THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

HEALTH AFFAIRS

NOV 3 2004

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE (COMPTROLLER)

SUBJECT: Calendar Year 2004 Medical and Dental Reimbursement Rates and Fiscal Year 2005 Inpatient Rates

The attached document contains the updated Department of Defense reimbursement rates for outpatient services for Calendar Year 2004 and inpatient services for Fiscal Year 2005. Outpatient reimbursement rates and inpatient reimbursable rates were effective October 1, 2004 All rates include the additives applied by your office

The TRICARE Management Activity (TMA) requests this package be posted on the Under Secretary of Defense (Comptroller)'s Web site, http //www.defenselink.mil/comptroller/rates/fy2004.html, at Tab I, Medical and Dental Services

My point of contact for this action is Lieutenant Colonel Jeanne Yoder, TMA Uniform Business Office at (703) 681-3492, ext 4068 or e-mail

William Winkenwerder Jr.

William Winkenwerder, Jr., MD

Attachment
As stated

DEPARTMENT OF DEFENSE (DoD) UNIFORM BUSINESS OFFICE MEDICAL, DENTAL AND INPATIENT SERVICES REIMBURSEMENT RATES

1. Introduction.

In accordance with Title 10, United States Code, section 1095 the DoD Uniform Business Office (UBO) has released the Calendar Year (CY) 2004 medical and dental reimbursement rates and the Fiscal Year (FY) 2005 inpatient services reimbursement rates. These represent the charges for professional and institutional healthcare services provided in Military Treatment Facilities (MTFs) within the Defense Health Program (DHP). The rates shall be used to submit claims for reimbursement of services rendered in accordance with the MTF Cost Recovery Programs: Medical Services Accounts (MSA), Third Party Collections Program (TPCP) and Medical Affirmative Claims (MAC).

The CY 2004 outpatient medical and dental rates and the FY 2005 inpatient rates are effective October 1, 2004.

The CY 2004/FY 2005 Medical and Dental Services Reimbursement Rate Package update consists of the following rate tables/charges:

- Section 3.1: Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charge (CMAC) Rate Tables
- Section 3.2: Dental Rates/Charges
- Section 3.3: Immunization/Injectibles Rates/Charges
- Section 3.4: Anesthesia Rate/Charge
- Section 3.5: Transportation Rates/Charges
- Section 3.6: Pharmacy Dispensing Fee
- Section 3.7: FY 2005 Inpatient Charges
- Section 3.8: Other Rates and Charges
- Appendix A: Elective Cosmetic Surgery Procedures and Rates
- Appendix B: FY 2005 Adjusted Standardized Amounts (ASA) by Military Treatment Facility

Due to size, the sections containing the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charges and dental rates/charges are not included in this package. Those rates are available from the TRICARE Management Activity (TMA) Uniform Business Office (UBO) website: http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

2. Government Billing Calculation Factors.

A government billing calculation factor (percentage discount) shall be applied to the full rate line item charges when billing for outpatient services as follows.

- International Military Education and Training (IMET) rate: 58.57% of full rate
- Interagency/Other Federal Agency Sponsored Rate (IAR): 93.14% of full rate

The full rate shall be used for claims submission to Third Party Payers and to all other applicable payers not included within IMET and IAR billing guidance. The rates included in section 3 represent the full rate unless otherwise specified.

3. Outpatient and Inpatient Medical and Dental Services Rates/Charges.

3.1. CMAC Rates.

The CHAMPUS Maximum Allowable Charge (CMAC) rates, established under 32 Code of Federal Regulation (CFR) 199.14(h), are used for determining the appropriate charge for MTF professional and technical services based on the Healthcare Common Procedure Coding System (HCPCS) methodology which includes the Current Procedural Terminology (CPT) codes. CMAC rates pertain to outpatient (e.g., clinic, laboratory, radiology) and ambulatory (e.g., ambulatory procedure visits, observation and emergency department) services.

CMAC is organized by 90 distinct "localities," which account for differences in geographic regions based on demographics, cost of living, and population. Each MTF Defense Military Information System Identification (DMIS ID) is mapped to its corresponding CMAC locality code to obtain the correct rates. For the complete DMIS ID locality table please refer to the DMIS ID website at http://www.dmisid.com/cgi-dmis/default.

