



## **TMA UBO**

# **FY13 VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE MS-DRG Payment Calculator and Inpatient Billing Guide**

## **USER GUIDE**



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 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 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 rates<sup>1</sup> for inpatient episodes of care<sup>2</sup>* 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 service. 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 TRICARE Management Activity's (TMA) 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.<sup>3</sup> Currently the FY13 VA-DoD IIC is published along with instructions for use in a Microsoft Excel workbook. It is available for download and use on the TMA UBO Website at:

<http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient>. A Webinar showing how to use the FY13 VA-DoD IIC is also available for on demand viewing free of charge on the Website at:

[http://www.tricare.mil/ocfo/mcfs/ubo/learning\\_center/training.cfm#recent](http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent). New in FY13, the TMA UBO is publishing 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. Accompanying the IBG is a "Prof Services-DME-Rx-Pass Thru" Worksheet to calculate professional and other non-institutional charges if there are multiple services or items provided during an inpatient episode of care.

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<sup>1</sup> 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.

<sup>2</sup> 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)."

<sup>3</sup> 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 TMA UBO interagency rates. MTFs with current VA-DoD sharing agreements are listed at: <http://www.tricare.mil/DVPCO/va-direct.cfm>. Scroll to the bottom of that Webpage and click the hyperlink "Current Sharing Agreements".



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 2.0 Calculating Charges with the FY13 VA-DoD Inpatient Institutional Calculator<sup>4</sup>

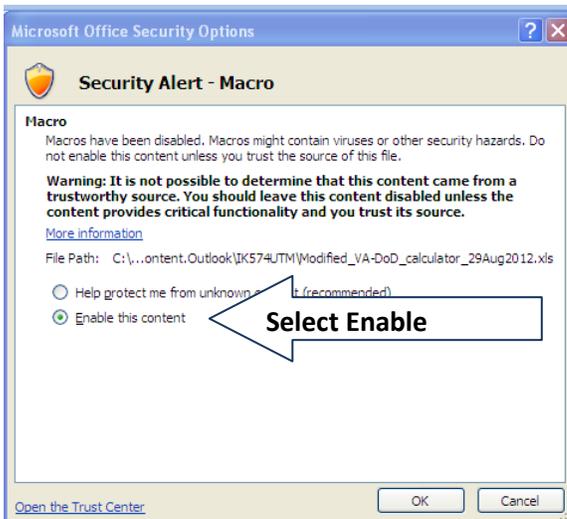
### 2.1 Accessing the FY13 VA-DoD Inpatient Institutional Calculator

The FY13 VA-DoD Inpatient Institutional Calculator (IIC) is contained in a Microsoft Excel workbook that is available for use and download from the TMA UBO Website at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient>. Note there are two versions. For MTFs with standard direct sharing agreements (i.e., charge TRICARE CMAC rates less 10% discount) use the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13” version. For MTFs that have negotiated discounts other than the standard 10% discount or have specific negotiated reimbursement amounts, use the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13” version. Also select the version of the calculator effective on the patient’s date of discharge. Both versions of the IIC contain three worksheets (the second and third are new for FY13):

- the VA-DoD IIC;
- an “Inpatient Billing Guide” (IBG) that is 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; and
- a “Prof Services-DME-Rx-Pass Thru” worksheet, which is used to calculate charges if there are multiple non-institutional services or items provided during one inpatient episode of care.

To use either version of the FY13 VA-DoD IIC it should be saved to a computer that has Internet access. 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 TMA UBO, TRICARE and CMS Websites.

When opened, the FY13 VA-DoD IIC workbook may display a Security Warning, “Macros have been disabled”. If it does, you must select “Options” to enable the content and its full functionality.



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

<sup>4</sup> 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.



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 2.2 Generating a Charge with the FY13 VA-DoD Inpatient Institutional Calculator

There are five components of the FY13 VA-DoD IIC 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\_FY13 ” version.

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE DRG Payment Calculator - For Patients Discharged in FY13		
Claim Information	LOS	0
	MS-DRG	0
	Disposition Status	0
Hospital-Specific Information	Facility ZIP Code (5 digits)	0
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$ -

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 is displayed in cell C5.
- Enter Disposition Status in cell C5 of Claim Information
- Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information.
- VA-DoD Discount is prepopulated at 10% but can be changed to reflect local sharing agreements
- 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.
<small>TRICARE Management Activity Uniform Business Office</small>		

### 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 case.

**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 Composite Health Care System/Armed Forces Health Longitudinal Technology Application (CHCS/AHLTA) to assign the MS-DRG.

