
4. Select Placeholder (not expired).

A placeholder can be identified easily because it contains one or more 9s (e.g., 9, or 99, or 99999) in the Policy ID field. [Note: Although the OHI is now centralized on DEERS through the SIT/OHI conversion, this report identifies OHI on your *local* Composite Health Care System (CHCS) database.]

TMA UBO will monitor OHI policy placeholder compliance for all entities. If you have any questions about this information or procedure, contact the [UBO Helpdesk](#).

6. FY 2008 ASA Inpatient Billing Rates Submitted for TMA Approval

The Adjusted Standardized Amounts (ASA) for inpatient care furnished in an MTF were calculated for Fiscal Year (FY) 2008. Service UBO Managers will distribute the updated rates once they are authorized by Dr. Casscells, Assistant Secretary of Defense for Health Affairs. The rates are expected to be effective 1 October 2007. There will not be any system testing for this update since the rates are loaded in CHCS at the local level.

MTFs Without Inpatient Services, Whose Providers Offer Inpatient Care in a Civilian Facility.

These MTFs should continue to bill payers the percentage of the ASA rate that represents professional services. In accordance with federal law, the inpatient diagnosis related group (DRG) hospital institutional and professional percentages are based on actual costs. When preparing bills for inpatient services, professional fees are 7% of the total ASA. The hospital institutional fees (93%) are based on the charges for support staff, facility costs, ancillary services, pharmacy, and supplies. In the absence of an ASA rate for the non-bedded facility, bills for professional services will use 7% of the average ASA rate for the type of metropolitan statistical area of the MTF: Areas with wage rate indices greater than 1.0, less than or equal to 1.0, or overseas. MTF UBOs must have documentation of the care prior to producing the bill.

POC: Tim Borchert

7. CY 2007 Medical & Dental Rate Issues on Immunization & Laboratory Procedures

The Calendar Year (CY) 2007 Outpatient Itemized Billing (OIB) Rate Package became effective 30 June 2007. They should be loaded in your CHCS and Third Party Outpatient Collection System (TPOCS) systems.

Questions to the MHS Helpdesk and from Service UBO Managers identified an issue with the Current Procedural Terminology (CPT) immunization codes 90760–90779. The rates for these codes currently reside in the CHAMPUS Maximum Allowable Charge (CMAC) rate table. However, the Third Party Outpatient Collection System (TPOCS) mapping table points those codes to the immunization rate table. Therefore, no rates are coming up for those codes. TMA is working with the Resources Information Technology Program Office (RITPO) to correct this issue. Service UBO Managers and TPOCS administrators will be informed once the update is tested and made available. This cannot be fixed for MSA until the next release, which is expected to occur in June 2008.

Continue to report any issues to your UBO Service Manager, the MHS Helpdesk, and/or the [UBO Helpdesk](#). Thank you to everyone who takes the time and effort to report their concerns.

Laboratory rates for Class 4 providers (technicians) are also being reviewed.

8. Prior Year CMAC Rates for Location 391 – OCONUS

A dedicated OCONUS CMAC locality code (391) was created this year to alleviate the problems associated with changing locality codes during the annual rate update. In prior years, the locality code changed for OCONUS MTFs yearly. This meant that the OCONUS MTF lost its historical data for prior year rates.

RITPO is testing a systematic solution to “re-write” the mapping in TPOCS to pick up the previous year’s CMAC rates. Service UBO Managers will be informed when testing is complete. Guidance will be furnished to affected sites. In the meantime, all CMAC rates from 2001 to 2007 are posted on the TMA UBO Web site and can be accessed to create manual bills.

9. Note from the UBO Program Office: Really Neat Management Reports

Did you ever wonder if all your billable encounters are flowing over? It is in your best interest to ask the coding supervisor for the “All Billable – Non-Validated Records Manager Listing – 29 Days or Greater.” This report shows all billable encounters greater than 29 days old that do not have a status of completed, auto-released, or transmitted. You may want to request a search criterion of 1 October 2006 until 31 July 2007. Hopefully there will be no records listed.

The Coding Compliance Editor has a number of management reports that are quite interesting for billing managers.

Did you ever wonder if all your billables were really reviewed by a coder before the bill “dropped”? Ask your coding supervisor for the “Billable Uncertified Manual Release” report. You may want to request a search criterion of 1 January 2007 to 30 June 2007 just to get an idea. Once again, hopefully there will be no records listed.

How Is Your Medical Affirmative Claims (MAC) Program Going?