In each CMAC locality, there are three sub-tables of rates: CMAC, Component, and Non-CMAC. The CMAC rate table determines the payment for individual professional services and procedures identified by CPT and HCPCS codes. The Component rate table is based on CPT codes with distinct professional and technical components. A separate rate is provided for each component, further categorized by provider class. The Non-CMAC rate table captures pricing for procedure codes at the local or state level and does not have the same set of prevailing rates. When rates are pulled from the Non-CMAC table, the prevailing local fee is used in all cases.

3.1.1. Institutional Rates/Charges for MTF Ambulatory Services[1].

MTF Ambulatory Services encompass the healthcare services rendered in the following hospital-based settings: Emergency Department (ED), Observation (OBS), and Ambulatory Procedure Visits (APV)[2]. Ambulatory Services include both professional and institutional services and charges. The CMAC rates, described in section 3.1 above, account for only the professional component of ED, OBS and APV rates/charges.

3.1.1.1. ED and OBS: DoD UBO uses the Department of Veterans Health Affairs (DVHA) ED & OBS institutional rates/charges. These rates/charges are applied to the appropriate ED and OBS CPT code to calculate the total MTF charges for ED and OBS services. The published rate represents both the professional CMAC and institutional DVHA rates.

3.1.1.2. APV: This rate package update contains an institutional flat rate for all APV procedures/services. The flat rate is based on the weighted average of all MTF APV workload using the TRICARE Ambulatory Surgery Center (ASC) rates. The flat rate is: $819.18. The rate is assigned to CPT code 99199. MTFs shall only use CPT code 99199 in support of APV procedures/services to trigger the APV institutional charge[3].

3.1.2. CMAC Provider Class.

The CMAC rates are also influenced by the medical specialty of the provider. Each CPT/HCPCS code is mapped to a CMAC "provider class." TPOCS assigns the correct rate to the claim according to the CMAC "provider class" of the rendering provider.

CMAC-based rates described in section 3.1 above are available on the TMA UBO website at: http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

3.2. Dental Rates/Charges.

MTF outpatient charges are based on a dental rate multiplied by the DoD-established weight for the American Dental Association (ADA) code representing the dental service/procedure performed. The dental flat rate is based on the average DoD cost of services at all MTFs. Table 3.2 includes the dental rate for IMET, IAR and Other (Full/Third Party).

Table 3.2

CDT/CPT	Clinical Service	IMET	IAR	Other (Full/Third Party)
	Dental Services ADA code weight multiplier	$37.00	$90.00	$95.00

Example: For ADA code D0270, bite wing single film, the weight is 0.22. The weight of 0.22 is multiplied by the appropriate rate, IMET, IAR, or Full/Third Party rate to obtain the charge. If the Full/Third Party rate is used, then the charge for this ADA code will be $9.45 ($95 x .22 = $20.90).

The list of CY 2004 ADA codes and weights for dental services is too large to include in this document. This rate table may be found on the TMA's UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

3.3. Immunization Rates/Charges

The charge for immunizations, allergen extracts, allergic condition tests, and the administration of certain medications, when these services are provided in a separate immunizations or shot clinic, are based on CMAC rates in cases in which such rates are available. In cases in which such rates are not available a flat rate of $39.00 will be billed. The flat rate will be based on the average full cost of these services, exclusive of any costs considered

for purposes of any outpatient visit. A separate charge shall be made for each immunization, injection or medication administered.

3.4. Anesthesia Rate/Charge

The flat rate for anesthesia professional services is based on an average DoD cost of service in all MTFs. The range of HCPCS codes for anesthesia is 00100–01999. The flat rate for anesthesia will be $731.00.

3.5. Transportation Rates/Charges

3.5.1. Ambulance Rate/Charge.

Ambulance charges shall be based on hours of service, in 15-minute increments. The rates for IMET, IAR and Other (Full/Third Party) listed in the Table 3.5.1 are for 60 minutes or 1 hour of service. MTFs shall calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour shall be rounded to the next 15-minute increment (e.g., 31 minutes shall be charged as 45 minutes).

Table 3.5.1.