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

- 01 = Home, self-care
- 02= Short term hospital
- 03 = SNF
- 04 = ICF
- 05 = Other facility
- 06 = Home health service
- 07 = Against medical advice



## FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



### Generating a Charge with the FY13 VA-DoD Inpatient Institutional Calculator cont.

- 20 = Died
- 30 = Still a patient
- 50 = Hospice-home
- 51 = Hospice-medical facility
- 61 = Swing bed
- 62 = Rehab facility/rehab unit
- 63 = Long term care hospital
- 65 = Psych. hospital or unit
- 66 = Discharge or transfer to CAH
- 71 = OP services - other facility
- 72 = OP services - this facility

#### Hospital Specific Information

*Facility Zip Code:* Enter your 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 code's 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 hospital which discharged the patient is located.]

#### Policy Information

*VA-DoD Discount:* In the "Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13" version, cell C7 "VA-DoD Discount" 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\_FY13" version. That 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.

#### Payment Summary

When all five components have been entered, the section "Payment Summary" calculates and displays the "Inpatient Institutional Charge" due from the VA. This charge will also be automatically displayed in cell D3 "Institutional Services, VA Billable Amount" of the IBG that is included with the FY13 VA-DoD IIC workbook as a separate worksheet. Instructions on how to use the IBG are in section 3.0 of this USER GUIDE.



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 2.2.1 Command Buttons

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

VA-DoD Resource Sharing - Inpatient Institutional Billing		
Modified TRICARE DRG Payment Calculator - For Patients Discharged in FY13		
Claim Information	LOS	0
	DRG	0
Hospital-Specific Information	Disposition Status	0
	Facility ZIP Code (5 digits)	0
Policy Information	VA-DoD Discount	10%
Payment Summary	Inpatient Institutional Charge	\$

Clear Worksheet

Print Worksheet

Export Worksheet

Instructions for use:  
a. Enter Length of Stay (LOS) in Bed Days in cell C3 of Claim Information  
b. Enter Diagnosis Related Group (DRG) in cell C4 of Claim Information  
c. Enter Disposition Status in cell C5 of Claim Information  
d. Enter ZIP Code of your MTF in cell C6 of Hospital-Specific Information. Wage Index will fill automatically.  
e. VA-DoD Discount is prepopulated at 10% but can be changed to reflect local sharing agreements  
f. Inpatient Institutional Charge is displayed in cell C8 of Payment Summary

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Click Clear Worksheet on the IBG to clear the contents of the IBG and VA-DoD IIC worksheets. If you click Clear Worksheet on the VA-DoD IIC or Prof Services-DME-Rx-Pass Thru worksheets, it will only clear the contents of the VA-DoD IIC or Prof Services-DME-Rx-Pass Thru worksheet, respectively.

Click Print Worksheet on the IBG, VA-DoD IIC, or Prof Services-DME-Rx-Pass Thru worksheet to print the contents of all worksheets. The worksheets will print to your default printer.

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



## FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



### 3.0 Calculating Inpatient Charges Using the Inpatient Billing Guide

New to the VA-DoD IIC for FY13 are an Inpatient Billing Guide (“IBG”) and a “Prof Services-DME-Rx-Pass Thru” worksheet 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. In previous years, the VA-DoD IIC calculated only the institutional MS-DRG-based component of inpatient care. To generate a complete bill for an inpatient episode of care, charges for non-institutional services and items listed below that may be provided during an inpatient episode of care must be billed based on the rates in effect on the date of service:

- Professional Services (*includes rounds, inpatient surgeries, and other inpatient procedures (e.g., reading an EKG); bill at TRICARE CMAC less 10%, else CMS rate less 10%*)
- Ambulance Services (*bill at TRICARE CMAC less 10%, else CMS rate less 10%*)
- Anesthesia Professional Services (*for each pre-intra-post anesthesia episode, including any anesthesia medical direction or supervision, bill at TRICARE CMAC less 10%*)
- Purchased Care Services from outside facility (*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*)
- Durable Medical Equipment (*DME items not included in the MS-DRG rate, such as crutches that go home with the patient, are billed at cost*)
- Pharmaceuticals (*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 TMA UBO VA-DoD resource sharing Pharmacy Pricing Estimator*)
- Pass-through “C” HCPCS Items (*includes such things as implantable devices that are not yet incorporated into the MS-DRG are billed at cost*)
- *Other Inpatient services not specifically addressed in this guidance may be negotiated locally based on direct variable cost*

As explained below, MTFs can enter these non-institutional services and items into the IBG and “Prof Services-DME-Rx-Pass Thru” worksheets to calculate their individual costs and the total costs due from the VA relating to an inpatient episode of care. The IBG and “Prof Services-DME-Rx-Pass Thru” Worksheets do 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 interagency rates to bill the VA for care provided at MTFs to their eligible beneficiaries. These interagency rates are located at:

[http://www.tricare.mil/ocfo/mcfs/ubo/mhs\\_rates.cfm](http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm).



## FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



### 3.1 Accessing the Inpatient Billing Guide (IBG)

The IBG, including the VA-DoD IIC and Prof Services-DME-Rx-Pass Thru worksheet, is contained in the Microsoft Excel workbooks “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13” and “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13.” They are available for download and use from the TMA UBO Website at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient>. Select the version of the IIC effective on the patient’s date of service.

To use the IBG and the “Prof Services-DME-Rx-Pass Thru” worksheets , the workbook must be saved to a computer that has Internet access because these worksheets allow the user to look up billing rates for non-institutional inpatient services and items available on the TMA UBO, TRICARE and CMS Websites.

When opened, the FY13 VA-DoD IIC workbook may display a Security Warning “Macros have been disabled”. If it does, you must select “Options” to enable the content and its full functionality. If the IIC is already open, you do not need to download or re-open it to access and use the IBG.





## FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



### Calculating Inpatient Charges Using the Inpatient Billing Guide cont.

Once all of the documented codes are entered in the table, use the link below the table to access the TRICARE Website that allows you to look up the corresponding rates. These are the same links provided in the IBG. Instructions for how to use these Websites to look up rates are available in the sections below corresponding to the non-institutional service or item. Once the rate has been looked up, copy or enter that full reimbursement rate into the appropriate table in the right hand column, beside the corresponding code. The table will automatically add up all of the rates, and a total full cost will populate in the bottom line of the table.

Professional Services	
CPT® Code	TRICARE CMAC Rate
29868	\$ 1,867.88
44950	\$ 705.65
27230	\$ 528.58
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL	\$ 3,102.11
<a href="#">TRICARE CMAC Rate Lookup</a>	
<input type="button" value="Copy Total to IBG"/>	

When all of the codes for the non-institutional services and items have been entered in the tables, click the “Copy Total to IBG” buttons below them to copy the total full costs into the corresponding costs cells of the IBG. The appropriate discounted amount will also populate in the “VA Billable Amount” column of the IBG. If there are no codes for any or all of the tables, leave them blank. If you need to make changes after copying the total cost(s) to the IBG, make those changes on the “Prof Services-DME-Rx-Pass Thru” worksheet, and click the “Copy Total to IBG” button again. The new cost value will populate in the IBG and overwrite the previous one.



# FY13 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. For instructions on how to calculate the inpatient institutional charge, see section 2.0 above, *Calculating Charges with the FY13 VA-DoD Inpatient Institutional Calculator*.

VA-DoD Resource Sharing - Inpatient Institutional Billing			
Modified TRICARE DRG Payment Calculator - For Patients Discharged in FY13			
Claim Information	LOS		4
	MS-DRG		774
	Disposition Status		1
Hospital-Specific Information	Facility ZIP Code (5 digits)		22060
	Policy Information	VA-DoD Discount	10%
Payment Summary		<b>Inpatient Institutional Charge</b>	<b>\$ 2,535.50</b>

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
- VA-DoD Discount is prepopulated at 10% but can be changed to reflect local sharing agreements
- 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	VA-DoD Institutional Billing Calculator User Guide on the UBO Website
VAGINAL DELIVERY W COMPLICATING DIAGNOSES	

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 2,535.50
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ -	10%	\$ -
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

Clear Worksheet
Print Worksheets
Export Worksheet

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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](#)



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Institutional Services cont.

Click link in the IBG to access to the VA-DoD IIC or click the VA-DoD Inp. Inst. Calculator tab.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>	\$ -	0%	\$ -
Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)



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OR

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>	\$ -	0%	\$ 2,535.50
Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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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VA-DoD Inp. Inst. Calculator **Click VA-DoD Inp. Inst. tab**



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 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 Webpage located at: <http://www.tricare.mil/CMAC/ProcedurePricing/ProcPricing.aspx>. You can also click the hyperlink *TRICARE CMAC less Discount\** in cell B4 of the Billing Criteria column of the IBG to access that Webpage. General instructions on how to use the TRICARE CMAC Procedure Pricing Webpage are below and also available at: [http://www.tricare.mil/CMAC/help/Help\\_Main.htm](http://www.tricare.mil/CMAC/help/Help_Main.htm).

