

*Type of Request:* Extension.  
*Number of Respondents:* 1,200.  
*Responses per Respondent:* 1.  
*Annual Responses:* 1,200.  
*Average Burden per Response:* 1.25 hours.  
*Annual Burden Hours:* 1,500.  
*Needs and Uses:* These forms are used by Air Force field recruiters and education counselors in the processing of Officer Training School (OTS) applications. Respondents are civilian and active-duty candidates applying for a commission in the U.S. Air Force. These forms provide pertinent information to facilitate selection of candidates for a commission.  
*Affected Public:* Individuals or Households.

*Frequency:* On Occasion.  
*Respondent's Obligation:* Required to Obtain or Retain Benefits.  
*OMB Desk Officer:* Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.  
*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: November 30, 2000.

**Patricia L. Toppings,**  
*Alternate OSD Federal Register Liaison Officer, Department of Defense.*  
 [FR Doc. 00-31238 Filed 12-7-00; 8:45 am]  
**BILLING CODE 5001-10-M**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Form, and OMB Number:* Air Force Academy Candidate Activities Record; USAF Form 147; OMB Number 0701-0063.

*Type of Request:* Reinstatement.  
*Number of Respondents:* 7,010.  
*Responses per Respondent:* 1.  
*Annual Responses:* 7,010.

*Average Burden per Response:* 45 minutes.  
*Annual Burden Hours:* 5,248.  
*Needs and Uses:* The information collection requirement is necessary to obtain data on candidate's background and aptitude in determining eligibility and selection to the Air Force Academy. The information collected on this form is required by 10 U.S.C. 9346. The respondents are students applying for admission to the United States Air Force Academy. Each student's background and aptitude is reviewed to determine eligibility. If the information on the form is not collected, the individual cannot be considered for admittance to the Air Force Academy.  
*Affected Public:* Individuals or Households.

*Frequency:* On Occasion.  
*Respondent's Obligation:* Required to Obtain or Retain Benefits.  
*OMB Desk Officer:* Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.  
*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: November 30, 2000.

**Patricia L. Toppings,**  
*Alternate OSD Federal Register Liaison Officer, Department of Defense.*  
 [FR Doc. 00-31239 Filed 12-7-00; 8:45 am]  
**BILLING CODE 5001-10-M**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Submission for OMB Review; Comment Request

**ACTION:** Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provision of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Title, Form, and OMB Number:* Family Support Center Information; AF Forms 2800, 2801, and 2805; OMB Number 0701-0070.

*Type of Request:* Reinstatement.  
*Number of Respondents:* 10,000.  
*Responses per Respondent:* 3.

*Annual Responses:* 30,000.  
*Average Burden Per Response:* 5 minutes (average).  
*Annual Burden Hours:* 2,666.  
*Needs and Uses:* The information collection requirement is necessary to obtain demographic data about individuals and family members who utilize the services of the Family Support Center. It is also a mechanism for tracking the services provided in order to determine program usage and trends as well as program evaluation, service targeting, and future budgeting. In addition, the information collection provides demographic data on volunteers and tracks volunteer service. The data elements of this information collection are the basis for quarterly data gathering which is forwarded through the Major Commands to the Air Staff.

*Affected Public:* Individuals or Households.  
*Frequency:* On Occasion.  
*Respondent's Obligation:* Voluntary.  
*OMB Desk Officer:* Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.  
*DOD Clearance Officer:* Mr. Robert Cushing.

Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

Dated: November 30, 2000.

**Patricia L. Toppings,**  
*Alternate OSD Federal Register Liaison Officer, Department of Defense.*  
 [FR Doc. 00-31240 Filed 12-7-00; 8:45 am]  
**BILLING CODE 5001-10-M**

## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Medical and Dental Services for Fiscal Year 2001

**SUMMARY:** Notice is hereby given that on September 30, 2000, the Deputy Chief Financial Officer approved the following reimbursement rates for inpatient and outpatient medical care to be provided in FY 2001. These rates were effective October 1, 2000.

The FY 2001 Department of Defense (DoD) reimbursement rates for inpatient, outpatient, and other services are provided in accordance with Title 10, United States Code, section 1095. Due to

size, the sections containing the Drug Reimbursement Rates (section IV.C.) and the rates for Ancillary Services Requested by Outside Providers (section IV.D.) are not included in this package. Those rates are available from the TRICARE Management Activity's Uniform Business Office website: <http://www.tricare.osd.mil/ebc/rm/>

*rm\_home.html*. The Office of the Assistant Secretary of Defense (Health Affairs) point of contact is MAJ Rose Layman. She can be reached at (703) 681-8910 or DSN 761-8910. The medical and dental service rates in this package (including the rates for ancillary services and other procedures requested by outside providers) were

effective October 1, 2000. Pharmacy rates are updated on an as needed basis.

