DHA UBO

FY14 VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE MS-DRG Payment Calculator and Inpatient Billing Guide

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1.0 Introduction

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

Per the NDAA of 2003, the VA and DoD signed a 2003 Memorandum of Understanding (MOU) in which they agreed to a standard reimbursement methodology for medical facilities with resource sharing agreements. This methodology charges both institutional and professional care at TRICARE CHAMPUS Maximum Allowable Charge (TRICARE CMAC) rates less 10%. In a 2006 Memorandum, the VA and DoD issued guidance on *institutional* (i.e., hospital), *professional and other* (e.g., durable medical equipment, laboratory, pharmacy, anesthesia) *billing rates*[1] *for inpatient episodes of care*[2] to be used by medical facilities with resource sharing agreements. It instructs that services and items NOT included in the institutional charge are billed separately based on TRICARE CMAC rates less 10% in effect on the date of discharge. It also states: the 10% discount can be modified by mutual agreement; "initial bills for inpatient care will be accepted for payment for up to one year after the date of discharge or end of encounter, unless the facilities agree to an extension due to local circumstances;" and "valid bills will be paid promptly."

Thus, per the 2003 and 2006 Memoranda, the Defense Health Agency's (DHA) Uniform Business Office (UBO) developed a "VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE MS-DRG Calculator" (the "VA-DoD IIC") to calculate inpatient institutional charges for billing by MTFs that provide VA-DoD resource sharing agreement care.[3] New in FY13, the DHA UBO published an Inpatient Billing Guide (IBG) to assist MTFs with resource sharing agreement care to calculate the non-institutional elements of an inpatient episode of care (e.g. professional and other services) and to document the total inpatient institutional, professional and other VA billing charges for that episode of care. The FY14 VA-DoD IIC and IBG are published along with instructions for use in a Microsoft Excel workbook. The package is available for download and use on the DHA UBO Website at: http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient. A Webinar showing how to use the FY14 VA-DoD IIC and IBG is also available for on demand viewing free of charge on the UBO Website at: http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm#recent.

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

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

[3] Your MTF must have a resource sharing agreement with the VA to use the VA-DoD Inpatient Institutional Calculator; otherwise, inpatient charges must be calculated using DHA UBO interagency rates. MTFs with current VA-DoD sharing agreements are listed at: http://www.tricare.mil/DVPCO/va-direct.cfm. Scroll to the bottom of that Website and click the hyperlink "Current Sharing Agreements."

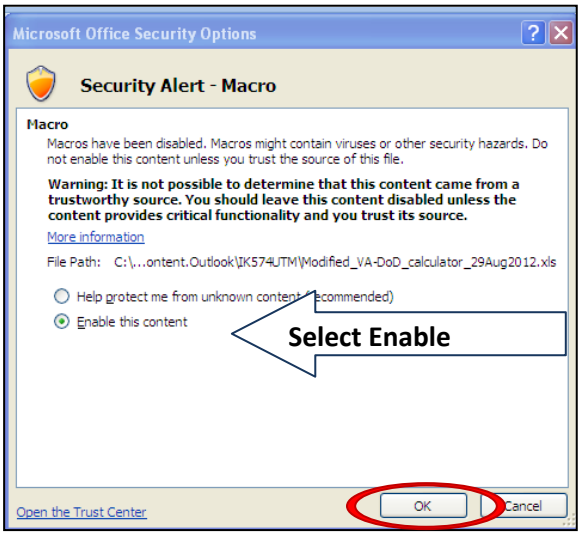
2.0 Calculating Charges with the FY14 VA-DoD Inpatient Institutional Calculator[4]

2.1 Accessing the FY14 VA-DoD Inpatient Institutional Calculator

The FY14 VA-DoD Inpatient Institutional Calculator (IIC) is contained in a Microsoft Excel workbook that is available for use and download from the DHA UBO Website at: http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient. Note there are two versions.

Calculator Version	Use
Standard_Modified_VA-DoD_Inp Inst Calculator_FY14	For MTFs with standard direct sharing agreements (i.e., charge TRICARE CMAC rates less 10% discount
Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14	For MTFs that have negotiated discounts other than the standard 10% discount or have specific negotiated reimbursement amounts
Select the version of the calculator effective on the patient's date of discharge.	

Both versions of the IIC contain two worksheets: the VA-DoD IIC and the IBG, designed to assist MTFs that provide VA Resource Sharing Agreement care in generating a bill for all institutional and non-institutional charges (e.g., professional, anesthesia, DME) relating to an inpatient episode of care. To use either version of the FY14 VA-DoD IIC and IBG, download and save the appropriate version 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 DHA UBO, TRICARE and CMS Websites.



Note: When opened, the FY14 VA-DoD IIC workbook may display a Security Warning, *Macros have been disabled.* If it does, you must select *Options* to enable the content to its full functionality.

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

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

2.2 Generating a Charge with the FY14 VA-DoD Inpatient Institutional Calculator

There are five components of the FY14 VA-DoD IIC (to be referred as "IIC" in the remainder of this document) that must be populated to calculate an accurate inpatient institutional charge: Length of Stay (LOS), Medicare Severity Diagnosis Related Group (MS-DRG), Disposition Status, ZIP Code, and VA-DoD Discount. The instructions in this USER GUIDE apply to both versions of the IIC, except, as noted below, the VA-DoD discount amount or negotiated rate can be manually entered into the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14* version.

The screen below displays when you open the IIC workbook.

VA-DoD Resource Sharing - Inpatient Institutional Billing

Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14

Claim Information	LOS	0	Clear Worksheet
	MS-DRG	0	
	Disposition Status	0	
Hospital-Specific Information	Facility ZIP Code (5 digits)		Print Worksheets
Policy Information	VA-DoD Discount	10%	
Payment Summary	**Inpatient Institutional Charge**	$ -	Export Worksheets

Instructions for use:

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

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

TRICARE Management Activity
Uniform Business Office

Claim Information

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

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

Generating a Charge with the FY14 VA-DoD Inpatient Institutional Calculator cont.

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

Disposition Status Code	Disposition Status
01	*Home, self-care*
02	*Short term hospital*
03	*SNF*
04	*ICF*
05	*Other facility*
06	*Home health service*
07	*Against medical advice*
20	*Died*
30	*Still a patient*
50	*Hospice-home*
51	*Hospice-medical facility*
61	*Swing bed*
62	*Rehab facilitylrehab 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 the MTF's ZIP code in cell C6 of *Hospital Specific Information*. Overseas MTFs enter 00000 for their ZIP code. *[The calculator automatically looks up the ZIP codes corresponding Area Wage Index (AWI) in a hidden worksheet and applies the AWI to the calculation of the inpatient institutional charge. The AWI is used to adjust the labor portion of the reimbursement rate for the cost of living in the area where the patient's hospital of discharge is located.]*If a ZIP code is entered that does not correspond with one of the ZIP codes in the *ZIP Code and Disposition Status* Excel® spreadsheet posted on the UBO website, an estimate will not be generated. Only ZIP codes that apply to MTFs with inpatient facilities are included in the IIC.

Policy Information

VA-DoD Discount: In the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14* version, cell C7 contains the *VA-DoD Discount* which is pre-populated and fixed at 10%. For MTFs that have negotiated reimbursement discounts other than 10% or have negotiated specific reimbursement amounts, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14* version. The variable rate IIC allows you to enter your MTF-specific discount amount or negotiated rate. All other guidance in this IBG applies to both versions of the calculators.