CDT/CPT	Clinical Service	IMET	IAR	Other (Full/Third Party)
A0999	Ambulance	$60.00	$104.00	$110.00

3.5.2. AirEvac Rate/Charge.

Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient per trip during a 24-hour period. The appropriate charges are billed only by the Global Patient Movement Requirement Center (GPMRC). These charges are only for the cost of providing medical care. The rates for IMET, IAR and Other (Full/Third Party) are listed in Table 3.5.2 below.

Table 3.5.2.

Clinical Service	IMET	IAR	Other (Full/Third Party)
AirEvac Medical Services – Ambulatory	$361.00	$494.00	$518.00
AirEvac Medical Services – Litter	$1,047.00	$1,435.00	$1,503.00

3.6. Pharmacy Dispensing Fee.

All pharmaceutical prescriptions filled and dispensed by the MTF are billable. This includes pharmaceutics ordered both internally by MTF providers and externally by civilian providers.

3.6.1. Pharmaceutical rate/charges.

Pharmaceutical rate/charges shall be updated quarterly and will be published in a separate rate package. The rates are based on the Managed Care Pricing File and are identified by National Drug Code (NDC) codes.

The pharmaceutical rate table may be found on the TMA UBO website at http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm.

The prescription charge is calculated by multiplying the number of units (e.g., tablets or capsules) by the unit cost and adding a Pharmacy Dispensing Fee ($7.00) for the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription.

The CY 2004 outpatient rate update for the Pharmacy Dispensing Fee is $7.00.

3.7. FY 2005 Inpatient Charges [4/5]

Average FY 2005 Direct Care Inpatient Reimbursement Rates

Adjusted Standard Amount (ASA)	IMET	Interagency	Other (Full/Third Party)
Large Urban	$4,819.55	$7,093.85	$7,506.93
Other Urban/Rural	$5,511.10	$7,980.81	$8,506.79
Overseas	$4,574.27	$10,854.79	$11,399.48

Overview

The FY 2005 inpatient rates are based on the cost per Diagnosis Related Group (DRG). The average cost per Relative Weighted Product (RWP) for large urban, other urban/rural, and overseas facilities will be published annually as an inpatient Adjusted Standardized Amount (ASA). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1), including adjustments for Length of Stay (LOS) outliers. Each MTF providing inpatient care has its own ASA rate. The MTF-specific ASA rate is the published ASA rate adjusted for area wage differences and Indirect Medical Education (IME) for the discharging hospital (see Appendix B). The MTF-specific ASA rate submitted on the claim is the rate that payers will use for reimbursement purposes. The individual ASAs are published on the TRICARE Management Activity, Resource Management website for the Uniform Business Office (http://www.tricare.osd.mil). An example of how to apply a specific military

treatment facility's ASA rate to a DRG standardized weight to arrive at the costs to be recovered is contained below.

Example of Adjusted Standardized Amounts for Inpatient Stays

Figure 1 shows examples for a non-teaching hospital (Reynolds Army Community Hospital) in an Other Urban/Rural area.

a. The cost to be recovered is the military treatment facility's cost for medical services provided. Billings will be at the third party rate.

b. DRG 020: Nervous System Infection Except Viral Meningitis. The RWP for an inlier case is the CHAMPUS weight of 1.9556. (DRG statistics shown are from FY 2004.)

c. The FY 2005 MTF-applied ASA rate is $7,937.52 (Reynolds Army Community Hospital's third party rate as shown in Attachment 1).

d. The MTF cost to be recovered is the RWP factor (1.9556) in example paragraph 3.b., above, multiplied by the amount ($7,937.52) in example paragraph 3.c., above.

e. Cost to be recovered is $15,522.61.

