

MEPRS code	Clinical service	MEPRS code	Other billable services
BAB	Allergy.	DBB	Anatomical Pathology.
BAC	Cardiology.	DBD	Cytogenetic Laboratory.
BAE	Diabetic.	DBE	Molecular Genetic Laboratory.
BAF	Endocrinology (Metabolism).	DBF	Biochemical Genetic Laboratory.
BAG	Gastroenterology.	DCA	Diagnostic Radiology.
BAH	Hematology.	FBI	Immunizations.
BAI	Hypertension.	FBN	Hearing Conservation (MSA Billing Only).
BAJ	Nephrology.	FC	Pharmacy, Laboratory and Radiology (External Civilian Ancillary and Support to other Military and Federal), except in cases where there is a specific VA/DoD MOU.
BAK	Neurology.	FEA	Ambulance.
BAL	Outpatient Nutrition.		
BAM	Oncology.		
BAN	Pulmonary Disease.		
BAO	Rheumatology.		
BAP	Dermatology.		
BAQ	Infectious Disease.		
BAR	Physical Medicine.		
BAS	Radiation Therapy.		
BAT	Bone Marrow Transplant.		
BAU	Genetic.		
BAV	Hyperbaric.		
BBA	General Surgery.		
BBB	Cardiovascular and Thoracic Surgery.		
BBC	Neurosurgery.		
BBD	Ophthalmology.		
BBE	Organ Transplant.		
BBF	Otolaryngology.		
BBG	Plastic Surgery.		
BBH	Proctology.		
BBI	Urology.		
BBJ	Pediatric Surgery.		
BBK	Peripheral Vascular Surgery.		
BBL	Pain Management.		
BBM	Vascular and Interventional Radiology.		
BCA	Family Planning.		
BCB	Gynecology.		
BCC	Obstetrics.		
BCD	Breast Cancer Clinic.		
BDA	Pediatric.		
BDB	Adolescent.		
BDC	Well Baby.		
BEA	Orthopedic.		
BEB	Cast.		
BEC	Hand Surgery.		
BEE	Orthotic Laboratory.		
BEF	Podiatry.		
BEZ	Chiropractic.		
BFA	Psychiatry.		
BFB	Psychology.		
BFC	Child Guidance.		
BFD	Mental Health.		
BFE	Social Work.		
BFF	Substance Abuse.		
BGA	Family Practice.		
BHA	Primary Care.		
BHC	Optometry.		
BHD	Audiology.		
BHE	Speech Pathology.		
BHF	Community Health.		
BHG	Occupational Health.		
BHH	TRICARE Outpatient.		
BHI	Immediate Care.		
BIA	Emergency Medical.		
BJA	Underseas Medicine.		
BLA	Physical Therapy.		
BLB	Occupational Therapy.		
MEPRS code	Other billable services		
DAA	Pharmacy.		
DBA	Clinical Pathology.		

rates are available from the TMA's UBO Web site, [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).

<sup>8</sup>Charges for ancillary services requested by an internal (associated with a clinic visit) or an outside provider (e.g., physicians and dentists) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for ancillary services when beneficiaries who have medical insurance obtain services from the MTF which are prescribed by providers external to the MTF.

Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. MSA patients, who are not beneficiaries as defined by 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are not seen by an outside provider and only come to the MTF for ancillary services.

<sup>9</sup>Dental service rates are based on a dental rate multiplied by the DoD established weight for the American Dental Association (ADA) code performed. For example, for ADA code 00270, bite wing single film, the weight is 0.15. The weight of 0.15 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 (\$63 x .15 = \$9.45).

The list of CY 2003 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 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).

<sup>10</sup>Ambulance charges shall be based on hours of service in 15-minute increments. The rates listed in section III.G. are for 60 minutes or 1 hour of service. Providers 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).

<sup>11</sup>Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient during a 24-hour period. The appropriate charges are billed only by the Air Force Global Patient Movement Requirement Center (GPMRC). These charges are only for the cost of providing medical care. Flight charges are billed by GPMRC separately.

<sup>12</sup>Observation Services are billed based on applicable CPTs. If the status of a patient changes to inpatient, the charges for observation services are added to the DRG assigned to the case and 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.

<sup>13</sup>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 section IV. The patient shall be charged the rate as specified in the CY 2003 reimbursable rates. The charges for elective

<sup>5</sup> 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 MTF-established APU associated with the referring clinic.

<sup>6</sup> Subsistence 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.

<sup>7</sup> Third party payers (such as insurance companies) shall be billed for prescription services when beneficiaries who have medical insurance obtain medications from MTFs that are prescribed by providers both internal and external to the MTF (e.g., physicians and dentists). Eligible beneficiaries (family members or retirees with medical insurance) are not liable personally for this cost and shall not be billed by the MTF. Medical Services Account (MSA) patients, who are not beneficiaries as defined in 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and only come to the MTF for prescription services. The standard cost of medications includes the DoD-wide average cost of the drug, calculated by lowest cost for the generic drugs with the same dosage and strength. The prescription charge is calculated by multiplying the number of units (e.g., tablets or capsules) by the unit cost and adding \$6.00 for the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription.

The list of drug reimbursement rates is too large to include in this document. Those