



DHA UBO Webinar: CY2024 Outpatient Rates

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July 2024

Agenda

- 1) DHA UBO Rate Structures
- 2) DHA UBO Outpatient Rates
 - CY2024 Effective Date
 - Rate Components
- 3) Rate Requests
- 4) DHA UBO Room and Board Rates
- 5) Billing Tips and Reminders
- 6) Health.mil and Launchpad Navigation
- 7) Summary



CY24 OP Rates Effective Date

- CY24 Outpatient rates have been submitted for approval with a tentative effective date of **October 1, 2024**.
- Codes or rates released after approval will be reviewed on a quarterly basis with an effective date set by the DoD DHA UBO Program Office.



DHA UBO Rate Structures



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DHA UBO Rate Structures

- Widely used billing rate structures intended to recover costs in the military fixed facilities.
 - Full or Third-Party Collections (TPC).
 - Interagency.
 - International Military Education & Training (IMET).
- The DHA UBO Program Office recommends billing rates for contractors and foreign nationals supporting deployed forces.
- Patient Identification Process (PIP), formerly known as the Patient Category (PATCAT) assignment, drives the assignment of the applicable rate structure.



UBO Rate Structures:

Full or Third-Party Collection (TPC) Rates

- Full / TPC Billing rates are used synonymously.
 - Recover the full cost of healthcare services provided.
 - Normally the highest DHA UBO rate.
- TPC Rates are used for billing commercial third-party payers and pay patients.
 - Exception: OCONUS DoD Civilians and Cosmetic Procedures.
- Most DHA UBO Ambulatory/Professional TPC rates match TRICARE Reimbursement (CMAC rates).
- TPC rates are based on average Medical Expense & Performance Reporting System (MEPRS) unit costs with adjustments for costs not included in MEPRS data.
 - Dental, Ambulance, Ambulatory Procedure Visit (APV), specific Injectables.



UBO Rate Structures: Interagency Billing Rates

- Interagency rates are TPC rates discounted to remove several cost factors for health care services.
- Durable medical equipment and pharmaceuticals are **not** discounted.
- Interagency Rates do not include:
 - ***Asset Use Charge***: Use of assets (facilities and/or equipment) to recoup depreciation and interest on investment.
 - ***Government Share of Unfunded Retirement (GSUR) Costs***: Cover the cost of the unfunded civilian retirement, post retirement health benefits and life insurance.



UBO Rate Structures:

International Military Education & Training Rates

- The IMET Program provides training on a grant basis to students from allied and friendly nations.
 - Authority for the IMET program is found in Chapter 5, Part II, Foreign Assistance Act of 1961.
 - Funding is appropriated from the International Affairs budget of the Department of State.
 - Not all foreign national patients participate in the IMET program.
- IMET Rates do not include:
 - *Asset Use Charge and GSUR Costs.*
 - *Military Personnel Cost.*



Outpatient Rate Package



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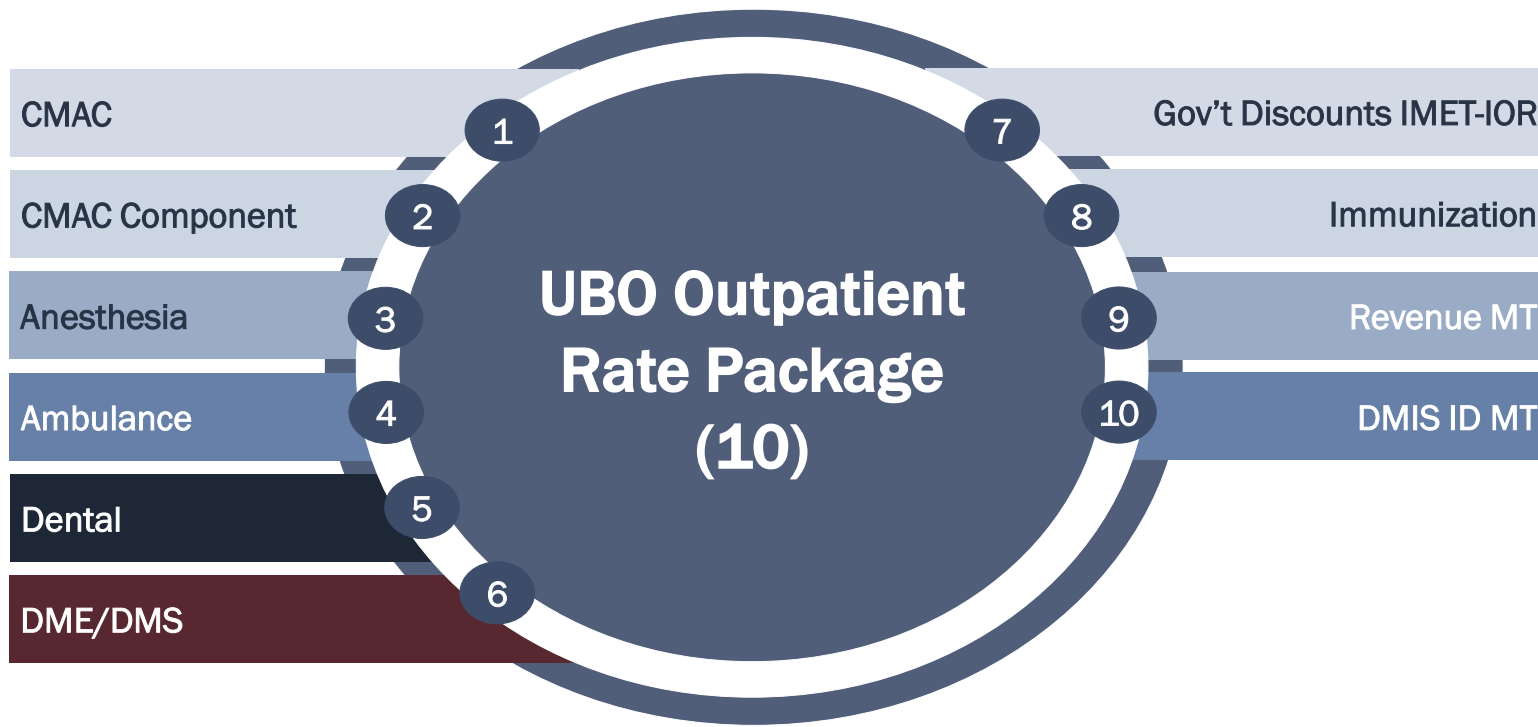


Outpatient Rates Overview

- CY 2024 Outpatient Rates developed to accommodate Military Health Systems billing systems and solutions.
- Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.
- UBO CHAMPUS Maximum Allowable Charge (CMAC) rates are developed for reimbursement in the purchased care community.
- Health care service procedure codes outlined in the Inpatient and Outpatient Rates policy letters are housed in the MHS CDM for itemized billing of patient care provided in MTFs.
- Purchased Care System data used to calculate the average allowable amounts. Some procedures require special handling and rates are based on purchased care data or Ambulatory Payment Classification (APC) charges.
- Medical Expense & Performance Reporting System (MEPRS) data is used to calculate the average MTF operational expenses. Health care services traditionally updated using Medical Expense and Performance Reporting System (MEPRS) data were developed using an alternative methodology, adjusting the CY 2023 rate by the Operation and Maintenance (O&M) Inflation Factor from FY 2023 to FY 2024