Figure 1. Third Party Billing Examples

DRG Number	DRG Description	DRG Weight	Arithmetic Mean LOS	Geometric Mean LOS	Short Stay Threshold	Long Stay Threshold
020	Nervous System Infection Except Viral Meningitis	1.9556	7.8	5.8	1	29

Hospital	Location	Area Wage Rate Index	IME Adjustment	Group ASA	MTF-Applied ASA
Reynolds Army Community Hospital	Other Urban/Rural	0.8264	1.0	$8,506.79	$7,937.52

Patient	Length of Stay	Days Above Threshold	Relative Weighted Product			TPC Amount***
			Inlier*	Outlier**	Total	
#1	7 days	0	1.9556	000	1.9556	$15,523.55
#2	21 days	0	1.9556	000	1.9556	$15,523.55
#3	35 days	6	1.9556	.6676	2.6232	$20,821.70

* DRG Weight

** Outlier calculation = 33 percent of per diem weight × number of outlier days
= .33 (DRG Weight/Geometric Mean LOS) × (Patient LOS - Long Stay Threshold)
= .33 (1.9556/5.8) × (35-29)
= .33 (.33717) × 6 (take out to five decimal places)
= .11127 × 6 (carry to five decimal places)
= .6676 (carry to four decimal places)

*** MTF-Applied ASA × Total RWP

3.8. Other Rates and Charges

Subsistence Rate.[6] The Standard Rate which is established by the Office of the Under Secretary of Defense (Comptroller) shall be used as the subsistence rate. The Standard Rate is available from the DoD Comptrollers website, Tab G: http://www.dod.mil/comptroller/rates/. The effective date for these rates shall be as prescribed by the comptroller.

Family Member Rate $13.90.

4. Reference Notes Regarding the CY 2004/FY 2005 Medical and Dental Reimbursement Rate Package

1/ Ambulatory Services Institutional Charges: If the patient's level of care changes to the inpatient status, the institutional charges for ER, OBS and/or APV services will not be billed. The charges shall be included in the Diagnostic Related Group (DRG) assigned and shall not separately billed. If a patient is released from observation status and is sent to an APV, the charges for observation services are not billed separately but are added to the APV rate to recover all expenses.

2/ Ambulatory Procedure Visit (APV): An APV is defined in DoD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit (APU). An APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs. Care is required in the facility for less than 24 hours.

3/ APV Institutional Rate. As of October 1, 2004 CPT code 99199 will mean "Institutional Component, Ambulatory Procedure Visit" in the Military Health System.

4/ The cost per Diagnosis Related Group (DRG) is based on the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal and secondary diagnoses, surgical procedures, and patient demographics involved. The ASA per RWP for use in the direct care system is comparable to procedures used by the Centers for Medicare and Medicaid Services (CMS) and CHAMPUS. These expenses include all direct care expenses associated with direct patient care. The average cost per RWP for large urban, other urban/rural, and overseas will be published annually as an adjusted standardized amount (ASA) and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources, not just third party payers.

MTFs without inpatient services, whose providers are performing inpatient care in a civilian facility for a DoD beneficiary, can bill payers the percentage of the charge that represents professional services as provided above. The ASA rate used in these cases, based on the absence of an ASA rate for the facility, will be based on the average ASA rate for the type of metropolitan statistical area the MTF resides, large urban, other urban/rural, or overseas. The UBO must receive documentation of care provided in order to produce a bill.

5/ Percentages can be applied when preparing bills for inpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups percentages are 96 % hospital and 4 % professional charges. When preparing bills for inpatient services, professional fees (4%) are based on the privileged provider services. The hospital fees (96%) are based on the charges for support staff, facility costs, ancillary services, pharmacy and supplies.

6/ Subsistence charge is billed under the Medical Services Account (MSA) Program only. The MSA office shall collect subsistence charges from all persons, including inpatients and transient patients not entitled to food service at Government expense. Please refer to DoD 6010.15–M, Military Treatment Facility UBO Manual, April 1997, and the DoD 7000.14–R, "Department of Defense Financial Management Regulation," Volume 12, Chapter 19 for guidance on the use of these rates.