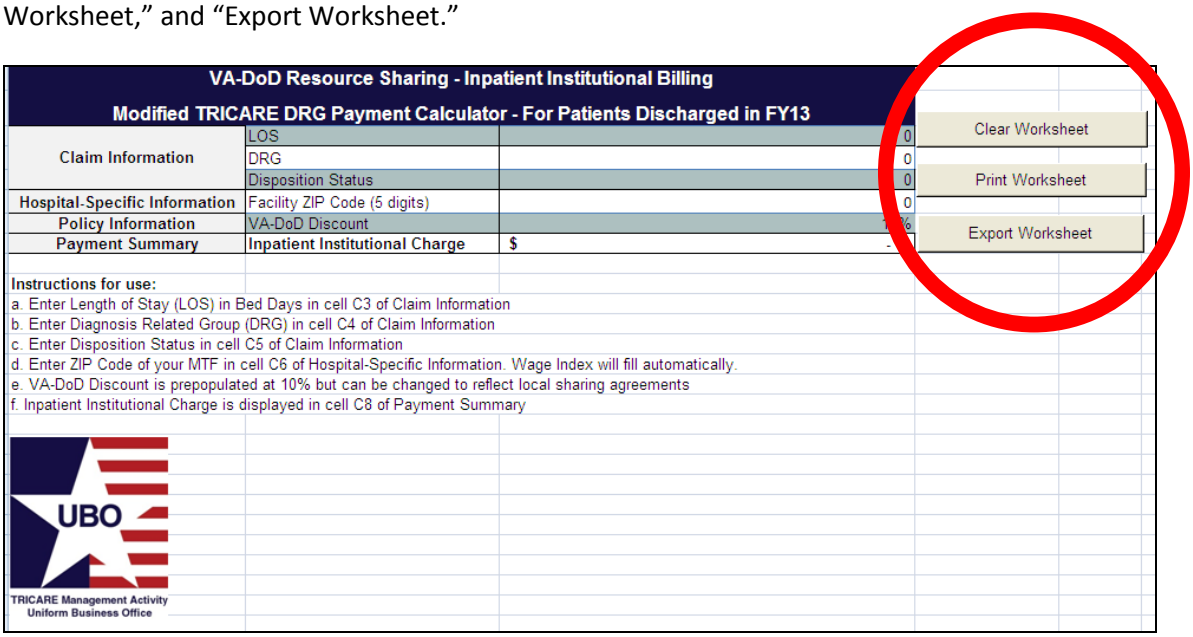
Generating a Charge with the FY14 VA-DoD Inpatient Institutional Calculator cont.

Payment Summary

When all five components have been entered, the *Payment Summary* section calculates and displays the *Inpatient Institutional Charge* due from the VA. This charge will also be automatically displayed in the *Institutional Services, VA Billable Amount* of the IBG that is included with the FY14 VA-DoD IIC workbook as a separate worksheet. Instructions on how to use the IBG are in section 3.0 of this USER GUIDE.

2.2.1 Command Buttons

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



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

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

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

3.0 Calculating Inpatient Charges Using the Inpatient Billing Guide

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

Non-Institutional Service	*National Sharing Reimbursement Guidelines*
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 DHA 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	*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 other inpatient items into the IBG worksheet to calculate their individual costs and the total costs due from the VA relating to an inpatient episode of care. The IBG worksheet does not substitute for any billing documents and cannot be sent to the VA for collection. MTF personnel must also follow their Service-specific guidelines on how to bill the VA, and billing must be based upon the resource sharing agreement in place at the time services were rendered. MTFs may negotiate other rates and discounts. If no resource sharing agreement has been negotiated, use DHA UBO interagency rates to bill the VA for care provided at MTFs to their eligible beneficiaries. These interagency rates are located at: http://www.tricare.mil/ocfo/mcfs/ubo/mhs_rates.cfm.

3.1 Accessing the Inpatient Billing Guide (IBG)

The IBG and the VA-DoD IIC are contained in the Microsoft Excel workbooks *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14* and *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*. They are available for download and use from the DHA UBO Website at: http://www.tricare.mil/ocfo/mcfs/ubo/billing.cfm#Inpatient. When you select this link, the screen below displays. Select the version of the IIC effective on the patient's date of discharge.

FY13 VA-DoD Sharing Inpatient Payment Calculator Package

The TMA UBO Program Office has released the FY13 VA-DoD Sharing Inpatient Payment Calculator package. The package includes an Excel® workbook with three worksheets (the Inpatient Institutional Calculator, Inpatient Billing Guide and Prof Services-DME-Rx-Pass Thru worksheet) and the PDF document, "FY13 VA-DoD Resource Sharing Inpatient Institutional Billing Modified TRICARE DRG Payment Calculator and Inpatient Billing Guide USER GUIDE."

Summary of FY13 VA-DoD Inpatient Calculator updates:
FY13 VA-DoD Calculator Release Notes

Based on feedback from the field, there are two versions of the FY13 VA-DoD Inpatient Institutional Calculator:

- MTFs with standard VA-DoD direct care resource sharing agreements (i.e., charge TRICARE CMAC rates less 10% discount) must use the "Standard_Modified_VA-DoD_Inp Inst Calculator_FY13" version. The 10 % discount percentages are pre-populated and cannot be altered in this version.
  Standard_Modified_VA-DoD_Inp Inst Calculator_FY13

- MTFs that have negotiated discounts other than the standard 10% discount or have specific negotiated reimbursement amounts must use the "Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY13" version. The discount percentages are pre-populated at zero and can be changed to reflect the negotiated discount.
  Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY13

Refer to the official FY13 list of Inpatient MTF ZIP codes and Disposition Status codes for use with the Inpatient Institutional Calculator. Overseas MTFs enter 00000 for their ZIP code.
ZIP_codes_and_Disposition_Status_codes

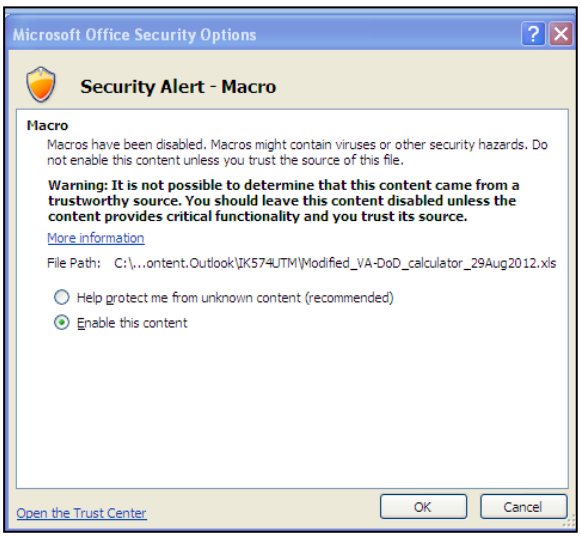
Use the version of the calculator effective on the patient's date of discharge.

The Inpatient Billing Guide is contained in both the Standard_Modified_VA-DoD_Inp Inst Calculator_FY13 and Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY13 workbooks. The Inpatient Billing Guide is a worksheet for MTFs that provide VA-DoD resource sharing agreement care to calculate and document both the institutional and non-institutional (e.g. professional and other non-institutional services) components of an inpatient episode of care. Accompanying the Inpatient Billing Guide is a "Prof Services-DME-Rx-Pass Thru" worksheet to calculate professional and other non-institutional charges if more than one of these services or items is provided during an inpatient episode of care.

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

Accessing the Inpatient Billing Guide (IBG), cont.

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



Note: When opened, the FY14 VA-DoD IIC workbook may display a Security Warning, *Macros have been disabled.* If it does, you must select *Options* to enable the content to its full functionality.