Dated: December 1, 2000.

**L.M. Bynum,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

*Inpatient, Outpatient and Other Rates and Charges*

### I. Inpatient Rates<sup>1 2</sup>

Per inpatient day	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
A. Burn Center .....	\$4,144.00	\$5,694.00	\$6,016.00
B. Surgical Care Services (Cosmetic Surgery) .....	1,895.00	2,604.00	2,752.00
C. All Other Inpatient Services (Based on Diagnosis Related Groups (DRG)). <sup>3</sup>			

#### 1. Average FY 2001 Direct Care Inpatient Reimbursement Rates

Adjusted standard amount	IMET	Ineragency	Other (full/third party)
Large Urban .....	\$2,986.00	\$5,712.00	\$6,002.00
Other Urban/Rural .....	3,468.00	6,633.00	7,004.00
Overseas .....	3,872.00	9,045.00	9,489.00

#### 2. Overview

The FY 2001 inpatient rates are based on the cost per Diagnosis Related Group (DRG), which is the inpatient full reimbursement rate per hospital discharge weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. 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) (see paragraph I.C.1., above). 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 large urban or other urban/rural Military Treatment Facility (MTF) providing inpatient care has their 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 Attachment 1). The MTF-specific ASA rate submitted on the claim is the rate that payers will use for reimbursement purposes. Overseas MTFs use the rates specified in paragraph I.C.1. For providers performing inpatient care at a civilian facility for a DoD beneficiary, see note 3. For a more complete description of the development of MTF-specific ASAs and how they are applied refer to the ASA Primer at: [http://www.tricare.osd.mil/org/pae/asa\\_primer/asa\\_primer.html](http://www.tricare.osd.mil/org/pae/asa_primer/asa_primer.html).

An example of how to apply DoD costs to a DRG standardized weight to arrive at DoD costs is contained in paragraph I.C.3., below.

#### 3. Example of Adjusted Standardized Amounts for Inpatient Stays

Figure 1 shows examples for a nonteaching hospital (Reynolds Army Community Hospital) in Other Urban/Rural areas.

a. The cost to be recovered is the MTF 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 2.2244. (DRG statistics shown are from FY 1999.)

c. The MTF-applied ASA rate is \$6,831 (Reynolds Army Community Hospital's third party rate as shown in Attachment 1).

d. The MTF cost to be recovered is the RWP factor (2.2244) in subparagraph 3.b., above, multiplied by the amount (\$6,831) in subparagraph 3.c., above.

e. Cost to be recovered is \$15,195.

FIGURE 1.—THIRD PARTY BILLING EXAMPLES

DRG No.	DRG description	DRG weight	Arithmetic mean LOS	Geometric mean LOS	Short stay threshold	Long stay threshold
020 ...	Nervous System Infection Except Viral Meningitis .....	2.2244	8.3	5.8	1	29

Hospital	Location	Area wage rate index	IME adjustment	Group ASA	MTF-applied ASA
Reynolds Army Community Hospital .....	Other Urban/Rural .....	.9156	1.0	\$7,004	\$6,831

Patient	Length of stay	Days above threshold	Relative weighted product			TPC amount***
			Inlier*	Outlier**	Total	
#1 .....	7 days .....	0	2.2244	.000	2.2244	\$15,195
#2 .....	21 days .....	0	2.2244	.000	2.2244	15,195
#3 .....	35 days .....	6	2.2244	.7594	2.9838	20,382

\* 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 (2.2244/5.8)×(35 – 29).

=.33 (.38352)×6 (take out to five decimal places).

.12656×6 (carry to five decimal places).

.7594 (carry to four decimal places).

\*\*\* MTF-Applied ASA×Total RWP.