APPENDIX A: ELECTIVE COSMETIC SURGERY PROCEDURES AND RATES[1]

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2004 Charge	Amount of Charge
Abdominoplasty	15831	CPT	b/ c/
Blepharoplasty	15820 15821 15822 15823	CPT	b/ c/
Botox Injection for rhytids	J0585	CPT	b/ c/
Brachioplasty	15836	CPT	b/ c/
Brow Lift	15824 15839	CPT	b/ c/
Buttock Lift	15835	CPT	b/ c/
Canthopexy	21282 67950	CPT	b/ c/
Cervicoplasty	15819	CPT	b/ c/
Chemical Peel	15788 15789 15792 15793	CPT	b/ c/
Collagen Injection, subcutaneous	11950 11951 11952 11954	CPT	b/ c/
Dermabrasion	15780 15781 15782 15783	CPT	b/ c/
Arm/Thigh Dermolipectomy	15836 15832	CPT	b/ c/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2004 Charge	Amount of Charge
Excision/destruction of minor benign skin lesions	11400 11401 11402 11403 11404 11406 11420 11421 11422 11423 11424 11426 11440 11441 11442 11443 11444 11446 17000 17003 17004 17106 17107 17108 17110 17111 17250	CPT	b/ c/
Facial Rhytidectomy	15824 15825 15826 15828 15829	CPT	b/ c/
Genioplasty	21120 21121	CPT	b/ c/
Hair Restoration	15775 15776	CPT	b/ c/
Hip Lift	15834	CPT	b/ c/
Lipectomy Suction per region	15876 15877 15878 15879	CPT	b/ c/ f/
Malar Augmentation	21270	CPT	b/ c/
Mammoplasty – augmentation	19318 19324 19325	CPT	b/
Mandibular or Maxillary	21194	Inpatient Charge	a/

Cosmetic Surgery Procedure	Current Procedural Terminology (CPT) e/	CY 2004 Charge	Amount of Charge
Repositioning		per DRG	
Mastopexy	19316	CPT	b/ c/
Mentoplasty (Augmentation/ Reduction)	21208 21209	CPT	b/ c/
Otoplasty	69300	CPT	b/ c/
Refractive surgery: Radial Keratotomy	65771	CPT	b/ c/ d/
Rhinoplasty	30400 30410 30430 30435 30450 30460 30462	CPT	b/ c/
Scar Revisions beyond CHAMPUS	13120 13121 13122 13131 13132 13133 13150 13152 13153	CPT	b/ c/
Sclerotherapy	36468 36469 36470 36471 15780 15781 15782 15783 15786	CPT	b/ c/
Tattoo Removal	15780 15783	CPT	b/ c/
Thigh Lift	15832	CPT	b/ c/
Vein Stripping	37720 37730 37735	CPT	b/ c/

NOTES ON COSMETIC SURGERY CHARGES:

1/ Family members of active duty personnel, retirees and their family members, and survivors shall be charged elective cosmetic surgery rates. Elective cosmetic surgery procedure information is contained in appendix A. The family members of active duty personnel, retirees and their family members, and survivors shall be charged the rate as specified in the CY 2004 reimbursable rates, plus an augmentation factor of 2.0. The charges for elective cosmetic surgery are at the full reimbursement rate (designated as the "Other" rate) for inpatient care services based on the cost per DRG, or for outpatient/ambulatory procedure visits, the CPT code. Family members of active duty personnel, retirees and their family members, and survivors are responsible for the cost of the implant(s), injectable(s) and the prescribed cosmetic surgery rate. (Note: The implants and procedures used for the augmentation mammaplasty must be in compliance with Federal Drug Administration guidelines.)

a/ Charges for inpatient surgical care services are based on the cost per DRG.

b/ Charges for outpatient surgical care services are based on the cost per CPT code, with an augmentation factor of 2.0. The cost per CPT code times 2.0 will be the total cost of the procedure, including pre- and routine post-operative visits, and pre-operative testing, the APV facility fee, and anesthesia, as necessary. The family members of active duty personnel, retirees and their family members, and survivors are responsible for the cost of the implant(s), and injectable(s). *Further information is provided under Note, 1/.*

c/ All required DoD guidelines and instructions for APVs must be followed. An ambulatory procedure visit is defined in DoD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit (APU). An APU is a location or organization within an MTF (or freestanding outpatient clinic) that is specially equipped, staffed, and designated for the purpose of providing the intensive level of care associated with APVs. Care is required in the facility for less than 24 hours. All expenses and workload are assigned to the clinic referring the patient to the APU.

d/ Refer to Office of the Assistant Secretary of Defense (Health Affairs) policy on Vision Correction Via Laser Surgery For Non-Active Duty Beneficiaries, April 7, 2000, for further guidance on billing for these services. The policy can be downloaded from: http://www.ha.osd.mil/policies/2000/00_003.pdf.