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inpatient Calculator</a>			
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>			
Durable Medical Equipment	CMS DME	\$ -		
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)

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

CMAC Home
Procedure Pricing
Inpatient Procedure Pricing
Cross Reference Utilities
Download All Current CMAC Pricing
Download Current Individual Pricing Files

### CMAC Procedure Pricing

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

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

Locality Code:

State:

Catchment Area:

Zip Code:

Foreign Country:

NOTE: THE ABOVE CHECK INFORMATION ONE OF THE BELOW

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Applicable FARSD/FARS Restrictions Apply to Government Use



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Professional Services cont.

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

Resulting pricing will display for Categories 1-4 type providers. Enter the price for either Category 1 (Facility Physician) or Category 3 (Facility Non-Physician) into cell C4 of the IBG based on the provider type documented in the clinical encounter record. (*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	\$63.80
Category of Provider	Facility Physician
CMAC for Category 2	\$93.57
Category of Provider	Non-Facility Physician
CMAC for Category 3	\$54.23
Category of Provider	Facility Non-Physician
CMAC for Category 4	\$79.53
Category of Provider	Non-Facility Non-Physician

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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Professional Services cont.

If there is only one documented professional service CPT® code, manually enter the rate for that code into the cost column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			35.50
Professional Services	TRICARE CMAC less Discount*	63.80		
Durable Medical Equipment	CMS DME	\$ -		-
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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\_FY13”, the VA Billable Amount, including a fixed 10% discount, will populate cell D6. For the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, enter the negotiated discount percent in the *Discount %* column. The discount specified will be applied to the cost entered. If there is a negotiated flat rate for the service or item, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press “Enter” on your keyboard and the negotiated rate will populate the *VA Billable Amount* column.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			\$ 2,535.50
Professional Services	TRICARE CMAC less Discount*	\$ 63.80	10%	\$ 57.42
Durable Medical Equipment	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 2,592.92</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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](#)



If more than one professional service CPT® code is documented, use the “Prof Services-DME-Rx-Pass Thru” worksheet first to calculate their individual and total full costs.





# FY13 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 looking up its price on the CMS Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule available at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSchd/DMEPOS-Fee-Schedule.html#>

You can also click the hyperlink *CMS DME* in cell B5 of the Billing Criteria column of the IBG to access that fee schedule. Select and open the **.xls** fee schedule effective on the date of service.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 2,535.50
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$		
Durable Medical Equipment	<a href="#">CMS DME</a>			
Ambulance Services	<a href="#">CMS Ambulance</a>	\$		
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$	0%	\$ -
Pass-through Items	cost	\$	0%	\$ -
Other	cost	\$	0%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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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Home > Medicare > Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule > DMEPOS Fee Schedule Items > Details for File Name: DME12\_C

**Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule**

[Return to List](#)

**Details for File Name: DME12\_C**

File Name: DME12\_C

Description: Revised for July 2012. The update includes all changes identified in CR7822

Year: 2012

**Downloads**

[DME12\\_C \(ZIP, 2MB\)](#)
[DME 12C Background File \(PDF, 49KB\)](#)
[DME 12C Read Me File \(PDF, 68KB\)](#)

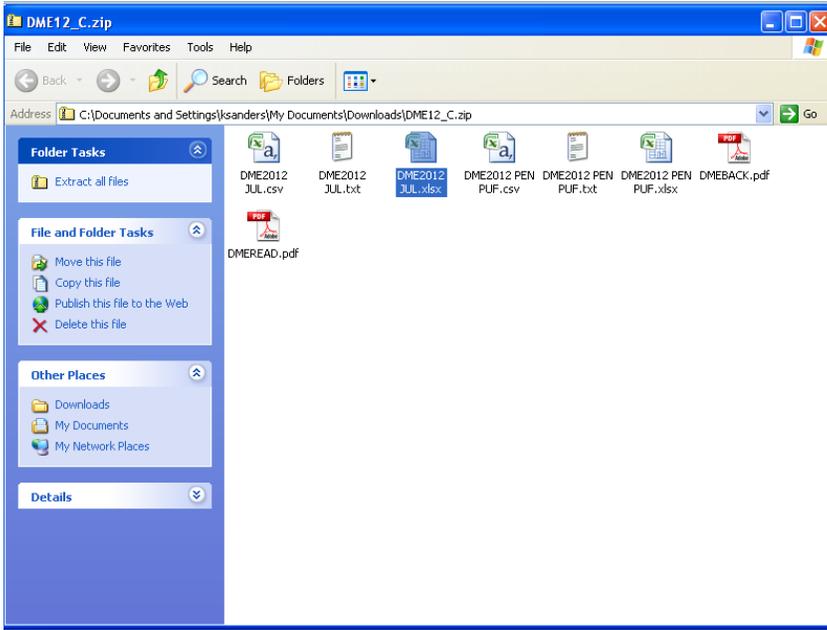
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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Durable Medical Equipment cont.