Are you identifying all the injuries to your Service legal representative to see if you need to submit a billing package? Ask your coding supervisor for the “Encounters with Injury Flag of

Yes" for the past six months. Scan it for a MEPRS code of BIAA (Emergency Department), B**5 (Ambulatory Procedure Visits) and any other high cost services. Do a quick audit to be sure your MAC clerk is submitting injuries to your Service legal representative.

10. Pricing for Pharmaceuticals Not Found in the July 2007 Pharmacy Rate File.

You may be able to bill for a drug even if the National Drug Code (NDC) is not listed in the 30 June 2007 pharmacy rate update file. Pharmaceuticals are priced based on the median per unit (e.g., tablet) Average Wholesale Price (AWP) of all NDCs sharing the same Generic Sequence Number (GSN). GSNs describe groups of drugs with the same active ingredient(s), strength, and dosage form. In some cases, there are over 100 NDCs with the same GSN.

If an NDC is not listed in the pharmacy rate table, but you know the GSN, you can price the drug using the Pharmacy Pricing Estimator Tool (PPET). Enter the drug name (either generic or brand name), enter the quantity of the drug dispensed, and click submit. PPET will display a list of all drugs with the same name and generic equivalents. Select the price matching to the strength of the NDC you wish to price.

If you do not have access to the PPET or cannot identify the GSN, contact the UBO helpdesk.

11. Coming Soon: Updated DRG Payment Calculator for VA/DoD Sharing

An updated TRICARE DRG Payment Calculator will be available to VA and DoD hospitals to help them price the hospital portion of inpatient care provided under VA/DoD Health Care Resource Sharing Agreements. The calculator will reflect the FY2008 rates that become effective 1 October 2007.

Watch the UBO Web Site for the updated calculator (on or about 1 October).

12. Training Update

Watch for announcements of the following teleconferences:

Anesthesia Coding, Data Collection, Denials
Pharmacy Rate Update

2008 ICD-9 Coding Update

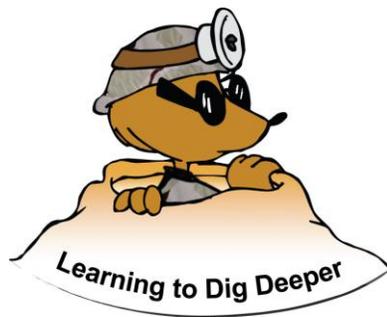
Check the UBO Web Site for Lt Col Yoder's update on the 2008 ICD-9 codes. Additional teleconferences explaining the update will be scheduled soon. Check with your Service Managers.

Have you taken the Patient Category (PATCAT) Code Course Yet?

Everyone is strongly encouraged to take the PATCAT Code Course, which is available on-line from [TRICARE University](#). The course provides an understanding of PATCATs and their uses, the PATCAT code structure, and the assignment of PATCAT Codes in CHCS. It includes a "PATCAT Finder Tool," which guides users through a decision-tree logic flow that leads to the correct selection of a PATCAT Code for a given patient. Almost 90 people have taken and passed the course. A certificate of course completion is sent to everyone who successfully completes the course.

Abbreviations/Acronyms in This Newsletter

APC	Ambulatory payment classification	MEPRS	Medical Expense Performance Reporting System
APU	Ambulatory procedure unit	MHS	Military Health System
ASA	Adjusted Standardized Amount	MSA	Medical Services Account
AWP	Average Wholesale Price	MTF	Military Medical Treatment Facility
ASC	Ambulatory surgical center	NCC	National Conference Center (Lansdowne, VA)
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services	NDC	National Drug Code
CHCS	Composite Health Care System	OCONUS	Outside the Continental United States
CMAC	CHAMPUS Maximum Allowable Charge	OHI	Other Health Insurance
CPT	Current Procedural Terminology	OIB	Outpatient Itemized Billing
CSET	Cosmetic Surgery Estimator Tool	OR	Operating room
CY	Calendar Year	OTC	Over-the-Counter
DEERS	Defense Enrollment Eligibility Reporting System	PATCAT	Patient Category
DMDC	Defense Manpower Data Center	POC	Point of Contact
DMIS	Defense Medical Information System	PPET	Pharmacy Pricing Estimator Tool
DRG	Diagnosis Related Group	SIT	Standard Insurance Table
GSN	General Sequence Number	TMA	TRICARE Management Activity
HIC	Health Insurance Carrier	TPOCS	Third Party Outpatient Collection System
ID	Identification [Card]	UBO	Uniform Business Office
MAC	Medical Affirmative Claims	UBU	Unified Biostatistical Utility
MCPF	Managed Care Pricing File	VA	(Department of) Veterans Affairs



*Learning to Dig Deeper:
From Registration to
Resolution*

**2008 UBO/UBU Annual
Conference
1-3 April
Lansdowne, Virginia**

Plan now!

(See article #1)