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

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

3.2 Calculating Inpatient Charges Using the Inpatient Billing Guide

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

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

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

Sample IBG estimate:

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet
Print Worksheets
Export Worksheet

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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

3.2.1 Institutional Services

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

VA-DoD Resource Sharing - Inpatient Billing Guide

Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			
Professional Services	73120	TRICARE CMAC less Discount*	$ 26	10%	$ 23.82
Professional Services	73140	TRICARE CMAC less Discount*	$ 32.28	10%	$ 29.05
Durable Medical Equipment		cost		0%	$ -
Ambulance Services		CMS Ambulance less Discount*		10%	$ -
Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	$ -
Purchased Care Services from Outside Facility		cost		0%	$ -
Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	$ 118.20	0%	$ 118.20
Pass-through Items		cost	$ 17.83	0%	$ 17.83
Other		cost	$ 73.45	0%	$ 73.45
Total					**$ 238.53**

Click hyperlink

Clear Worksheet
Print Worksheets
Export Worksheet

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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

or

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet
Print Worksheets
Export Worksheet

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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

TRICARE Management Activity Uniform Business Office

VA-DoD Inp. Inst. Calculator

Click VA-DoD Inp. Inst. tab

Institutional Services, cont.

Selecting either option will display the following screen.

For instructions on how to calculate the inpatient institutional charge, see section 2.0 above, Calculating Charges with the FY14 VA-DoD Inpatient Institutional Calculator.

VA-DoD Resource Sharing - Inpatient Institutional Billing

Modified TRICARE MS-DRG Payment Calculator - For Patients Discharged in FY14

Claim Information	LOS	12	Clear Worksheet
	MS-DRG	514	
	Disposition Status	0	
Hospital-Specific Information	Facility ZIP Code (5 digits)	78234	Print Worksheets
Policy Information	VA-DoD Discount	10%	
Payment Summary	**Inpatient Institutional Charge**	**$ 6,215.99**	Export Worksheets

Instructions for use:

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

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

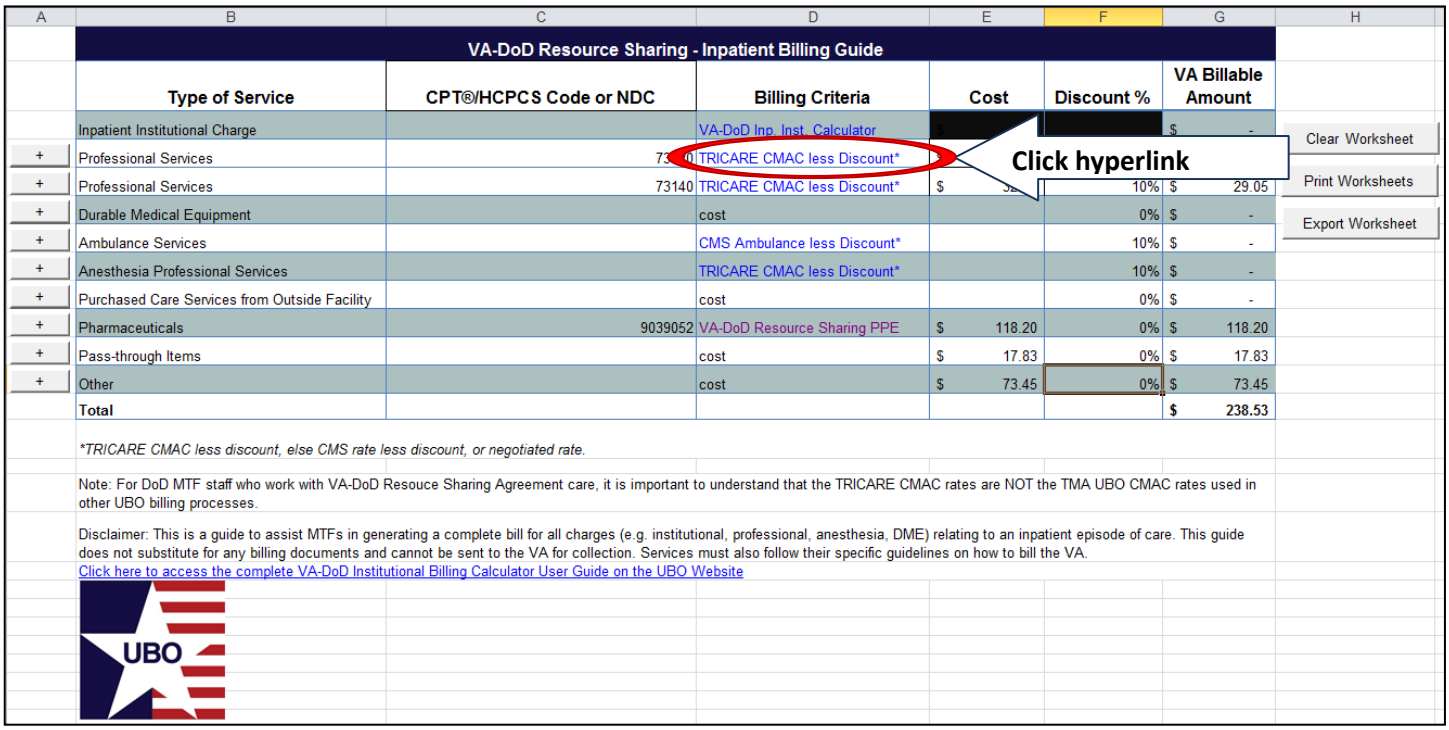
TRICARE Management Activity
Uniform Business Office

See Section 2.0 for instructions on how to calculate charges using the FY14 Inpatient Institutional Calculator.

3.2.2 Professional Services

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

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



VA-DoD Resource Sharing - Inpatient Billing Guide

Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			$ -
Professional Services	73[illegible]0	TRICARE CMAC less Discount*			
Professional Services	73140	TRICARE CMAC less Discount*	$ [illegible]	10%	$ 29.05
Durable Medical Equipment		cost		0%	$ -
Ambulance Services		CMS Ambulance less Discount*		10%	$ -
Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	$ -
Purchased Care Services from Outside Facility		cost		0%	$ -
Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	$ 118.20	0%	$ 118.20
Pass-through Items		cost	$ 17.83	0%	$ 17.83
Other		cost	$ 73.45	0%	$ 73.45
Total					**$ 238.53**

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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