Rate Package Components



CMAC & CMAC Component Rates

Overview

- Primary rate table, formatted and sorted for UBO.
- Based on what TRICARE allows.
- Categorized by CMAC localities. MTF pricing within the CDM is assigned by their regional charge table. Each regional charge table is mapped to a CMAC locality

2024 Highlights

- 0.01% Overall Average decrease from CY22
- Time-based facility charging is captured within the CDM

<u>CPT Cod</u> ▼	<u>Description</u> ▼
99024	POST OPERATIVE FOLLOW-UP VISIT
G0379	Dir Admit for OBS
99242	OP Consult Code
99243	OP Consult Code
99244	OP Consult Code
99245	OP Consult Code
99252	IP Consult Code
99253	IP Consult Code
99254	IP Consult Code
99255	IP Consult Code



Time-based Facility Charging

- Surgical time (Operating Room (OR) Level 1-5 Rates)
 - OR levels are determined by complexity of service and replace use of APV rate
 - All surgical CPT codes within each OR Level (1-5) with an approved CMAC rate are averaged to determine the price for each OR Level (initial 60 minutes) and for price for each OR Level additional 15 minutes (hourly rate divided by 4)
- Hourly Observation Time (Post-Anesthesia Case Unit (PACU) Level 1-2 Rates)
 - PACU levels are determined by complexity of service and replace use of APV rate
 - Pricing is reflective of CMAC rate G0378 for hospital observation. For any additional 15-minute increments after initial 60 minutes, the hourly rate is divided by 4
 - For PACU level 2, the rate is 1.5X higher
- Per diem room and bed rates
 - Daily room fee for hospital stays based on room and level of care. Date of discharge should not be charged the daily rate.
- Anesthesia (see slide 18)



CMAC & CMAC Component Rates

TRICARE Localities Overview

- TRICARE localities are designated within the range of 301-424
- TRICARE localities are defined with the same geographic boundaries as Medicare localities.
- TRICARE localities apply to the CHAMPUS Maximum Allowable Charges, or CMAC reimbursable rates.
- After the “national” average CMAC level has been determined (Locality 300), rates are calculated for the remaining 114 localities for TRICARE.
- Within the CDM, there are 15 regional charge tables, each assigned to a specific locality.



CMAC & CMAC Component Rates

There are 114 Active TRICARE Localities

A single locality assignment often includes many zip codes and military treatment facilities.

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MHS Home > Military Health Topics > Health Care Administration & Operations > TRICARE Health Plan > Rates and Reimbursement > CMAC Rates > Locality To ZIP

Health Care Administration & Operations

- Disability Evaluation System
- Health Care Program Evaluation
- Information for Providers
- Military Hospitals and Clinics
- TRICARE Health Plan
- Information for Patients: About TRICARE**
- TRICARE Dental Care
- Rates and Reimbursement
- Age and Gender Restrictions

Locality To ZIP

Use the tool below to list ZIP Codes associated with a Locality Code.

Search the Database

* Denotes Required Field

Select Locality Code:*

301 ALABAMA

Results: CMAC Procedure Pricing

Locality Code: 301
Locality Name: ALABAMA

35004 35005 35006 35007 35010 35011 35013 35014 35015 35016 35019 35020 35021 35022 35023 35031 35032 35033 35034 35035 35036 35038 35040 35041 35042 35043 35044 35045 35046 35048 35049 35051 35052 35053 35054 35055 35058 35057 35058 35060 35061 35062 35063 35064 35068 35070 35071 35072 35073 35074 35077 35078 35079 35080 35082 35083 35085 35087 35089 35091 35094 35096 35097 35098 35111 35112 35114 35115 35116 35117 35118 35119 35120 35121 35123 35124 35125 35126 35127 35128 35130 35131 35133 35135 35138 35139 35142 35143 35144 35146 35147 35148 35149 35150 35151 35160 35161 35171 35172 35175 35176 35178 35179 35180 35181 35182 35183 35184 35185 35186 35187 35188 35200 35201 35202 35203 35204 35205 35206 35207 35208 35209 35210 35211 35212 35213 35214 35215 35216 35217 35218 35219 35220 35221 35222 35223 35224 35225 35226 35228 35229 35230 35231 35232 35233 35234 35235 35238 35237 35238 35240 35242 35243 35244 35245 35246 35248 35250 35251 35252 35253 35254 35255 35256 35258 35260 35261 35263 35266 35270 35275 35277 35278 35279 35280 35281 35282 35283 35285 35286 35287 35288 35289 35290 35291 35292 35293 35294 35295 35296 35297 35298 35299 35401 35402 35403 35404 35405 35406 35407 35440 35441 35442 35443 35444 35446 35447 35448 35449 35452 35453 35456 35457 35458 35459 35460 35461 35462 35463 35464 35468 35469 35470 35471 35473 35474 35475 35476 35477 35478 35480 35481 35482 35486 35488 35487 35489 35491 35501 35502 35503 35504 35540 35541 35542 35543 35544 35545 35546 35547 35548 35549 35550 35551 35552 35553 35554 35555 35556 35559 35560 35563 35564 35565 35570 35571 35572 35573 35574 35575 35576 35577 35578 35579 35580 35581 35582 35583 35584 35585 35586 35587 35589 35590 35591 35592 35593 35594 35595 35596 35597 35598 35599 35600 35601 35602 35603 35604 35605 35606 35607 35608 35609 35610 35611 35612 35613 35614 35615 35616 35617 35618 35619 35620 35621 35622 35623 35624 35625 35626 35627 35628 35629 35630 35631 35632 35633 35634 35635 35636 35637 35638 35639 35640 35641 35642 35643 35644 35645 35646 35647 35648 35649 35650 35651 35652 35653 35654 35659 35661 35662 35663 35664 35665 35666 35667 35668 35669 35670 35671 35672

Link: [Locality To ZIP | Health.mil](#)

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CMAC & CMAC Component Rates

- Emergency Department (ED)
- Evaluation & Management Codes (99281-99285)
 - Used for Hospital level (1-5) ED encounter.

CPT® Code	2023	2024	Percent Change
99281	\$75.09	\$84.59	12.65%
99282	\$139.69	\$155.83	11.55%
99283	\$245.03	\$271.85	10.95%
99284	\$381.61	\$422.00	10.58%
99285	\$548.11	\$611.99	11.65%



CMAC & CMAC Component Rates

- CMAC Component
 - TRICARE assigns code components with Professional (PC) and Technical (TC) components.
 - ✓ Technical Components (TC) are based on applied Ambulatory Payment Classification (APC) charges.
 - ✓ Professional Components (PC) are charges provided by the regular CMAC rates.
 - Global Rate computed by combining TC and PC rates.



