

dependents of enlisted personnel in pay grades E-1 through E-4, who are charged the discount meal rate—See Comptrollers Web site, Tab G: <http://www.dod.mil/comptroller/ratesindex2003.html>.

D. *Pharmacy*<sup>7</sup>. All medications, both internal and external, are billable. The

rates for pharmacy are based on the average full cost of these drugs. These rates will be updated quarterly. These rates in this table are based on National Drug Code (NDC) codes. This rate table may be found on the TMA UBO Web site at <http://www.tricare.osd.mil/ebc/>

[rm\\_home/ubo\\_documents\\_rates\\_tables.cfm](http://rm_home/ubo_documents_rates_tables.cfm).

E. *Ancillary Services. Per Procedure*<sup>8</sup>. All Laboratory and Radiology procedures will be billed per CMAC Rates, including those associated with a clinic visit.

F. *Dental Rate—Per Procedure*<sup>9</sup>.

CDT/CPT	Clinical service	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other (full/third party)
	Dental Services ADA code weight multiplier .....	\$26.00	\$60.00	\$63.00

G. *Ambulance Rate—Per Hour*<sup>10</sup>.

CDT/CPT	Clinical service	International military education and training (IMET)	Interagency and other Federal agency sponsored patients	Other (full/third party)
A0999 .....	Ambulance .....	\$102.00	\$140.00	\$147.00

H. *AirEvac Rate—Per Trip (24-hour period)*<sup>11</sup>.

Clinical Service	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
AirEvac Services—Ambulatory .....	\$361.00	\$494.00	\$518.00
AirEvac Services—Litter .....	1,047.00	1,435.00	1,503.00

I. *Observation Rate—Per Hour*<sup>12</sup>. Under OIB, observation services will be billed according to applicable CPT codes.

J. *Anesthesia*. The flat rate for anesthesia 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 \$174.00.

K. *Durable Medical Equipment/Durable Medical Supplies (DME/DMS)*. Durable Medical Equipment (DME) and Durable Medical Supplies (DMS) are based on the Medicare Fee Schedule floor rate. The HCPCS codes contained in this table are for A4212–A7509,

E0100–E2101, K0001–K0551, L0100–L8670, and V2020–V2780. This rate table may be found on the TMA UBO Web Site at [http://www.tricare.osd.mil/ebc/rm\\_home/ubo\\_documents\\_rates\\_tables.cfm](http://www.tricare.osd.mil/ebc/rm_home/ubo_documents_rates_tables.cfm).

**IV. Elective Cosmetic Surgery Procedures and Rates 13/**

Cosmetic surgery procedure	Current procedural terminology (CPT) <sup>e</sup>	FY 2003 charge	Amount of charge
Abdominoplasty .....	15831 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Blepharoplasty .....	15820, 15821, 15822, 15823 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Botox Injection for rhytids .....	J0585 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Brachioplasty .....	15836 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Brow Lift .....	15824, 15839 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Buttock Lift .....	15835 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Canthopexy .....	21282, 67950 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Cervicoplasty .....	15819 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Chemical Peel .....	15788, 15789, 15792, 15793 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Collagen Injection, subcutaneous .....	11950, 11951, 11952, 11954 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Dermabrasion .....	15780, 15781, 15782, 15783 .....	Inpatient Charge per DRG or CPT .....	(a b c)
Arm/Thigh Dermolipectomy .....	15836, 15832 .....	Inpatient Charge per DRG or CPT .....	(a b c)