e/ The attending physician is to document and record the appropriate DRG/CPT code to indicate the procedure followed during cosmetic surgery. It is up to the physician to decide whether or not the services are considered medically necessary or elective.

f/ Each regional lipectomy shall carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

APPENDIX B: FY 2005 Adjusted Standardized Amounts (ASA) By Military Treatment Facility

DMISID	MTF NAME	SERV	FULL COST RATE	INTERAGENCY RATE	IMET RATE	TPC RATE
0003	Lyster AH - Ft. Rucker	A	$7,559.12	$7,091.73	$4,897.15	$7,559.12
0005	Bassett ACH - Ft. Wainwright	A	$8,870.26	$8,321.80	$5,746.56	$8,870.26
0006	3rd Med Grp - Elmendorf AFB	F	$8,559.01	$8,029.79	$5,544.92	$8,559.01

DMISID	MTF NAME	SERV	FULL COST RATE	INTERAGENCY RATE	IMET RATE	TPC RATE
0009	56th Med Grp - Luke AFB	F	$7,507.11	$7,094.02	$4,819.66	$7,507.11
0014	60th Med Grp - Travis AFB	F	$13,733.77	$12,884.59	$8,897.37	$13,733.77
0024	NH Camp Pendleton	N	$9,128.44	$8,626.13	$5,860.58	$9,128.44
0028	NH Lemoore	N	$8,642.81	$8,108.42	$5,599.21	$8,642.81
0029	NH San Diego	N	$11,560.42	$10,924.29	$7,421.94	$11,560.42
0030	NH Twentynine Palms	N	$7,575.15	$7,158.32	$4,863.35	$7,575.15
0032	Evans ACH - Ft. Carson	A	$8,415.23	$7,894.91	$5,451.78	$8,415.23
0033	10th Med Grp - USAF Academy	F	$8,476.15	$7,952.06	$5,491.24	$8,476.15
0037	Walter Reed AMC - Washington DC	A	$11,979.02	$11,319.86	$7,690.69	$11,979.02
0038	NH Pensacola	N	$10,260.08	$9,625.68	$6,646.95	$10,260.08
0039	NH Jacksonville	N	$9,599.00	$9,070.80	$6,162.68	$9,599.00
0042	96th Med Grp - Eglin AFB	F	$10,988.93	$10,309.47	$7,119.14	$10,988.93
0045	6th Med Grp - MacDill AFB	F	$7,506.93	$7,093.86	$4,819.55	$7,506.93
0047	Eisenhower AMC - Ft. Gordon	A	$10,072.93	$9,450.11	$6,525.71	$10,072.93
0048	Martin ACH - Ft. Benning	A	$9,250.04	$8,678.10	$5,992.61	$9,250.04
0049	Winn ACH - Ft. Stewart	A	$8,317.99	$7,803.68	$5,388.78	$8,317.99
0052	Tripler AMC - Ft. Shafter	A	$11,720.64	$10,995.94	$7,593.18	$11,720.64
0053	366th Med Grp - Mountain Home AFB	F	$8,450.46	$7,927.96	$5,474.60	$8,450.46
0055	375th Med Grp - Scott AFB	F	$9,687.06	$9,154.01	$6,219.22	$9,687.06
0056	NH Great Lakes	N	$7,560.16	$7,144.15	$4,853.72	$7,560.16
0057	Irwin AH - Ft. Riley	A	$7,992.36	$7,498.18	$5,177.82	$7,992.36
0060	Blanchfield ACH - Ft. Campbell	A	$7,726.78	$7,249.02	$5,005.76	$7,726.78
0061	Ireland ACH - Ft. Knox	A	$7,243.91	$6,845.31	$4,650.69	$7,243.91
0064	Bayne-Jones ACH - Ft. Polk	A	$7,874.03	$7,387.16	$5,101.16	$7,874.03
0066	89th Med Grp - Andrews AFB	F	$10,846.20	$10,249.37	$6,963.40	$10,846.20
0067	NNMC Bethesda	N	$11,106.11	$10,494.98	$7,130.27	$11,106.11
0073	81st Med Grp - Keesler AFB	F	$11,939.86	$11,201.61	$7,735.20	$11,939.86
0075	Wood ACH - Ft. Leonard Wood	A	$7,880.48	$7,393.22	$5,105.34	$7,880.48
0078	55th Med Grp - Offutt AFB	F	$13,285.94	$12,464.45	$8,607.25	$13,285.94
0079	99th Med Grp - Nellis AFB	F	$7,650.65	$7,229.66	$4,911.82	$7,650.65
0086	Keller ACH - West Point	A	$9,361.55	$8,782.71	$6,064.85	$9,361.55
0089	Womack AMC - Ft. Bragg	A	$9,310.39	$8,734.72	$6,031.70	$9,310.39
0091	NH Camp LeJeune	N	$8,743.78	$8,203.14	$5,664.62	$8,743.78
0092	NH Cherry Point	N	$8,259.67	$7,748.97	$5,351.00	$8,259.67
0095	74th Med Grp - Wright-Patterson AFB	F	$14,022.47	$13,155.44	$9,084.41	$14,022.47
0098	Reynolds ACH - Ft. Sill	A	$7,937.52	$7,446.73	$5,142.29	$7,937.52
0101	20th Med Grp - Shaw AFB	F	$8,473.91	$7,949.96	$5,489.79	$8,473.91
0104	NH Beaufort	N	$8,390.91	$7,872.09	$5,436.02	$8,390.91
0105	Moncrief ACH - Ft. Jackson	A	$8,251.44	$7,741.24	$5,345.66	$8,251.44
0108	Wm Beaumont AMC - Ft. Bliss	A	$9,999.33	$9,381.05	$6,478.03	$9,999.33
0109	Brooke AMC - Ft. Sam Houston	A	$10,556.85	$9,975.95	$6,777.64	$10,556.85
0110	Darnall AH - Ft. Hood	A	$9,048.60	$8,489.11	$5,862.10	$9,048.60