Look up the cost of the DME by the Healthcare Common Procedure Coding System (HCPCS) code documented in the clinical encounter record and your MTF's State.

AT421		33.78														
	A	B	C	D	E	F	G	AO	AP	AQ	AR	AS	AT	AU	AV	AW
1	<b>Durable Medical Equipment,</b>															
2	<b>Prosthetics, Orthotics, and Supplies</b>															
3	<b>(DMEPOS)</b>															
4	<b>Revised 2012 Fee Schedule</b>															
5																
6																
7	HCPCS	Mod	Mod2	JURIS	CATG	Ceiling	Floor	OH	OK	OR	PA	RI	SC	SD	TN	TX
409	E0100	NU		D	IN	\$22.63	\$19.24	\$19.24	\$22.63	\$22.26	\$22.63	\$19.90	\$21.33	\$20.50	\$22.63	\$21.05
410	E0100	RR		D	IN	\$6.38	\$5.42	\$6.38	\$5.42	\$6.38	\$6.38	\$6.38	\$5.42	\$5.42	\$5.42	\$5.42
411	E0100	UE		D	IN	\$18.04	\$15.33	\$16.51	\$18.04	\$16.69	\$18.04	\$15.33	\$15.97	\$15.39	\$18.04	\$15.80
412	E0105	NU		D	IN	\$52.76	\$44.85	\$49.80	\$52.76	\$52.34	\$52.76	\$49.83	\$52.76	\$49.54	\$51.79	\$51.27
413	E0105	RR		D	IN	\$9.51	\$8.08	\$9.51	\$8.08	\$9.51	\$9.51	\$9.51	\$8.08	\$9.51	\$8.08	\$8.08
414	E0105	UE		D	IN	\$40.66	\$34.56	\$38.63	\$39.56	\$39.25	\$39.75	\$37.37	\$40.66	\$37.18	\$40.47	\$40.58
415	E0110	NU		D	IN	\$83.34	\$70.84	\$70.84	\$83.34	\$83.34	\$70.84	\$70.84	\$83.34	\$83.34	\$74.95	\$76.67
416	E0110	RR		D	IN	\$17.17	\$14.59	\$17.17	\$17.17	\$17.17	\$17.17	\$17.17	\$14.59	\$14.59	\$14.59	\$14.59
417	E0110	UE		D	IN	\$62.49	\$53.12	\$53.12	\$62.49	\$62.49	\$62.49	\$53.12	\$62.49	\$52.49	\$56.20	\$57.49
418	E0111	NU		D	IN	\$57.20	\$48.62	\$52.94	\$57.20	\$57.20	\$57.20	\$57.20	\$52.80	\$52.98	\$48.62	\$48.62
419	E0111	RR		D	IN	\$9.05	\$7.69	\$9.05	\$9.05	\$9.05	\$9.05	\$9.05	\$7.69	\$7.69	\$7.69	\$7.69
420	E0111	UE		D	IN	\$44.15	\$37.53	\$43.23	\$42.91	\$44.15	\$44.15	\$44.15	\$39.60	\$39.73	\$37.53	\$37.53
421	E0112	NU		D	IN	\$39.74	\$33.78	\$35.81	\$39.74	\$39.74	\$39.74	\$33.78	\$33.78	\$38.81	\$33.78	\$39.74



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Durable Medical Equipment cont.