Click hyperlink

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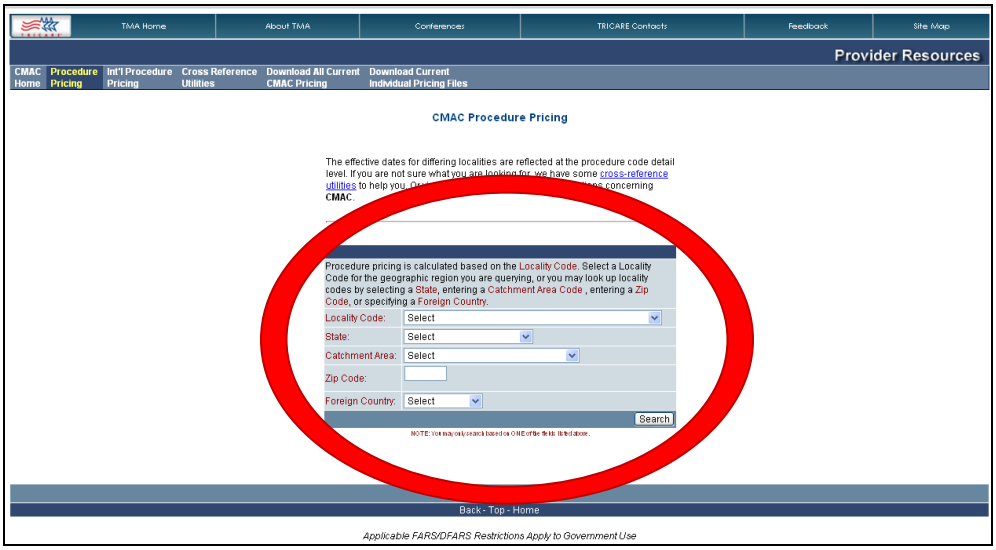
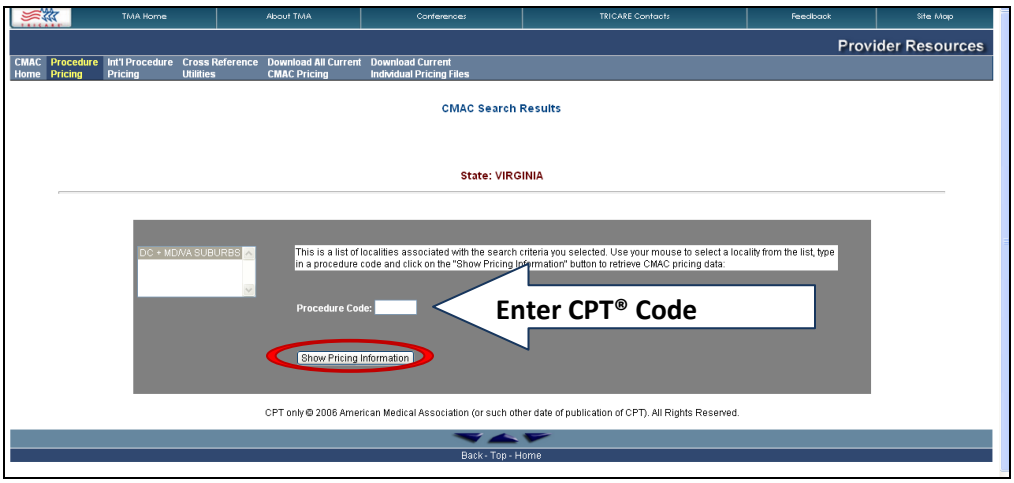
Professional Services, cont.

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



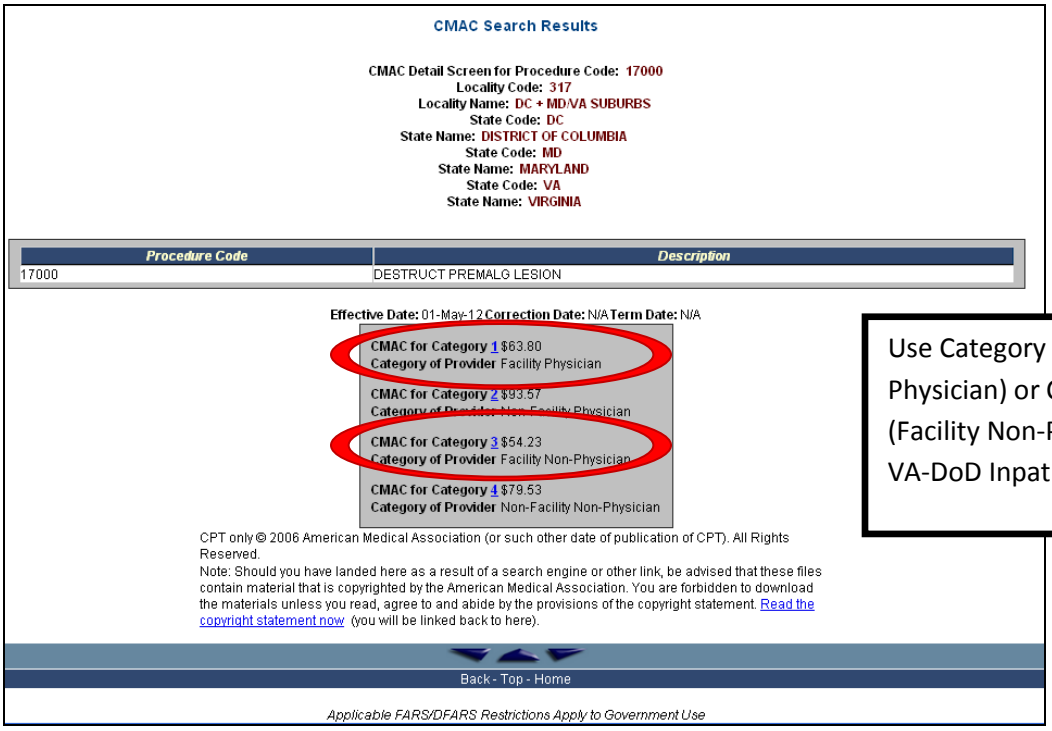
Only one input is required to proceed to the subsequent screen.

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



Professional Services, cont.

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



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

Professional Services, cont.

Enter the CPT® code charge into the *Cost* column of the IBG. If there is more than one professional service, use the "+" button to the left of the *Professional Services* row and an additional row will be added. There is no limit to the number of professional services codes that can be recorded for an encounter. For each additional procedure, follow the same directions to locate a charge and manually enter the charge for that CPT ®code in the *Cost* column of the IBG.

VA-DoD Resource Sharing - Inpatient Billing Guide

	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
	Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator	[redacted]	[redacted]	$ 6,215.99
+	Professional Services	73120	TRICARE [redacted]	$ 26.47	10%	$ 23.82
+	Professional Services	73140	TRICARE [redacted]	$ 32.28	10%	$ 29.05
+	Durable Medical Equipment		CMS DME	$ -	0%	$ -
+	Ambulance Services		CMS Ambulance less Discount*	$ -	10%	$ -
+	Anesthesia Professional Services		TRICARE CMAC less Discount*	$ -	10%	$ -
+	Purchased Care Services from Outside Facility		cost	$ -	0%	$ -
+	Pharmaceuticals		VA-DoD Resource Sharing PPE	$ -	0%	$ -
+	Pass-through Items		cost	$ -	0%	$ -
+	Other		cost	$ -	0%	$ -
	Total					**$ 6,268.86**

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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

TRICARE Management Activity
Uniform Business Office

Professional Services, cont.

For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14*, the VA Billable Amount, including a fixed 10% discount, will populate the *VA Billable Amount* column, as seen in the screen below. For the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*, enter the negotiated discount percent in the *Discount %* column. The discount specified will be applied to the cost entered. If there is a negotiated flat rate for the service or item, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press "Enter" and the negotiated rate will populate the *VA Billable Amount* column.

VA-DoD Resource Sharing - Inpatient Billing Guide

	Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
	Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			$ 6,215.99
+	Professional Services	73120	TRICARE CMAC less Discount*	$ 2[illegible]	[illegible]	$ 23.82
+	Professional Services	73140	TRICARE CMAC less Discount*	$ 32.[illegible]	[illegible]	$ 29.05
+	Durable Medical Equipment		CMS DME	$ -	0%	$ -
+	Ambulance Services		CMS Ambulance less Discount*	$ -	10%	$ -
+	Anesthesia Professional Services		TRICARE CMAC less Discount*	$ -	10%	$ -
+	Purchased Care Services from Outside Facility		cost	$ -	0%	$ -
+	Pharmaceuticals		VA-DoD Resource Sharing PPE	$ -	0%	$ -
+	Pass-through Items		cost	$ -	0%	$ -
+	Other		cost	$ -	0%	$ -
	Total					**$ 6,268.86**

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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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TRICARE Management Activity
Uniform Business Office

3.2.3 Durable Medical Equipment (DME)

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

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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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NOTE: In the FY13 IBG, the link to the CMS DME website was included in the *Billing Criteria* column of the Inpatient Billing Guide. When determining DME charges, follow your local sharing agreement. If your local sharing agreement is silent on DME, follow the national sharing agreement's guidance and bill DME at cost. If cost information is not available, the CMS DME Fee Schedule is available as a resource for VA-DoD resource sharing billing at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html#. This fee schedule is the basis for both TRICARE and DHA UBO DME rates.