Anesthesia Rates

- Upon transition to CPA, methodology has been updated within the Charge Description Master. However, anesthesia rates based on legacy methodology are still produced and leveraged for the DHA UBO cosmetic rates.
- Updated methodology:
 - Total professional anesthesia-based rate = [(base rate) + (interval rate * number of 15-minute time intervals)]
 - Actual Time Used (flat rate used to be calculated based on average time units)
 - Locality Specific (rate used to be national)



Ambulance Rates

- Overview
 - 2023 Rate per minute: \$4.95.
 - 2024 Rate per minute : \$5.11
- 2024 Highlights
 - Overall Increase of **+3.17%**
 - Updated CPA methodology:
Charges based on number of minutes

Ambulance Codes Assigned a Rate		
A0426	A0428	A0433
A0427	A0429	A0999



Dental Rates

- Overview

- The updated Defense Health Agency CY24 Guidelines for Dental Procedure Codes, Surgical Procedure Codes, and Dental Weighted Values serves to define each dental procedure performed in military treatment facilities.
- Contains “D” Codes (i.e. D0411).
- *CDM will not include W codes
 - ✓ W Codes are DoD Specific but non-billable. They replaced Dental A-codes so as not to cause confusion with standard HCPCS A-codes.

- 2024 Highlights

- Overall decrease of **2.11%**.
- 14 new codes, 1 revised codes, 0 deleted codes
- 859 Total codes



Durable Medical Equipment & Supplies DME/DMS Rates

- Overview

- Expenses allocated for equipment and supplies.
- Based On:
 - ✓ CMS Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule.
 - ✓ Purchased Care Data.
 - ✓ Defense Medical Logistics Standard Support (DMLSS) Master Catalog used for several codes within CPA



Government Discounts IMET-IOR Rates

- Overview
 - International Military Education & Training (IMET).
 - Interagency Outpatient Rates (IOR).
- 2024 Highlights

Type of Discount	Discounted Services Except Ambulance and Dental	Ambulance Services	Dental Services	Applicable Health Plan
IMET	0.6357	0.6357	0.4591	MISC.
IOR	0.9298	0.9298	0.9403	MISC.
IOR	0.9298	0.9298	0.9403	DOD-NO VA SHARING AGREEMENT
DoD/VA	0.8	0.8	0.8	DOD-VA SHARING AGREEMENT/LOCAL
				DOD-VA SHARING AGREEMENT/NATIONAL
				DOD-VA SHARING AGREEMENT/ALASKA
DoD/VA	0.9	0.9	0.9	



Immunization Rates

- Overview

- 1st Priority – CMAC TRICARE Provided Rates (Released Quarterly).
- 2nd Priority – Purchased Care Allowable Amounts (Previous Fiscal Year).
- 3rd Priority – Flat Rate.
 - ✓ 2023 Flat Rate: \$74.14
 - ✓ 2024 Flat Rate: \$76.48 (Increased by 3.17%).

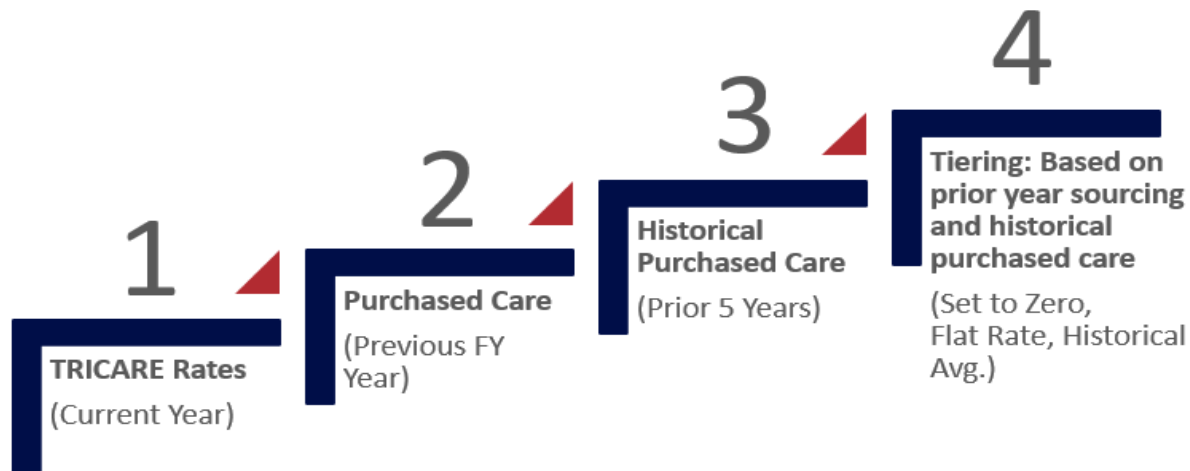
- 2024 Highlights

- 111 New Codes, 19 Deleted Codes.
- Sourcing priority process addition to phase very low percentage usage codes:
 1. TRICARE Rate
 2. Purchased Care Prior Year
 3. Historical 5 Year Purchased care average for increase/decrease greater than 30%
 4. For codes assigned a flat rate in prior year, and no PSC data prior year, assign flat rate.
 5. For codes set to zero per historical zero prior year without PSC data prior year, set to zero.
 6. Remaining codes without prior year PSC data utilize a tiering system to make a rate determination based on prior year historical purchased care.



Immunization Rates

- 2024 Process by Sourcing Priority
- Historical Purchased Care Pull for Outlier Rates +/-30% variance.



Mapping Tables Overview

- **DMIS ID Mapping Table**
 - The Defense Medical Information System Identifier (DMIS ID) Mapping Table is used as a way of standardizing both medical and military facility identification and cost/workload classification.
- **Revenue Mapping Table**
 - Identifies the CPT®/HCPCS procedure, supply, drug code, description and available revenue centers.
 - Revenue center code informs the payer where the procedure was performed.



MEPRS Based Rates

Medical Expense Program Reporting System (MEPRS) Based Rates

- Annual adjustment for the following rates:
 - CMAC Ambulatory Procedure Visit (APV)
 - Ambulance
 - Dental
 - Immunization (Specific)
 - Government Discounts IMET-IOR
- CY24 Development Cycle
 - MEPRS data was not utilized during the CY23 outpatient rates development cycle, thus, codes adjusted with MEPRS data were developed using an alternative method.
 - ✓ Alternative Method: O&M Inflation Factor (+3.17%) was used as the CY24 annual adjustment in place of MEPRS per PO decision.



Computation & Burdening Factors

- Factors and percentages used as adjustments/plus ups in the Outpatient rate development process.
- Six (6) Main Factors
 - Asset Use – Recoup depreciation and interest costs.
 - GSUR Costs - Retirement health benefits and life insurance.
 - Military Pay – Military pay raise percentage from the annual presidential budget.
 - Civilian Pay - Civilian pay raise percentage from the annual presidential budget.
 - Factor to account for Military medical personnel salary expenses.
 - Defense Health Plan Growth - Annual budget growth percentage.