Manually enter the cost from the CMS DME fee schedule into cell C5 of the IBG, and press “Enter” on your keyboard.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	VA-DoD Inp. Inst. Calculator			\$ -
Professional Services	TRICARE CMAC less Discount*	\$ -		\$ -
Durable Medical Equipment	CMS DME	\$ 63.49		\$ -
Ambulance Services	CMS Ambulance	\$ -		\$ -
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%	\$ -
<b>Total</b>				<b>\$ -</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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 standard resource sharing agreement care, discounts do not apply for DME. Use the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, and enter the full cost of the DME. That amount will also populate in cell E5 of 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\_FY13”. 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” on your keyboard, and the negotiated rate will populate the *VA Billable Amount* column.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ 63.49	0%	\$ 63.49
Ambulance Services	CMS Ambulance	\$ -	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%	\$ -
<b>Total</b>				<b>\$ 63.49</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)





# FY13 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 Webpage located at: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf.html>. You can also click the hyperlink *CMS Ambulance* in cell B6 of the Billing Criteria column of the IBG to access that Webpage.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 2,535.50
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$		\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$		\$ -
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$		\$ -
Purchased Care Services from Outside Facility	cost	\$	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$	0%	\$ -
Pass-through Items	cost	\$	0%	\$ -
Other	cost	\$	0%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)



Pricing for ambulance HCPCS codes are calculated using the CMS Ambulance rates Webpage. Select and open the .xls fee schedule effective on the date of service.



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Ambulance Services cont.

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Home > Medicare > [Ambulance Fee Schedule](#) > Ambulance Fee Schedule Public Use Files

### Ambulance Fee Schedule

**Ambulance Fee Schedule Public Use Files**

[Ambulance Reasonable Charge Public Use Files](#)

[Code of Federal Regulations](#)

[AFS Regulations and Notices](#)

[Ambulance Services Transmittals](#)

### Ambulance Fee Schedule Public Use Files

The Ambulance Fee Schedule public use files for calendar years 2004 through 2012 are located in the Downloads section below.

Sections 306(a), 306(b), and 306(c) of the Temporary Payroll Tax Cut Continuation Act of 2011 enacted in December of 2011 extended payment provisions of previous legislation including 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) which increased 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). These provisions had been scheduled to expire on December 31, 2011.

The 2012 Ambulance Fee Schedule Public Use file found below reflects the mandated extensions effective for claims with dates of service beginning January 1, 2012 and through February 29, 2012.

#### Downloads

- [CY 2012 File \[ZIP, 204KB\]](#)
- [CY 2011 File \[ZIP, 142KB\]](#)
- [CY 2010 File - Updated 7/1/2010 \[ZIP, 143KB\]](#)
- [CY 2009 File - Updated 4/10/09 \[ZIP, 93KB\]](#)
- [CY 2008 File - Updated 10/01/08 \[ZIP, 184KB\]](#)
- [CY 2007 File - Updated 11/1/07 \[ZIP, 143KB\]](#)

2012\_AFS\_PUF (1).zip

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ambfspuf\_2012\_ext\_Final.xlsx

Look up the cost of the Ambulance services by the HCPCS code documented in the clinical encounter record and your MTF's State.



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Ambulance Services cont.

(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	(7)(c) 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	
<b>Virginia</b>										
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	
<b>West Virginia</b>										
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	

Enter resulting ambulance pricing from the TRICARE CMAC Procedure Pricing Webpage manually into cell C6. For the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, the VA Billable Amount, including a fixed 10% discount, will populate cell E6. For the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press “Enter” on your keyboard, and the negotiated rate will populate the *VA Billable Amount* column.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp Inst Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	452.62		\$ -
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ -</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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](#)





# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Ambulance Services cont.

The VA Billable Amount, including the applicable discount, will populate in cell E6 of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 407.36</b>

Clear Worksheet
Export Worksheet

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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.  
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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 3.2.5 Anesthesia Professional Services

Calculate charges for **Anesthesia** by using the TRICARE Anesthesia Procedure Pricing Webpage located at: <http://www.tricare.mil/anesthesia>. You can also click the hyperlink *TRICARE CMAC less Discount\** in cell B7 of the Billing Criteria column of the IBG to access that Webpage. General instructions on how to use the TRICARE CMAC Procedure Pricing Webpage are below and also available at: [http://www.tricare.mil/CMAC/help/Help\\_Main.htm](http://www.tricare.mil/CMAC/help/Help_Main.htm).

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ 2,535.50
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ -		
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -		
Purchased Care Services from Outside Facility	cost	\$ -		
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 2,535.50</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)

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

Anesthesia Home
Downloads
Provider Resources

### Anesthesia Procedure Pricing

This release contains pricing effective May 1, 2012.