Durable Medical Equipment (DME), cont.

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

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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

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For standard resource sharing agreement care, discounts do not apply for DME. Use the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14* and enter the full cost of the DME. That amount will also populate the VA Billable Amount column. If there is a negotiated discount or cost for the DME, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*. Enter the negotiated discount percent in the *Discount %* column, and the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the DME, enter 0 in the *Discount%* column, and the negotiated flat rate in the *Cost* column. Press "Enter" and the negotiated rate will populate the *VA Billable Amount* column, as seen in the screen below.

Durable Medical Equipment (DME), cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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3.2.4 Ambulance Services

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

VA-DoD Resource Sharing - Inpatient Billing Guide

Type of Service	CPT®/HCPCS Code or NDC	Billing Criteria	Cost	Discount %	VA Billable Amount
Inpatient Institutional Charge		VA-DoD Inp. Inst. Calculator			$ -
+ Professional Services	73120	TRICARE CMAC less Discount*	$ 26.47	10%	$ 23.82
+ Professional Services	73140	TRICARE CMAC less Discount*	$ 32.28	10%	$ 29.05
+ Durable Medical Equipment		cost	$ [illegible].49	0%	$ 63.49
+ Ambulance Services		CMS Ambulance less Discount*	[illegible]	[illegible]	[illegible]
+ Anesthesia Professional Services		TRICARE CMAC less Discount*		10%	$ -
+ Purchased Care Services from Outside Facility		cost		0%	$ -
+ Pharmaceuticals	9039052	VA-DoD Resource Sharing PPE	$ 118.20	0%	$ 118.20
+ Pass-through Items		cost	$ 17.83	0%	$ 17.83
+ Other		cost	$ 73.45	0%	$ 73.45
Total					**$ 584.13**

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Click hyperlink

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Ambulance Services, cont.

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

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 2013 are located in the Downloads section below.

Sections 604(a), (b), and (c) of the American Taxpayer Relief Act of 2012 extended payment provisions of previous legislation including the Middle Class Tax Relief and Job Creation Act of 2012, the Temporary Payroll Tax Cut Continuation Act of 2011, the Medicare and Medicaid Extenders Act of 2010, the Patient Protections and Affordable Care Act of 2010 (ACA), and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Section 604(a) extends the provision increasing Ambulance Fee Schedule amounts by 2% for services originating in urban areas (as defined by the ZIP Code of the point of pickup) and by 3% for services originating in rural areas (again, as defined by the ZIP Code of the point of pickup). This provision will expire on December 31, 2013.

Section 604(b) extends the provision relating to air ambulance services that continued to treat as rural any area that was designated as rural on December 31, 2006, for purposes of payment under the ambulance fee schedule. This provision will expire June 30, 2013. While the expiration of this provision will not affect the fee schedule, suppliers are advised to refer to the ambulance ZIP code files for more information on which zip codes are considered rural for air ambulance services.

Section 604(c) extends the provision relating to payment for ground ambulance services that increased the base rate for transports originating in an area that within the lowest 25th percentile of all rural areas arrayed by population density (known as the "super rural" bonus). This provision will expire on December 31, 2013.

The 2013 Ambulance Fee Schedule Public Use File found below reflects the mandated extensions and is effective for claims with dates of service beginning January 1, 2013 and through December 31, 2013.

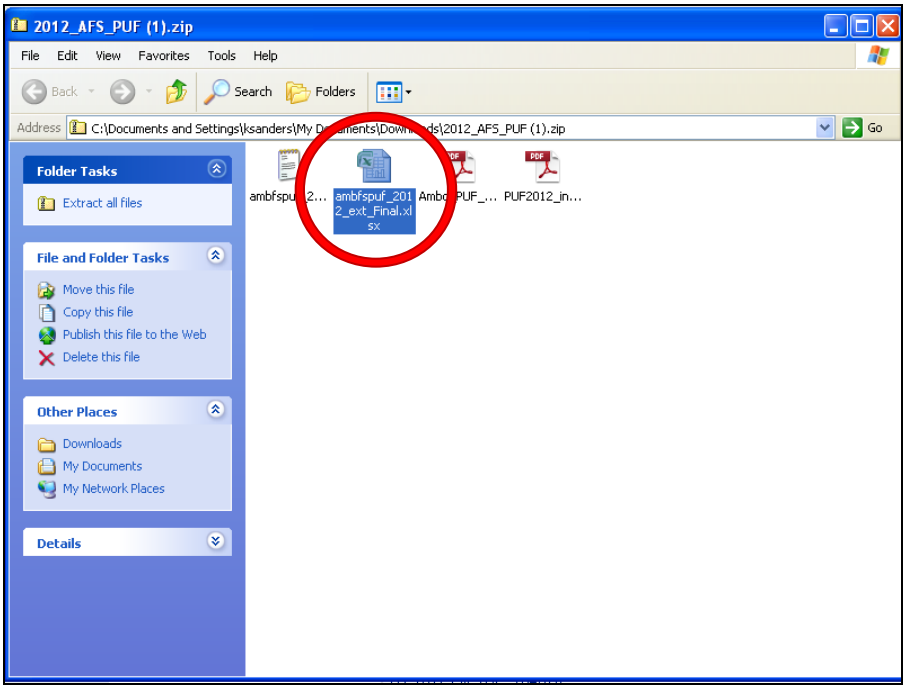
Note: The CY 2013 ambulance PUF file has been updated to correct the previously posted rates for several jurisdictions and to remove the super-rural bonus rate for HCPCS code A0432 (Paramedic Intercept). Please refer to the most recent version of this file to view the correct rate for your jurisdiction.

Downloads

- CY 2013 File [ZIP, 438KB]
- 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 [ZIP, 113KB]

Ambulance Services, cont.

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



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

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

Ambulance Services, cont.

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

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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

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For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14*, the VA Billable Amount, including a fixed 10% discount, will populate the *VA Billable Amount* column. For the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press "Enter" and the negotiated rate will populate the *VA Billable Amount* column, as seen in the screen below.

