

Cancer and children's hospital Outpatient Prospective Payment System (OPPS) reimbursement methodology FAQs

What are the recent TRICARE reimbursement rate changes for cancer and children's hospitals?

Cancer and children's hospitals TRICARE maximum allowed reimbursement methodology for outpatient claims will begin to process using the Outpatient Prospective Payment System (OPPS) ([TRICARE Reimbursement Manual \(TRM\) Ch. 13, Sec. 1, Para. 3.4.1.1.5](#)) and blended rates for radiology will end. For more information, see [TRM Ch. 1 Sec. 24, Para. 2.9.7](#).

When are outpatient services provided by cancer and children's hospitals subject to OPPS reimbursement rates?

Outpatient services provided by cancer and children's hospitals are subject to OPPS for service dates on or after October 1, 2023.

Where can I look up OPPS reimbursement rates?

[Outpatient Prospective Payment System | Health.mil](#).

Will additional information be required for cancer and children's hospitals when submitting claims for reimbursement?

Yes, providers must bill in accordance with the [TRM Ch. 13](#).

Is there a transitional OPPS payment?

With cancer and children's hospitals moving to OPPS reimbursement effective October 1, 2023, these facilities may be eligible for hold-harmless payments every year. Hold-harmless payments are based on Cost-to-Charge Ratios (CCR) instead of the payment-to-cost ratio. Payments are made annually and are calculated within 180 days of the end of the OPPS year (April 1 through March 30). Claims with other primary coverage are excluded from the calculation.

You do not need to request a hold-harmless payment. The Defense Health Agency (DHA) will calculate whether a hospital's cost exceeded the actual payments made under OPPS. If so, the hospital will receive a payment adjustment to allow for 100% reimbursement of costs.

Will the blended rate for hospital outpatient radiology claims still apply?

Effective for dates of service on or after October 1, 2023, cancer and children's hospitals will no longer be paid using the blended rate for outpatient radiology claims. Instead, they will be subject to OPPS.

Note: For radiology services that Medicare excludes from OPPS, payments will be based upon [TRM Ch. 1, Sec. 24, Para. 2.1 and 2.2](#).

Are cancer and children's hospitals eligible for General Temporary Military Contingency Payment Adjustments (GTMCPA)? Does the facility have to request them?

Yes, cancer and children's hospitals can request a GTMCPA adjustment within 12 months of the end of the OPPS year (May 1 – April 30).

DHA may approve a GTMCPA payment for hospitals that serve a disproportionate share of Active Duty Service Members (ADSM) and Active Duty Family Members (ADFM). Please review [TRM Ch. 13](#) for complete details.

Will TRICARE still require hospitals to split bill for inpatient cases that were admitted via the hospital's emergency department?

Yes, the same logic will still apply under OPPS.

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Under OPPS, will Humana Military still split bill the cost of organ acquisition on a separate outpatient claim from the inpatient transplant claim? And are we paid at acquisition cost?

Yes, the same logic will still apply under OPPS. Organ acquisition claims must be submitted separately from the inpatient transplant claim and paid under Standard Acquisition Charge (SAC) rates or CCR if no SAC rates are received for that year.

When observation care spans more than one date of service, should we bill one line item per service date or combine all hours into one line item?

Combine all hours into one line. See more at [TRICARE Policy Manual \(TPM\) Ch. 2, Sec. 2.3.](#)

Per the published TRICARE OPPS fee schedule, some, but not all, Dental Current Procedural Terminology (CPT) codes (D-Codes) are now payable. Should providers bill these D-codes or continue to bill 41899?

Providers can bill the D-codes if they are on the fee schedule, or continue to bill the 41899.