CY24 Outpatient Rate Summary

- 2024 Outpatient Rate package is set to be effective **October 1, 2024**.
 - DHA UBO rates are developed to accommodate Military Health Systems billing systems and solutions.
 - Outpatient rates are developed by the DHA UBO for each outpatient encounter, service, procedure, or supply provided at a MTF.
 - ✓ Formatted and sorted specifically for DHA UBO.
- Comprised of 10 rate components.
 - Four (2) of which are Mapping Tables.



Rate Requests



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Rate Requests

- Rate Requests:
 - Several procedure codes and NDC pricing requests were received in CY24
- Assigning Rates per Requests:
 - Rates assigned if TRICARE provided a rate.
 - Rates assigned according to Ambulatory Payment Classification (APC) charges or Purchased Care allowable amounts.
 - Rates not assigned for:
 - ✓ Case management codes.
 - ✓ Codes on the Government No Pay list.
 - ✓ Non-billable codes.



Rate Requests

Process for Requesting Rates for Procedure Codes

- 1) MTF/billing office identifies the CPT®/HCPCS procedure code that is not included in the DHA UBO rates file.
- 2) Draft a written explanation telling why the code(s) should be applied a charge, the date(s) of service, the number of times and specific details of when/how the code is being used are all helpful.
- 3) Submit request with justification to UBO Manager/Lead.
- 4) UBO Manager/Lead forwards the written explanation and/or supporting documentation to the DHA UBO Helpdesk with a request for pricing.
 - Use “DHA UBO Special Price Request” in the subject line.
- 5) The pricing request will be forwarded to the appropriate SME for verification.
 - If confirmed that there is no DHA UBO current rate, a recommendation for an Out-of-Cycle (OOC) rate update may be considered.
 - SME determines the recommended rate structure and charge to apply, if any.
 - SME submits the recommended charge and supporting justification/documentation (including no charge if insufficient justification and documentation) to the PO for review and approval.
- 6) Upon PO approval, charges are updated and submitted to be included in the next rates cycle update.



DHA UBO Inpatient Rates



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Inpatient Room and Board Rates

- Inpatient rates - Billing inpatient medical services at MTFs.
 - Each inpatient MTF using CPA, has a regionally assigned Room and Board rates and utilize itemized inpatient billing.
- Effective rates for CY 2024 Inpatient Billing Rates.
 - Rates are effective **October 1, 2024**, until superseded.
- Upon transition from ASA Rates to IRU based billing and room and board rates, the schedule for room and board and other itemized rates utilized for inpatient services is now aligned with the outpatient rates schedule.



Billing Tips and Reminders



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Billing Tips and Reminders: Updates

Industry Updates

- Centers for Medicare & Medicaid Services (CMS) updates CPT®/HCPCS codes on a quarterly basis.
- The American Medical Association (AMA) updates CPT®/HCPCS codes annually, effective 1 January.
- TRICARE updates CPT®/HCPCS codes annually.

DHA UBO Updates

- Proper PIP assignment drives applicable rate structure and code assignment.



Billing Tips and Reminders:

Health Plan and Policy Billing Guidelines

- Claim formats that are used in the MHS are based on encounter services provided, payer requirements, and DHA billing policies.
- Government may not collect more than the total charge from any one source or combination of sources.
- If total payment exceeds the billed amount, MTF must refund the overage.

Institutional - Hospital charges

Professional - Provider charges

Health Plan/Policy	Institutional	Bill format	Professional	Bill format	Cost Recovery Program
Private insurance	Yes	8371/UB-04	Yes	837/CMS1500	TPC, MSA, MAC
Employer Group Health Plan	Yes	8371/UB-04	Yes	837/CMS1500	TPC, MSA, MAC
High Deductible Health Plan (HDHP)	Yes	8371/UB-04	Yes	837/CMS1500	N/A
Health Savings Account (HSA)	No	N/A	No	N/A	N/A
Health Reimbursement Account (HRA)	No	N/A	No	N/A	N/A
Flexible Spending Account (FSA)	No	N/A	No	N/A	N/A
Association or Organization Health Plan	Yes	8371/UB-04	Yes	837/CMS1500	MAC
No fault automobile insurance	Yes	8371/UB-04	Yes	837/CMS1500	MAC
Third party automobile liability	Yes	8371/UB-04	Yes	837/CMS1500	MSA
Medicare Supplemental Plan	Yes	8371/UB-04	Yes	837/CMS1500	MSA
Workers' Compensation Plan (non-federal employee)	Yes	8371/UB-04	Yes	837/CMS1500	MSA
Workers' Compensation Plan (federal employee)	No	DD7/DD7A	No	DD7/DD7A	MSA
Workers' Compensation Plan (DoD employee)	No	N/A	No	N/A	N/A
TRICARE Supplement	No	N/A	No	N/A	N/A
Income (wage) Supplement	Yes	N/A	No	N/A	N/A
Other/Special Coverage Group	Yes	8371/UB-04	Yes	837P/CMS1500	TPC, MSA, MAC
None (pay patient)	Yes	Invoice/receipt	Yes	Invoice/receipt	TPC, MAC



Billing Tips and Reminders:

Inpatient Special Circumstance Rates

- **Family Member Rate (FMR):** Inpatient per diem rate charged to active-duty family members not enrolled in TRICARE Prime and all retiree family members whose care is not reimbursed by a third-party payer.
 - Does not apply to: Beneficiaries with OHI.
- **Food Service Charge at Appropriated Fund Dining Facilities or Standard Rate (Subsistence - SR):** charges cover the basic cost of food.
 - Does not apply to:
 - ✓ Active duty or Retired Personnel.
 - ✓ Patients whose OHI covers any portion of the IP encounter, or any other amount paid by a third-party payer to the MTF.
 - ✓ Inpatient cadets and midshipmen.
 - MTF dining hall charges must be applied to any individual in a non-inpatient status (e.g., OBS or APV).



Health.mil & LaunchPad Navigation



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Health.mil & LaunchPad

Accessing UBO Information Online

- DHA UBO information is maintained on Health.mil and LaunchPad.
 - Health.mil is a public site.
 - LaunchPad is a CAC user restricted access.



Health.mil Website

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- TRICARE Health Plan
- TRICARE Pharmacy Operations

Uniform Business Office

The Army, Navy, Air Force, and Defense Health Agency establish and operate UBO offices at Defense Health Program fixed military treatment facilities throughout the world that administer Third Party Collections, Medical Services Account, and Medical Affirmative Claim Programs:

- MSA activities involve the first-payer billing of individuals and other Government Agencies for services rendered in MTFs to include, but not limited to, the U.S. Coast Guard, the National Oceanic and Atmospheric Administration, and the U.S. Public Health Service.
- TPC activities involve billing third-party payers on behalf of non-active duty family members and dependents for treatment provided in MTFs.
- MAC activities involve billing all areas of liability insurance, such as automobile, products, premises and general casualty, homeowner's and renter's insurance, medical malpractice (by civilian providers), and workers' compensation (other than Federal employees).