Ambulance Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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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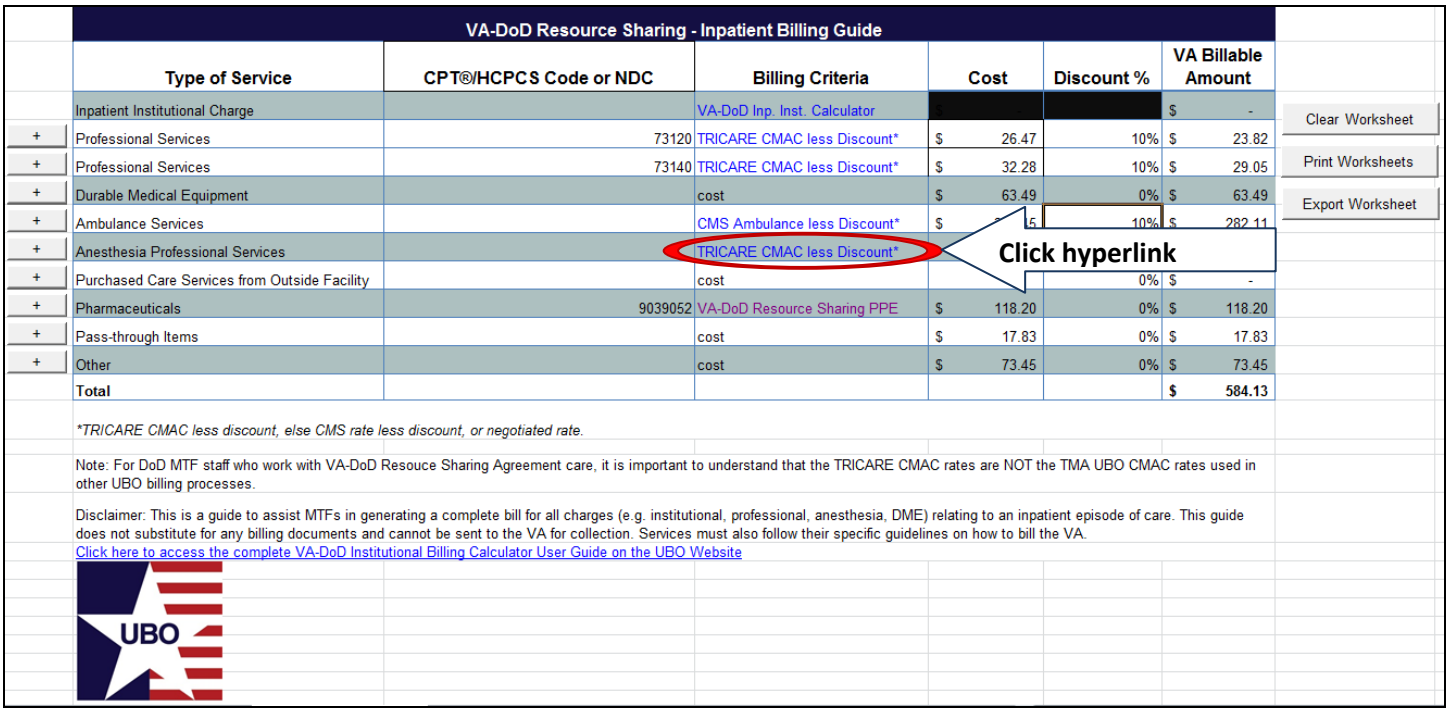
Click here to access the complete VA-DoD Institutional Billing Calculator User Guide on the UBO Website

3.2.5 Anesthesia Professional Services

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



VA-DoD Resource Sharing - Inpatient Billing Guide

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

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Click hyperlink

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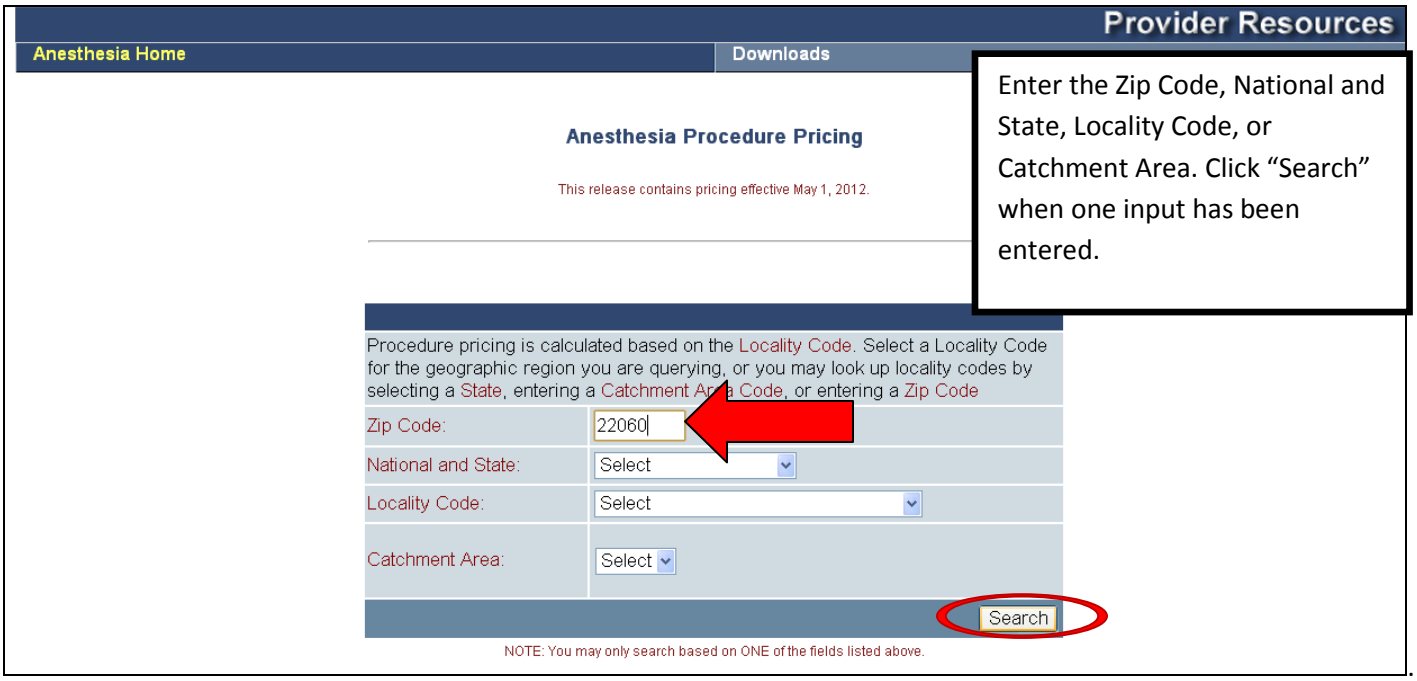
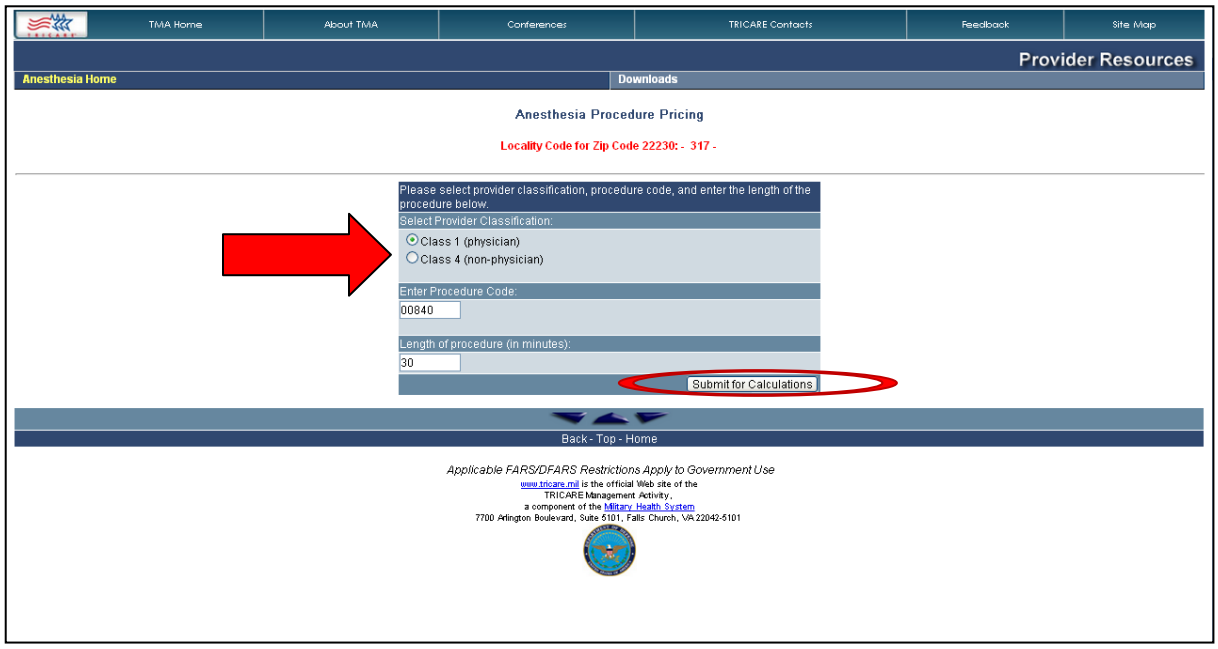
To calculate the TRICARE Anesthesia Professional Services charges, first enter your MTF's Locality Code, State, Catchment Area, ZIP Code, or Foreign Country. Only one input is required to proceed to the subsequent screen.