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

Zip Code:

National and State:

Locality Code:

Catchment Area:

NOTE: You may only search based on ONE of the fields listed above.

Then click "Search".



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Anesthesia Professional Services cont.

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

**Anesthesia Procedure Pricing**  
Locality Code for Zip Code 22230: - 317 -

Please select provider classification, procedure code, and enter the length of the procedure below.

Select Provider Classification:

Class 1 (physician)  
 Class 4 (non-physician)

Enter Procedure Code:  
00840

Length of procedure (in minutes):  
30

**Submit for Calculations**

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[www.tricare.mil](http://www.tricare.mil) is the official Web site of the TRICARE Management Activity, a component of the [Military Health System](#)  
7700 Arlington Boulevard, Suite 5101, Falls Church, VA 22042-5101

The TRICARE Allowable amount will result:

**Anesthesia Procedure Pricing Search Results**

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

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

*Note: Procedure duration rounded up to next 15-minute interval*

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7700 Arlington Boulevard, Suite 5101, Falls Church, VA 22042-5101



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Anesthesia Professional Services cont.

Enter the “Allowable Amount” manually into cell C7 of the IBG, and press “Enter” on your keyboard. For the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, the VA Billable Amount, including a 10% discount, will automatically populate in cell E7. For the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press “Enter” on your keyboard, and the negotiated rate will populate the *VA Billable Amount* column.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62		\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60		\$ -
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 407.36</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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](#)



The VA Billable Amount, including the applicable discount, will automatically populate in cell E7.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ -	0%	\$ -
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ -	0%	\$ -
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 574.40</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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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## FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



### 3.2.6 Purchased Care Services from Outside Facility

Any services purchased for the patient from an outside facility during the hospitalization are 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 (for example, computed tomography services).

To calculate a charge for the professional fee portion of the purchased care services, enter that amount from the clinical encounter record manually in cell C8 of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 185.60	10%	\$ 167.04
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%	\$ -
<b>Total</b>				<b>\$ 574.40</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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 standard resource sharing agreements, no discounts apply for “Purchased Care Services from Outside Facility”. Thus, in the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13z’, the cost entered will also populate in the VA Billable Amount cell E8. If a negotiated amount or discount applies, then use the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”. 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.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 185.60	10%	\$ 167.04
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%	\$ -
<b>Total</b>				<b>\$ 1,224.40</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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](#)



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 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 TMA UBO VA-DoD Resource Sharing Pharmacy Price Estimator (PPE). The VA-DoD PPE is located at: <http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#VAPharmacy>. You can also click the hyperlink *VA-DoD Resource Sharing PPE* in the Billing Criteria column of the IBG to access the VA-DoD PPE. Select the version effective on the pharmaceutical fill date.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>	\$ -		\$ -
Professional Services	TRICARE CMAC less Discount*	\$ -	10%	\$ -
Durable Medical Equipment	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 160	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ -		\$ 0
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>			
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,224.40</b>

\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.

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](#)

### VA/DoD Resource Sharing Billing for Pharmacy Services

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

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

#### 2012

- [DoD VA Sharing Pharmacy Price Estimator v2007- Sept 2012](#) zip 608.9 KB
- [DoD VA Sharing Pharmacy Price Estimator v2003- Sept 2012](#) zip 1103.4 KB

#### 2011

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

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



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Pharmaceuticals cont.

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

Drug Information Input

DRUG NAME  NDC

Drug:  Qty:

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

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

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

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



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Pharmaceuticals cont.

Enter the charge from the VA-DoD PPE in cell C9. For resource sharing agreement care, no discounts apply to Pharmaceuticals provided unless negotiated otherwise. Thus in the *Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13*, the cost of the pharmaceutical entered will also populate in the VA Billable Amount cell E9. If a discount or amount has been negotiated, use the *Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13 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.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,224.40</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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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VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ 118.20	0%	\$ 118.20
Pass-through Items	cost	\$ -	0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,342.60</b>

*\*TRICARE CMAC less discount, else CMS rate less discount, or negotiated rate. If your MTF has negotiated a rate with the VA for any type of service, set the Discount % in column D to 0% and enter your negotiated rate under Cost in column C.*

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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Pharmaceuticals cont.

If more than one Pharmaceutical is documented, use the *Prof Services-DME-Rx-Pass Thru* worksheet. Enter the NDCs into the worksheet in the *Pharmaceuticals* section, and use the link below the table “VA-DoD Resource Sharing PPE” to look up NDC pricing. Enter the total full NDC price in the table.