DMISID	MTF NAME	SERV	FULL COST RATE	INTERAGENCY RATE	IMET RATE	TPC RATE
0113	82nd Med Grp - Sheppard AFB	F	$8,444.67	$7,922.52	$5,470.85	$8,444.67
0117	59th Med Wing - Lackland AFB	F	$11,846.34	$11,194.48	$7,605.50	$11,846.34
0120	1st Med Grp - Langley AFB	F	$7,438.42	$7,029.11	$4,775.56	$7,438.42
0121	McDonald ACH - Ft. Eustis	A	$7,101.20	$6,710.44	$4,559.06	$7,101.20
0123	Dewitt AH - Ft. Belvoir	A	$9,319.06	$8,806.27	$5,982.96	$9,319.06
0124	NH Portsmouth	N	$9,610.93	$9,082.07	$6,170.34	$9,610.93
0125	Madigan AMC - Ft. Lewis	A	$13,557.95	$12,719.65	$8,783.47	$13,557.95
0126	NH Bremerton	N	$10,146.64	$9,519.26	$6,573.47	$10,146.64
0127	NH Oak Harbor	N	$7,740.82	$7,314.87	$4,969.71	$7,740.82
0131	Weed ACH - Ft. Irwin	A	$8,531.66	$8,004.13	$5,527.20	$8,531.66
0606	95th CSH - Heidelberg	A	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0607	Landstuhl Rgn MC	A	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0609	67th CSH - Wurzburg	A	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0612	121st Gen Hosp - Seoul	A	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0615	NH Guantanamo Bay	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0616	NH Roosevelt Roads	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0617	NH Naples	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0618	NH Rota	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0620	NH Guam	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0621	NH Okinawa	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0622	NH Yokosuka	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0623	NH Keflavik	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0624	BH Sigonella	N	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0633	48th Med Grp - RAF Lakenheath	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0635	39th Med Grp - Incirlik AB	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0638	51st Med Grp - Osan AB	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0639	35th Med Grp - Misawa	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0640	374th Med Grp - Yokota AB	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0805	52nd Med Grp - Spangdahlem	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48
0808	31st Med Grp - Aviano	F	$11,399.48	$10,854.79	$4,574.27	$11,399.48