Anesthesia Professional Services, cont.

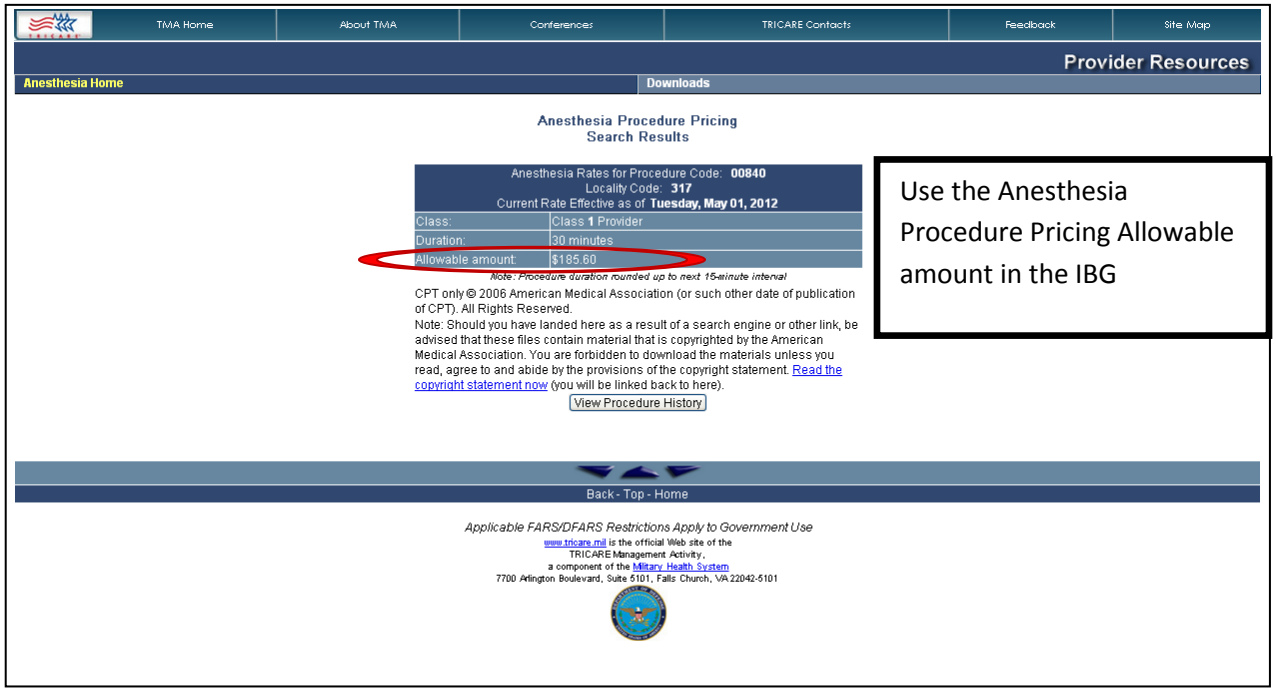


Next, select the Provider Classification (Class 1 physician, or Class 4 non-physician); enter the Procedure Code and length of procedure (in minutes) as documented in the clinical encounter record, then click "Submit for Calculations."



Anesthesia Professional Services, cont.

The calculated amount displays, as seen in screen below:



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

Anesthesia Professional Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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TRICARE Management Activity
Uniform Business Office

For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14*, the VA Billable Amount, including a 10% discount, will automatically populate the *VA Billable Amount* column. For the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*, enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will include the discount specified. If there is a negotiated flat rate for the service, enter 0 in the *Discount%* column, and enter the negotiated flat rate in the *Cost* column. Press “Enter” and the negotiated rate will populate the *VA Billable Amount* column, as displayed in the screen below:

Anesthesia Professional Services, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet

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

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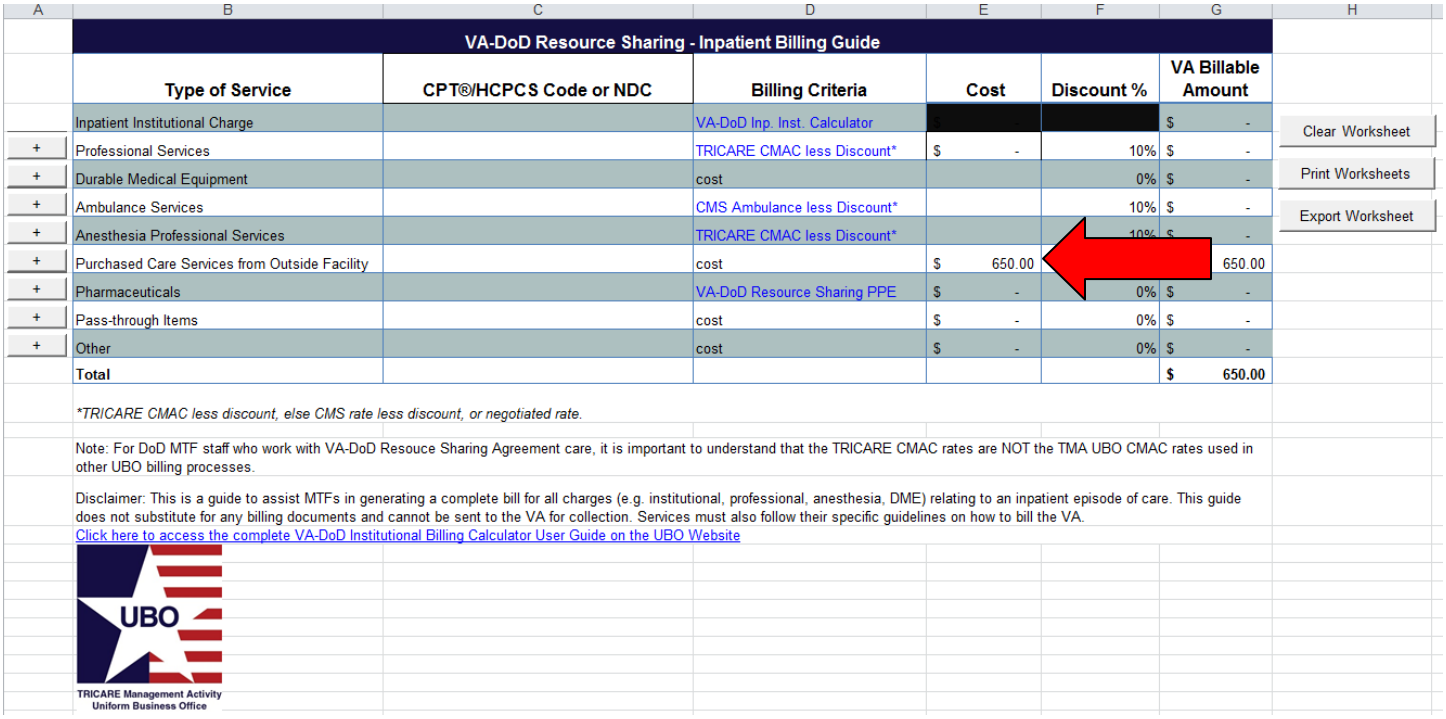
TRICARE Management Activity
Uniform Business Office

3.2.6 Purchased Care Services from Outside Facility

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

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



VA-DoD Resource Sharing - Inpatient Billing Guide

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

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For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14*, the cost entered will also populate in the *VA Billable Amount* column, as seen in the screen below. If a negotiated amount or discount applies, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14.* 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.