These efforts are coordinated by the [Chartered UBO Advisory Working Group](#), composed of the DHA, Army, Navy, and Air Force Program Managers who meet quarterly to review and recommend effective processes to identify, review, validate, and prioritize functional changes and business process improvements to support MTF revenue cycle management activities.

UBO offices focus on ensuring that billable services are identified; payer information is available; accurate and complete claims are generated; and appropriate collections are received. Together, the three cost recovery programs provide the business processes for cost recovery including collections control, accounts receivable, and deposits.

The UBO Mission

Our mission is to optimize allowable health care cost recovery within compliance guidelines in support of the operational and readiness mission of the MHS.

Contact Us

For questions or comments, please contact the UBO Help Desk:

- [Send an Email Message](#)
- Call 1-703-817-4030 and leave a message

We will return your phone message within one business day.

Link: [Uniform Business Office \(UBO\) | Health.mil](#)



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- TRICARE Health Plan
- TRICARE Pharmacy Operations
- Quality, Patient Safety & Access Information (for Patients)
- Quality & Safety of Health Care (for Health Care Professionals)
- Uniform Business Office

MHS UBO Rates
MHS rates are used to determine charges for medical and dental services.

Ambulance Rates

Select Download:

Anesthesia Rates

Select Download:

CMAC Rates
These files contain all localities and are compressed in a .zip file format. Please download the entire file before attempting to open.

Select Download:

CMAC Locality DMIS ID Mapping Tables
CMAC Rates are adjusted for the locality of the providing military treatment facility (MTF). The following tables provide the key to determining which CMAC locality is appropriate for each MTF.

Select Download:

Link: [MHS UBO Rates | Health.mil](#)



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LaunchPad

- **DHA UBO Launchpad Website** (<https://info.health.mil/bus/brm/ubo/Pages/ubon.aspx>)
 - Access restricted to CAC holders.
 - Note*** Users without a CAC may still request files using the DHA UBO Helpdesk.
- **The latest version of the CDM can be found on the BFC Launchpad website:** ([https://info.health.mil/FC/BusinessFunctionalChampion/Charge Description Master/Forms/AllItems.aspx](https://info.health.mil/FC/BusinessFunctionalChampion/Charge%20Description%20Master/Forms/AllItems.aspx))
- **The following information is available on the DHA UBO Launchpad Website:**
 - Rates (Outpatient, Inpatient, MAC, Pharmacy, Deployed Forces, VA-DoD).
 - Prior year Pricing Calculators (VA-DoD, Cosmetic Surgery Estimator, Pharmacy).
 - Institutional and Professional Charges for Health Plan and Policy Billing Guidelines.
 - Prior years PATCAT Tables.
 - Publications.
 - Archived Webinars (Past 5 years).
 - UBO Manual, DoD Policies, User Guide.
 - Compliance Toolkit including template.



LaunchPad

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- Medical Affirmative Claims**
- Site POC

DHA Uniform Business Office

Military Health System UBO Rates Overview

The UBO billing rates are based on TRICARE allowable charges and are used to determine charges for outpatient, inpatient, dental, cosmetic surgery, and pharmacy services. Outpatient rates are the charges for professional and institutional health care services provided in MTFs. Inpatient rates are used when billing for inpatient medical services at MTFs. Each MTF providing inpatient care has its own applied Adjusted Standardized Amount (ASA). Pharmacy rates are based on TRICARE allowable charges, average wholesale price, or prime vendor program prices listed for the national drug codes and are used to set pharmacy rates for pharmaceuticals and approved drugs.

UBO rates differ slightly from the standard TRICARE rates. UBO rates are specifically formatted for military billing systems, and include charges for additional services not reimbursed by TRICARE.

The Assistant Secretary of Defense for Health Affairs (ASD/HA) approved the implementation of [REVISED CY 2016 Outpatient Medical, Dental, and Cosmetic Procedure Reimbursement Rates](#) for direct care received at military treatment facilities (MTFs) as on November 1, 2016. These rates are used to determine:

- Charges for medical and dental services provided on an outpatient basis
- Ambulatory services
- Inpatient cosmetic surgery services

These rates were released in accordance with [U.S.C. Title 10](#), and will remain in effect until further notice.

The ASD/HA also approved the [FY 2017 Inpatient Billing Rates](#) for direct care received at MTFs effective October 1, 2016, and will remain in effect until further notice. These rates are used to determine charges for inpatient professional and institutional health care services provided in MTFs under the Defense Health Program (DHP).

UBO rates are published online in accordance with [Executive Order 13410](#) (August 2006) to promote health care transparency relating to quality and cost.

[Mapping Tables](#)

UBO billing systems use rate files in conjunction with several mapping tables that directs the billing systems to the appropriate rate file for any given procedure. These mapping tables also specify the billing form for each procedure and provide appropriate revenue centers and modifiers for each procedure. The major mapping files include:

Calendar Year (CY)	Mapping Tables
2016	<ul style="list-style-type: none"> DMIS ID to CMAC Locality Table Revenue Mapping Table ABACUS Mapping Table Modifier Mapping Table

Contact Us

For questions or comments, please contact the UBO Help Desk:

- [Send an Email Message](#)
- Call [1-202-741-1532](tel:1-202-741-1532) and leave a message

We will return your phone message within one business day.

Link: <https://info.health.mil/bus/brm/ubo/Pages/ubon.aspx>



Webinar Summary

- **Rate Requests for Procedures**
 - Rates determined based on necessity, and PO approval.
 - Submit code with justification to the UBO Helpdesk via your UBO Manager.
 - ✓ Requests reviewed, approved by UBO, and included in next cycle update or may constitute an out of cycle update.
- **Follow Policy Billing Guidelines to ensure proper billing.**
 - MHS claims based on services provided, payer requirements, and DHA billing policies.
 - PIP assignment drives correct billing and identifies the appropriate rate structure.
- **DHA UBO information is maintained on Health.mil and Launchpad.**
 - Health.mil is a public site.
 - LaunchPad – CAC user restricted access.



Questions?





DHA UBO Webinar: CY 2024 Cosmetic Surgery and Estimator

Presented by: Mr. Andy Crouter, DHA UBO Support
July 2024

Agenda

- Background
- CSE v20 Procedures Update
- CSE v20 Functionality
- CSE v20 Distribution & Effective Date
- Questions & Answers



Background



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Elective Cosmetic Surgery Policy

- Per HA Policy 05-020, “Policy for Cosmetic Surgery Procedures in the Military Health System” (25 Oct 2005):
 - Cosmetic Surgery – “Any **elective** plastic surgery performed to **reshape normal structures** of the body in order to **improve the patient’s appearance or self-esteem.**”
 - Reconstructive Surgery – “Any plastic surgery performed on **abnormal structures** of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is **generally performed to improve function** but may also be done to approximate a normal appearance.”