## II. Outpatient Rates—Per Visit<sup>1 2</sup>

MEPRS code <sup>4</sup>	Clinical service	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
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### A. Medical Care

BAA .....	Internal Medicine .....	\$147.00	\$204.00	\$216.00
BAB .....	Allergy .....	80.00	111.00	117.00
BAC .....	Cardiology .....	129.00	180.00	190.00
BAE .....	Diabetic .....	105.00	146.00	154.00
BAF .....	Endocrinology (Metabolism) .....	151.00	210.00	222.00
BAG .....	Gastroenterology .....	183.00	255.00	269.00
BAH .....	Hematology .....	286.00	398.00	420.00
BAI .....	Hypertension .....	216.00	301.00	318.00
BAJ .....	Nephrology .....	221.00	307.00	324.00
BAK .....	Neurology .....	165.00	229.00	242.00
BAL .....	Outpatient Nutrition .....	69.00	96.00	101.00
BAM .....	Oncology .....	201.00	280.00	295.00
BAN .....	Pulmonary Disease .....	186.00	259.00	273.00
BAO .....	Rheumatology .....	139.00	194.00	205.00
BAP .....	Dermatology .....	115.00	160.00	169.00
BAQ .....	Infectious Disease .....	181.00	252.00	266.00
BAR .....	Physical Medicine .....	115.00	160.00	169.00
BAS .....	Radiation Therapy .....	169.00	235.00	248.00
BAT .....	Bone Marrow Transplant .....	190.00	264.00	279.00
BAU .....	Genetic .....	330.00	460.00	485.00
BAV .....	Hyperbaric .....	344.00	480.00	506.00

### B. Surgical Care

BBA .....	General Surgery .....	215.00	299.00	316.00
BBB .....	Cardiovascular and Thoracic Surgery .....	419.00	584.00	616.00
BBC .....	Neurosurgery .....	249.00	347.00	366.00
BBD .....	Ophthalmology .....	130.00	181.00	191.00
BBE .....	Organ Transplant .....	1,106.00	1,541.00	1,625.00
BBF .....	Otolaryngology .....	149.00	207.00	219.00
BBG .....	Plastic Surgery .....	168.00	235.00	247.00
BBH .....	Proctology .....	125.00	174.00	184.00
BBI .....	Urology .....	164.00	228.00	240.00
BBJ .....	Pediatric Surgery .....	89.00	125.00	131.00
BBK .....	Peripheral Vascular Surgery .....	98.00	137.00	145.00
BBL .....	Pain Management .....	138.00	193.00	203.00
BBM .....	Vascular and Interventional Radiology .....	493.00	687.00	724.00

### C. Obstetrical and Gynecological (OB-GYN) Care

BCA .....	Family Planning .....	76.00	106.00	111.00
BCB .....	Gynecology .....	127.00	177.00	187.00
BCC .....	Obstetrics .....	104.00	144.00	152.00
BCD .....	Breast Cancer Clinic .....	240.00	334.00	352.00

MEPRS code <sup>4</sup>	Clinical service	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
<b>D. Pediatric Care</b>				
BDA .....	Pediatric .....	92.00	128.00	134.00
BDB .....	Adolescent .....	83.00	115.00	121.00
BDC .....	Well Baby .....	63.00	87.00	92.00
<b>E. Orthopaedic Care</b>				
BEA .....	Orthopaedic .....	143.00	200.00	211.00
BEB .....	Cast .....	89.00	123.00	130.00
BEC .....	Hand Surgery .....	76.00	106.00	112.00
BEE .....	Orthotic Laboratory .....	93.00	130.00	137.00
BEF .....	Podiatry .....	80.00	112.00	118.00
BEZ .....	Chiropractic .....	38.00	53.00	55.00
<b>F. Psychiatric and/or Mental Health Care</b>				
BFA .....	Psychiatry .....	165.00	230.00	242.00
BFB .....	Psychology .....	115.00	160.00	169.00
BFC .....	Child Guidance .....	92.00	128.00	135.00
BFD .....	Mental Health .....	148.00	206.00	217.00
BFE .....	Social Work .....	147.00	205.00	217.00
BFF .....	Substance Abuse .....	141.00	197.00	208.00
<b>G. Family Practice/Primary Medical Care</b>				
BGA .....	Family Practice .....	107.00	149.00	157.00
BHA .....	Primary Care .....	109.00	151.00	160.00
BHB .....	Medical Examination .....	111.00	155.00	163.00
BHC .....	Optometry .....	72.00	100.00	105.00
BHD .....	Audiology .....	52.00	73.00	77.00
BHE .....	Speech Pathology .....	122.00	170.00	180.00
BHF .....	Community Health .....	85.00	118.00	125.00
BHG .....	Occupational Health .....	108.00	151.00	159.00
BHH .....	TRICARE Outpatient .....	74.00	104.00	109.00
BHI .....	Immediate Care .....	161.00	225.00	237.00
<b>H. Emergency Medical Care</b>				
BIA .....	Emergency Medical .....	173.00	242.00	255.00
<b>I. Flight Medical Care</b>				
BJA .....	Flight Medicine .....	124.00	173.00	182.00
<b>J. Underseas Medical Care</b>				
BKA .....	Underseas Medicine .....	77.00	108.00	114.00
<b>K. Rehabilitative Services</b>				
BLA .....	Physical Therapy .....	56.00	79.00	83.00
BLB .....	Occupational Therapy .....	75.00	104.00	110.00