Purchased Care Services from Outside Facility, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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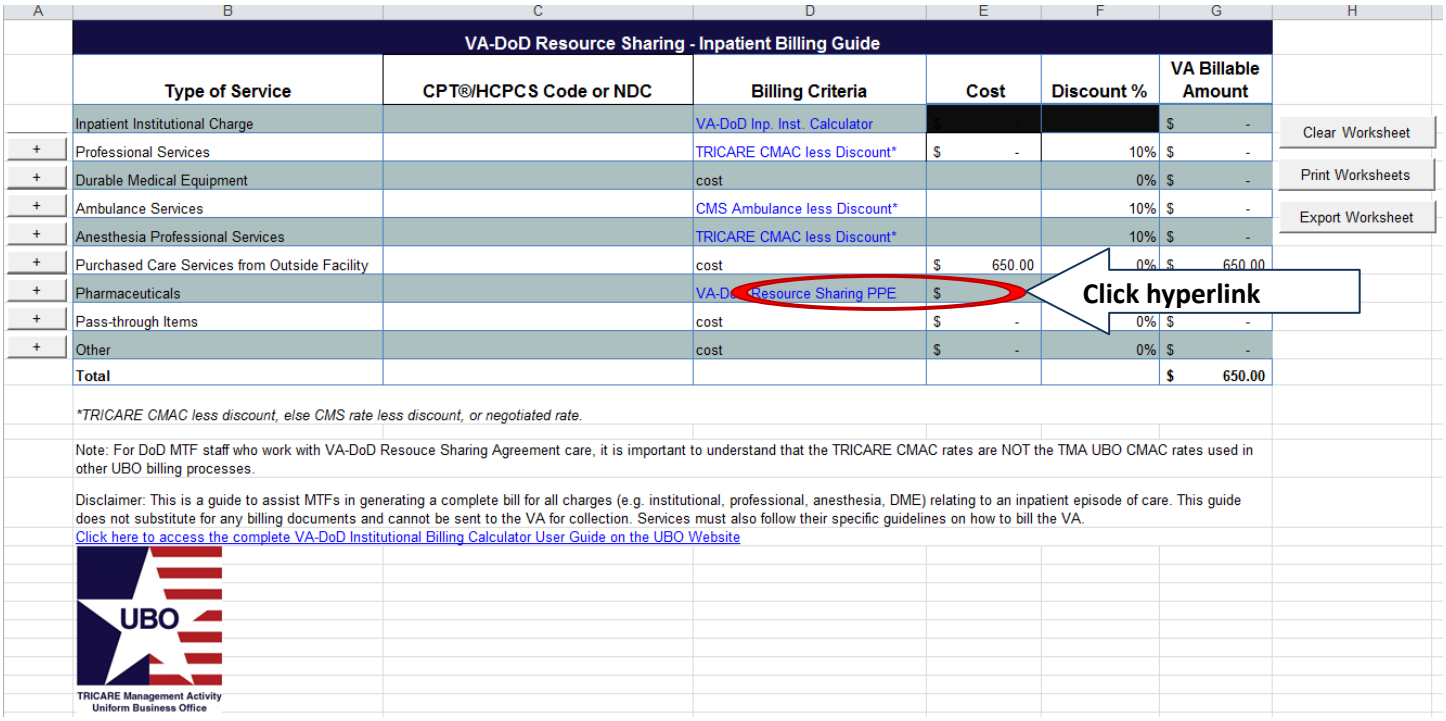
TRICARE Management Activity
Uniform Business Office

3.2.7 Pharmaceuticals

Calculate **Pharmaceutical** charges if they were furnished for use after the episode of care was completed (e.g., 30 day supply) by using the DHA UBO VA-DoD Resource Sharing Pharmacy Price Estimator (PPE). The VA-DoD PPE is located at: http://www.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, as seen in the screen below.



VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet
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Export Worksheet

Click hyperlink

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TRICARE Management Activity
Uniform Business Office

Pharmaceuticals, cont.

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

Select the VA-DoD Sharing PPE version in effect on the pharmaceutical dispense date

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 VA-DoD Sharing Pharmaceutical Unit Price Estimator, may be downloaded via the links below.

The following VA-DoD Resource Sharing Pharmacy Billing Price Estimator is effective as of **01 September 2013.** Both 2007 and 2003 MS Access versions are available.

2013

VA-DoD Sharing Pharmacy Price Estimator v2007 - Sept 2013 zip 3821.6 KB
VA-DoD Sharing Pharmacy Price Estimator v2003 - Sept 2013 zip 3825.0 KB

The following VA-DoD Resource Sharing Pharmacy Billing Price Estimator is effective for **01 September 2012 - 31 August 2013.** Both 2007 and 2003 MS Access versions are available.

2012

VA-DoD Sharing Pharmacy Price Estimator v2007- Sept 2012 zip 8008.9 KB
VA-DoD Sharing Pharmacy Price Estimator v2003- Sept 2012 zip 19253.4 KB

Older files can be found on the Archives page.

Back to top

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

Pharmaceuticals, cont.

Drug Information Input

DRUG NAME | NDC

Drug: Qty: Submit

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	

Find NDCs | Reset | Export | Print | Exit

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 NDC 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

Enter the 1) National Drug Code (NDC), and 2) pharmaceutical quantity. Click "Submit."

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

Drug Information Input

DRUG NAME | NDC

Drug: 00009039502 Qty: 30 Submit

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

Find NDCs | Reset | Export | Print | Exit

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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.

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

Pharmaceuticals, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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For resource sharing agreement care, no discounts apply to pharmaceuticals provided after a completed episode of care unless negotiated otherwise. For the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14*, the cost of the pharmaceutical entered will also populate in the *VA Billable Amount* column. If a discount or amount has been negotiated, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14 calculator.* Enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount including the discount specified will display. If there is a negotiated flat rate for the pharmaceutical, enter 0 in the *Discount%* column and enter the negotiated flat rate in the *Cost* column. Select “Enter” and the negotiated rate will also populate in the *VA Billable Amount* column, as seen in the screen below.

Pharmaceuticals, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet

Print Worksheets

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3.2.8 Pass-through Items

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

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

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet
Print Worksheets
Export Worksheet

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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_FY14,* the cost entered will also populate the *VA Billable Amount* column. If a negotiated amount or discount applies, use the *Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14.* Enter the negotiated discount percent in the *Discount %* column; the VA Billable Amount will populate and include the discount specified. If there is a negotiated flat rate for the item, enter 0% in the *Discount%* column and enter the negotiated flat rate in the *Cost* column. Select "Enter" and the negotiated rate will populate the *VA Billable Amount* column, as seen in the screen below.

Pass-through Items, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet

Print Worksheets

Export Worksheet

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3.2.9 Other

Inpatient services not specifically addressed in this guidance or listed on the IBG may be negotiated locally based on direct variable cost. Enter the total of those costs, if any, manually in the *Cost* column of the *Other* row of the IBG. In both the *Standard_Modified_VA-DoD_Inp Inst Calculator_FY14 and Variable_Rate_Modified_VA-DoD_Inp Inst Calculator_FY14*, the costs entered will populate the *VA Billable Amount* column, as seen in the screen below:

VA-DoD Resource Sharing - Inpatient Billing Guide

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

Clear Worksheet
Print Worksheets
Export Worksheet

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Other, cont.

VA-DoD Resource Sharing - Inpatient Billing Guide

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

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

Note: For DoD MTF staff who work with VA-DoD Resouce 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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