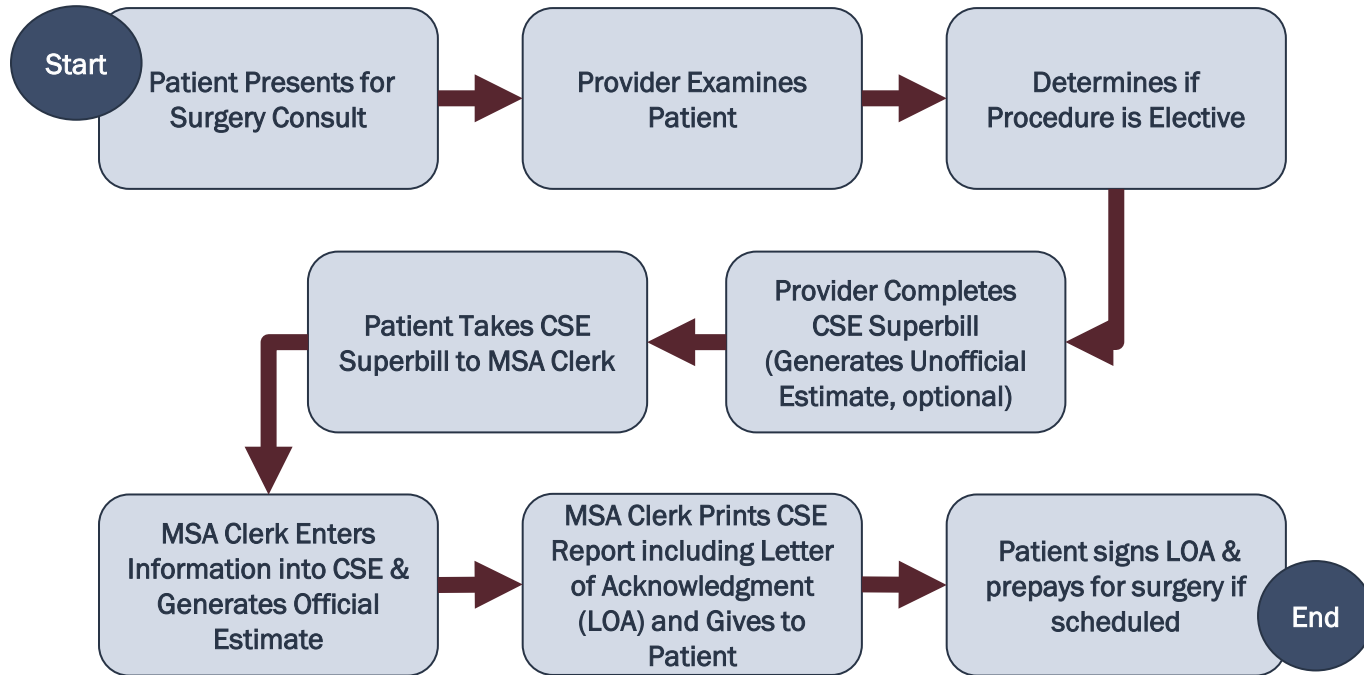


Elective Cosmetic Surgery Policy, cont'd

- Elective cosmetic surgery is not a TRICARE covered benefit.
- *However*, DoD Health Affairs Policy 05-020 authorizes elective cosmetic surgery in military treatment facilities (MTFs) to “support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.”
- Services are provided on a “space available” basis and limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel who have written permission from their unit commander.
- **All patients** are fully responsible for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures. Patients may also be responsible for follow up care.



MHS Elective Cosmetic Procedure Process



Letter of Acknowledgement (LOA)

- LOA incorporated into CSE cost report

TOTAL COST: \$181.46

1) Advance Payment Required: Elective cosmetic procedures are not TRICARE covered benefits. I acknowledge and accept responsibility for all charges associated with the above listed procedure(s) including applicable professional, facility, and anesthesia fees plus the cost of any implants, pharmaceuticals, and other separately billable items provided by the MTF. I agree to pay estimated charges, in full, for all elective cosmetic procedures prior to receiving treatment.

2) Prices Subject to Change: Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense for Health Affairs. I understand that estimated charges are based on Department of Defense (DoD) rates applicable at the time of payment. Rates cannot be guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply: I acknowledge that the initial amount paid may not constitute payment in full. There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure. I understand these charges are not factored into the initial estimate but will be added upon completion of the final bill. I agree to remit payment for any additional charges within thirty (30) calendar days after presentation of the final bill as passed to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996. I will incur additional interest and/or administrative charges.

4) Global Periods for Elective Cosmetic Procedures: Charges for some elective cosmetic procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, treating infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges unless deemed medically necessary. Global periods are listed on the cost estimate report where applicable.

5) Refunds: I understand that if I decide, prior to my scheduled procedure date, not to have an elective cosmetic procedure, I am entitled to a refund of all monies paid for the cancelled procedure. If I change my mind after the procedure has started, applicable professional and ancillary fees will be deducted from the initial payment amount before a refund is issued. Refunds may take up to 8 weeks for processing.

6) Follow-up Care: I acknowledge that follow-up care after an elective cosmetic procedure is not guaranteed in an MTF because the care required may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. Additionally, I understand that care for complications resulting from an elective cosmetic procedure is not a TRICARE covered benefit, and I may be financially responsible for such care whether I am treated at an MTF or an outside medical facility. If the complication occurs in the same body system or the same anatomical area of the non-covered treatment and the complication is one that commonly occurs (e.g., repair of facial scarring resulting from dermabrasion for acne), then the corresponding care is not a covered benefit. As stated in 22 CFR 165-16(15) and TRICARE Policy Manual, Chapter 4, Section 1.1, Complications (Unforeseen Sequelae) Resulting from Non-Covered Surgery or Treatment: "Benefits are available for the otherwise covered treatment of complications resulting from a non-covered (elective cosmetic) surgery or treatment only when the complication represents a medical condition separate from the condition that the non-covered treatment or surgery was directed toward, and treatment of the complication is not essentially similar to the non-covered procedure. A complication may be considered a separate medical condition and thus a covered benefit when it causes a systemic effect, occurs in a different body system from the non-covered treatment, or is an unexpected complication which is unforeseen based upon prior clinical experience with the procedure."

1) Advance Payment Required

Estimated charges must be paid, in full, prior to receiving treatment.

2) Prices Subject to Change

Rates are not guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply

There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure.

4) Global Periods

Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges.

5) Refunds

Refunds are processed for procedures not performed.

6) Follow-up Care

Follow-up care is not guaranteed in an MTF and in accordance with TRICARE Policy Manual Chapter 4, Section 1.1, complications of cosmetic surgery procedures are excluded from coverage.

PATIENT'S NAME

WITNESS'S NAME

PATIENT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE



CSE Procedures and Rates Update



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Elective Cosmetic Procedures and Rates (1 of 2)

- Only procedures included in the Cosmetic Surgery (CS) superbill can potentially be performed as elective cosmetic procedures.
 - Procedures may be performed as medically necessary if documented as such.
 - Medically necessary procedures are not priced in the CSE.
- Many procedures are added to the superbill because of feedback from the field.
 - If you have any suggested elective cosmetic procedures, contact the DHA UBO Helpdesk at UBO.Helpdesk@intellectsolutions.com
 - DHA review and approval is necessary.