Professional Services		DME		Pharmaceuticals		Pass Through Items		
CPT® Code	TRICARE CMAC Rate	HCPCS code	CMS DME Rate	NDC	VA-DoD PPE Rate	HCPCS code	TRICARE CMAC Rate	
				55289036714	\$ 12.40		\$ -	<div style="display: flex; justify-content: space-between;"> <span>Clear Worksheet</span> <span>Print Worksheets</span> <span>Export Worksheets</span> </div>
				96295011351	\$ 9.48		\$ -	
				9039502	\$ 118.20		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
					\$ -		\$ -	
TOTAL		TOTAL		TOTAL	\$ 140.08	TOTAL	\$ -	

TRICARE CMAC Rate Lookup

DME Fee Schedule

VA-DoD Resource Sharing PPE

TRICARE CMAC Rate Lookup

Enter the code for each individual professional service, DME item, pharmaceutical, or pass through item in the tables above. Click the link below each table to go to the applicable Website for pricing these services and items. Note, the prices from these Websites do not include any applicable VA discount. The total cost of all items in each table is shown at the bottom of the table. Once you have entered all of the services, DME, or pharmaceuticals, click the button below the table, "Copy Total to IBG", to copy the total cost (excluding VA discount) to the IBG worksheet. The IBG will automatically calculate the applicable VA discount(s) and the discounted cost (if applicable) will populate in the IBG under "VA Billable Amount" in column E.

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

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Once you have entered all documented Pharmaceutical NDCs, the TOTAL Pharmaceutical charge will be displayed. Click “Copy Total to IBG” and the total Pharmaceutical cost and VA Billable Amount, including the agreed upon discount, if any, will populate the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ 140.08	0%	\$ 140.08
Pass-through Items	cost		0%	\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,364.48</b>

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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 3.2.8 Pass-through Items

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

In the “Standard\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”, enter the charge for pass-through items in C10 of the IBG, and press “Enter” on your keyboard.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	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	CMS DME	\$ -	0%	\$ -
Ambulance Services	CMS Ambulance	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	TRICARE CMAC less Discount*	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	VA-DoD Resource Sharing PPE	\$ 140.08		\$ 140.08
Pass-through Items	cost	\$ 17.83		\$ -
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,364.48</b>

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The cost entered will populate in the “VA Billable Amount” cell E10 with no discount. If a discount percent has been negotiated for the cost, use the “Variable\_Rate\_Modified\_VA-DoD\_Inp Inst Calculator\_FY13”. Enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount, including the discount specified will populate. If there is a negotiated flat rate for the 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.



# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## Pass-through Items cont.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ 140.08	0%	\$ 140.08
Pass-through Items	cost	\$ 17.83	0%	\$ 17.83
Other	cost	\$ -	0%	\$ -
<b>Total</b>				<b>\$ 1,382.31</b>

Clear Worksheet  
Print Worksheets

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# FY13 VA-DoD Inpatient Institutional Calculator and Inpatient Billing Guide USER GUIDE



## 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 cell C11 of the IBG. In both versions of the IIC, the costs entered will populate in the VA Billable Amount cell E11.

VA-DoD Resource Sharing - Inpatient Billing Guide				
Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ 140.08	0%	\$ 140.08
Pass-through Items	cost	\$ 17.83	0%	\$ 17.83
Other	cost	\$ 73.45	0%	\$ 73.45
<b>Total</b>				<b>\$ 1,364.48</b>

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Type of Service	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge	<a href="#">VA-DoD Inp. Inst. Calculator</a>			\$ -
Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ -	10%	\$ -
Durable Medical Equipment	<a href="#">CMS DME</a>	\$ -	0%	\$ -
Ambulance Services	<a href="#">CMS Ambulance</a>	\$ 452.62	10%	\$ 407.36
Anesthesia Professional Services	<a href="#">TRICARE CMAC less Discount*</a>	\$ 185.60	10%	\$ 167.04
Purchased Care Services from Outside Facility	cost	\$ 650.00	0%	\$ 650.00
Pharmaceuticals	<a href="#">VA-DoD Resource Sharing PPE</a>	\$ 140.08	0%	\$ 140.08
Pass-through Items	cost	\$ 17.83	0%	\$ 17.83
Other	cost	\$ 73.45	0%	\$ 73.45
<b>Total</b>				<b>\$ 1,437.93</b>

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