Elective Cosmetic Procedures and Rates (2 of 2)

- The DHA UBO Program Office is responsible for providing current rates for elective cosmetic procedures in the Military Health System (MHS).
- The DHA UBO Cosmetic Surgery Estimator (CSE) calculates charges for elective cosmetic procedures.
 - Factors in all potential procedure costs, including professional, facility, anesthesia professional fees, and the cost of implants and pharmaceuticals.
- Rates used in the CSE are updated annually and are based on what TRICARE will allow.
- Proposed release and effective date is October 1, 2024.



CSE Basis for Charges and Discounts

- Appendix A in the User Guide summarizes the basis for charges and discounts that may apply.
- 11 lines, one for each of the CSE input lines. 3 columns, one for each location option.

	Provider's Office	OR/Outpatient (Clinic or Hosp)	OR/Inpatient
Line 1: CPT[®]/Procedure Code and Description Selection of a Primary CPT [®] /Procedure code or description determines the applicable professional fee.	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 <u>Non Facility Physician</u> , Category 2 rate	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 <u>Facility Physician</u> , Category 1 rate	Professional Fee = CHAMPUS Maximum Allowable Charge (CMAC) Locality 300 Facility Physician, Category 1 rate
Line 2: Procedure Location Selection of procedure location determines the applicable facility fee.	<u>No Facility Fee</u> There is no facility fee for procedures performed in a provider's office. Fees for facility resources are included in the applicable professional fee.	<u>Facility Fee =</u> TRICARE Ambulatory Procedure Visit (APV) rate	Facility Fee = Diagnostic Related Group (DRG) rate DRG Relative Weighted Product (RWP) x TRICARE MS-DRG Adjusted Standardized Amount (ASA)
Line 3: Combined with a Medically Necessary Procedure A discount is authorized for patients who choose to have an elective	<u>Primary Procedure</u> Professional Fee, 100% No Facility Fee Anesthesia, 50% *Discount applies only to primary procedure.	<u>Primary Procedure</u> Professional Fee, 100% Facility Fee (APV), 50% Anesthesia, 50% *Discount applies	<u>Primary Procedure</u> Professional Fee, 100% Facility Fee (DRG), 50% No Anesthesia Fee



CPT® Additions, Modifications, Deletions

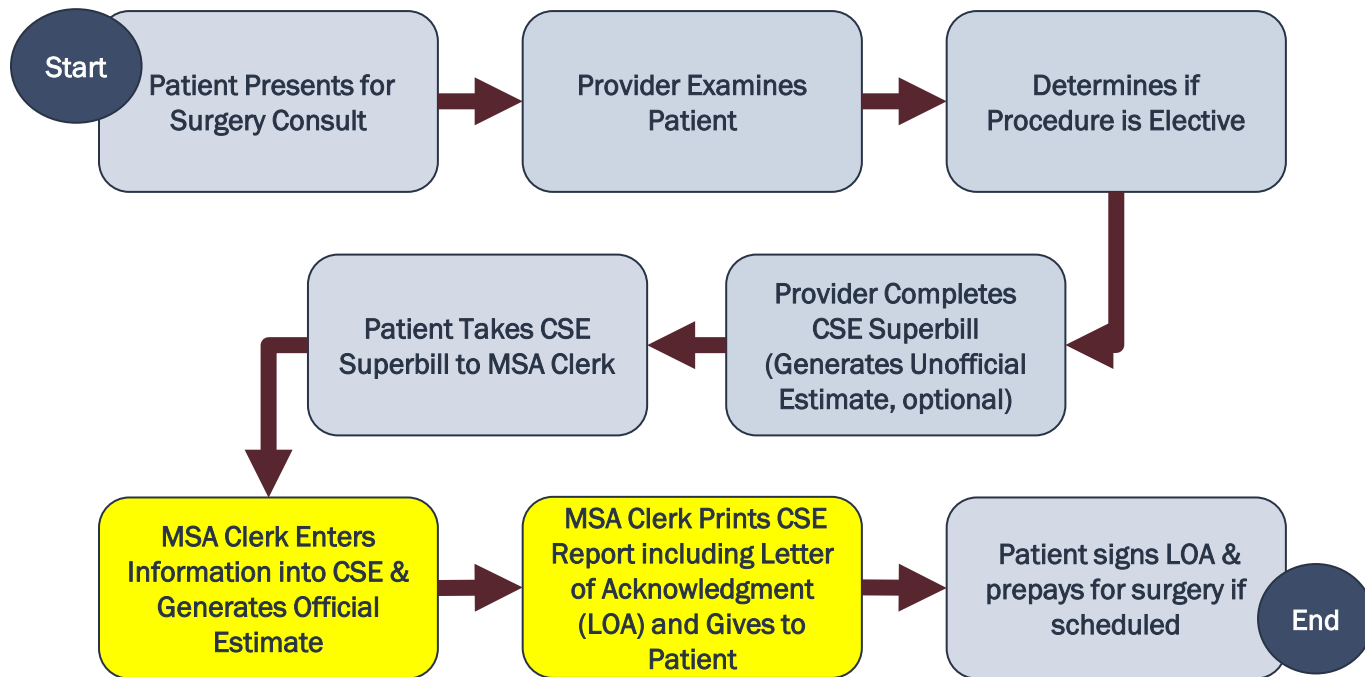
- Added:
 - None
- Modified:
 - 19371 (Revision of peri-implant capsule, complete)
- Deleted:
 - None



CSE v20 Functionality – Creating a Cost Estimate from the Superbill



MHS Elective Cosmetic Procedure Process



Cosmetic Surgery Superbill

Cosmetic Surgery Superbill 2023

Page 1 of 2

INSTRUCTIONS: (1) Fill in top of form. (2) Circle or highlight Procedure Description. (3) Check Bilateral column. (4) Enter the quantity of each procedure.

MTF: Fort Somewhere				Patient Name: John Doe							
Provider's Name and Phone:				Visit Date: 10 / 1 / 2016		Surgery Date: / /					
ICD-10 Code 1: Z41.1 Cosmetic Surgery Encounter ICD-10 Code 2:				Anesthesia: <input type="checkbox"/> Local							
Location: <input type="checkbox"/> Provider's Office		<input type="checkbox"/> Operating Room Inpatient		<input checked="" type="checkbox"/> Monitored/General Anesthesia Care		<input type="checkbox"/> Topical Block					
		<input checked="" type="checkbox"/> Operating Room Outpatient		<input type="checkbox"/> Moderate Sedation		<input type="checkbox"/> None					
Will this procedure be combined with a medically necessary procedure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Procedure Description	Code	Bil	Qty	Procedure Description	Code	Bil	Qty	Procedure Description	Code	Bil	Qty
SKIN TAG REMOVAL				BREAST / CHEST AUGMENTATION				INJECTIONS			
Removal of skin tags, up to 15 lesions	11200			Mastectomy for Gynecomastia (Male)	19800			Intralesional Injection			
Removal of skin tags, ea addl 1-10 lesions	11201 *			Mastopexy (Breast Lift)	19316	X		Intralesional Injection; 7 or less	11900		



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CSE Primary Procedure Screen

DHA UBO Cosmetic Surgery Estimator CPT / Process Glossary

 Effective Date:

1* Primary CPT/Procedure: **Description:** Mastopexy

2* Procedure Location: Provider's Office OR/Outpatient (APV) OR/Inpatient

3* Will this procedure be combined with a medically necessary procedure? Yes No

4* Will this procedure be performed by a dermatology resident? N/A

5* Will this procedure be bilateral? Yes No

6 Quantity/Number of Sessions: 1

7 Add-on Code:

8* Anesthesia: None Topical Local Moderate Sedation General/Monitored

9 Pharmaceuticals provided: N/A

10* Will additional elective procedures be performed during the same visit? Yes No

11* Will implants or other non-covered supplies be provided by the MTF? Yes No

[View/Edit Additional Procedures \(1\)](#)
[View/Edit Implants and Supplies](#)
[Clear Estimate](#)
[View / Print Estimate](#)
[Save and Close](#)
Cost Rank: 235

Professional Fee:	\$804.14
Facility Fee:	\$3255.98
Medically Necessary Discount:	\$0.00
Resident Discount:	\$0.00
Bilateral Cost:	\$568.11
Additional Qty/Ses Cost:	\$0.00
Add-on Cost:	\$0.00
Anesthesia Fee:	\$332.08
Pharmaceutical Cost:	\$0.00
Additional Procedure Cost:	\$97.57
Implant / Supply Cost:	\$0.00
Total Cost:	\$5057.89

CPT® is a registered trademark of the American Medical Association. Procedure codes designated as 17999-XXXX are developed by the DoD DHA UBO and are not intended to serve as CPT® codes.



CSE Cost Report

View Patient View Detail Print Edit



Elective Cosmetic Surgery Cost Estimate and Letter of Acknowledgement

**** This Document is for official MSA Office billing use ****

Patient Name: Test Patient
Date of Estimate: 2024-07-03 13:00 Z
Procedure Location: OR/Outpatient (APC)
Military Treatment Facility (MTF): CSE Admin
Combined with a Medically Necessary Procedure: No

CPT*/Procedure Code	Description	Bilateral	Qty	Cost
19316	Mastopexy This procedure has a 90 day global period.	Yes	1	\$4,628.23
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions This procedure has a 10 day global period.	N/A	1	\$97.57

Anesthesia Type: General/Monitored **Anesthesia Cost:** \$332.08
Implants/Supplies: **Implants/Supplies Cost:** \$0.00
Combined with a Medically Necessary Procedure Discount: \$0.00

TOTAL COST: \$5,057.88

1) Advance Payment Required: Elective cosmetic procedures are not TRICARE covered benefits. I acknowledge and accept responsibility for all charges associated with the above listed procedure(s) including applicable professional, facility, and anesthesia fees plus the cost of any implants, pharmaceuticals, and other separately billable items provided by the MTF. I agree to pay estimated charges, in full, for all elective cosmetic procedures prior to receiving treatment.

2) Prices Subject to Change: Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense for Health Affairs. I understand that estimated charges are based on Department of Defense (DoD) rates applicable at the time of payment. Rates cannot be guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply: I acknowledge that the initial amount paid may not constitute payment in full. There may be additional charges for ancillary services, as well as unforeseen, but necessary, procedures undertaken during the procedure. I understand these charges are not factored into the initial estimate but will be added upon computation of the final bill. I agree to remit payment for any additional charges within thirty (30) calendar days after presentation of the final bill or, pursuant to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996, I will incur additional interest and/or administrative charges.

4) Global Periods for Elective Cosmetic Procedures: Charges for some elective cosmetic procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, treating infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges unless deemed medically necessary. Global periods are listed on the cost estimate report where applicable.

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Test Patient

PATIENT'S NAME

WITNESS'S NAME

PATIENT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

CSE Version Used: v19.0 (0614a) (Web)

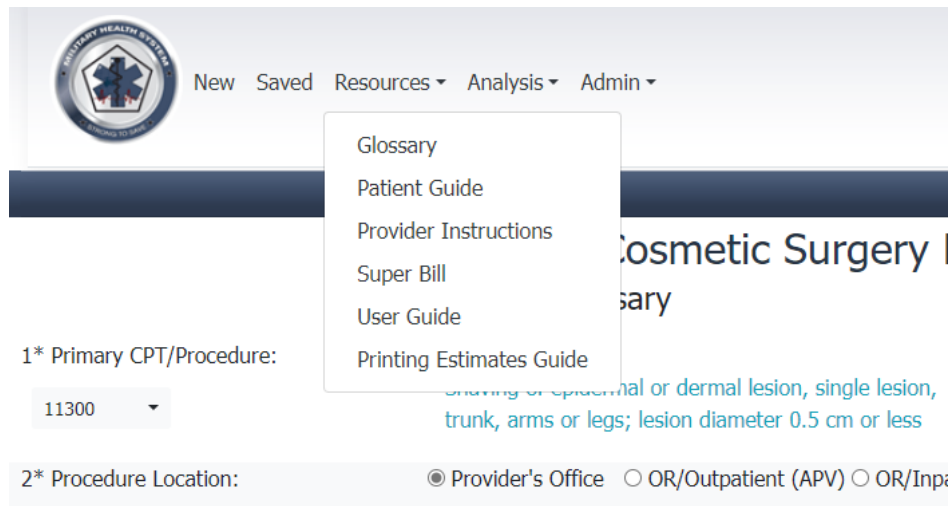


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CSE In-app Resources

- The CSE Procedure Glossary, Superbill, User Guide, etc. are available in the application as PDF documents and provide line-by-line “how-to” instructions.
- User guide includes quick reference tables that summarize various categories of procedures.



CSE Distribution & Effective Date



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CSE v20 Distribution & Effective Date

- The CSE v20 application will be available at:
<https://www.ubocse.org>
- Proposed effective date is October 1, 2024
- To obtain a user account to the CSE web application, please send a helpdesk ticket
 - ubo.helpdesk@intellectsolutions.com
 - Please include your name, email address, and affiliated DMIS ID
 - Each user will have their own login (health.mil address) and password



Elective Cosmetic Procedure Guidance

- See “Elective Cosmetic Procedures” section of DHA UBO User Guide. Available at: health.mil/Reference-Center/Technical-Documents/2023/06/08/Uniform-Business-Office-User-Guide-April-2023
 - Revised 2023
- 2017 version of the Defense Health Agency Procedures Manual (DHA-PM 6015.01) is the most current version. Available at: health.mil/Reference-Center/DHA-Publications/2017/10/24/DHA-PM-6015-01
 - Reiterates and reinforces requirements in the 2005 HA Policy 05-020 memorandum



Questions?



Instructions for CEU Credit

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

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