III. Ambulatory Procedure Visit (APV)—Per Visit<sup>5</sup>

MEPRS code <sup>4</sup>	Clinical service	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
<b>Medical Care</b>				
BB .....	Surgical Care .....	\$1,313.00	\$1,829.00	\$1,929.00
BE .....	Orthopaedic Care .....	1,664.00	2,319.00	2,446.00
All Other .....	B clinics other than BB and BE, to include those B clinics where: 1. There is an APU established within DoD guidelines AND 2. There is a rate established for that clinic in section II. Some B clinics, such as BF, BI, BJ and BL, perform the type of services where the establishment of an APU would not be within appropriate clinical guidelines.	378.00	527.00	556.00

IV. Other Rates and Charges<sup>1 2</sup>

MEPRS code <sup>4</sup>	Clinical service	International military education & training (IMET)	Interagency & other Federal agency sponsored patients	Other (full/third party)
<b>A. Per Each</b>				
FBI .....	Immunization .....	\$22.00	\$31.00	\$32.00
<b>B. Family Member Rate (Formerly Military Dependents Rate)</b>				
		11.45		
<b>C. Reimbursement Rates for Drugs Requested by Outside Providers<sup>6 15</sup></b>				
<b>D. Ancillary Services Requested by an Outside Provider—Per Procedure<sup>7 5</sup></b>				
DB .....	Laboratory procedures requested by an outside provider CPT '00 Weight Multiplier.	15.00	22.00	23.00
DC, DI .....	Radiology procedures requested by an outside provider CPT '00 Weight Multiplier.	79.00	115.00	120.00
<b>E. Dental Rate—Per Procedure<sup>11</sup></b>				
	Dental Services ..... ADA code weight multiplier.	73.00	112.00	117.00
<b>F. Ambulance Rate—Per Hour<sup>12</sup></b>				
FEA .....	Ambulance .....	81.00	113.00	120.00
<b>G. AirEvac Rate—Per Trip (24 Hour Period)<sup>13</sup></b>				
	AirEvac Services—Ambulatory .....	339.00	473.00	499.00
	AirEvac Service—Litter .....	989.00	1,379.00	1,454.00
<b>H. Observation Rate—Per Hour<sup>14</sup></b>				
	Observation Services—Hour .....	20.00	28.00	30.00

## V. Elective Cosmetic Surgery Procedures and Rates

Cosmetic surgery procedure	International classification diseases (ICD-9)	Current procedural terminology (CPT) <sup>8</sup>	FY 2001 charge <sup>9</sup>	Amount of charge
Mammaplasty—augmentation .....	85.50, 85.32, 85.31 ...	19325, 19324, 19318	Inpatient Surgical Care Per Diem or APV ...	(a b)
Mastopexy .....	85.60 .....	19316 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Facial Rhytidectomy .....	86.82, 86.22 .....	15824 .....	Inpatient Surgical Care Per Diem or APV ...	(a b)
Blepharoplasty .....	08.70, 08.44 .....	15820, 15821, 15822, 15823.	Inpatient Surgical Care Per Diem or APV ...	(a b c)
Mentoplasty (Augmentation/Reduction).	76.68, 76.67 .....	21208, 21209 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Abdominoplasty .....	86.83 .....	15831 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Lipectomy Suction per region <sup>10</sup> ..	86.83 .....	15876, 15877, 15878, 15879.	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Rhinoplasty .....	21.87, 21.86 .....	30400, 30410 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Scar Revisions beyond CHAMPUS.	86.84 .....	1578 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Mandibular or Maxillary Repositioning.	76.41 .....	21194 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Dermabrasion .....	86.25 .....	15780 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Hair Restoration .....	86.64 .....	15775 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Removing Tattoos .....	86.25 .....	15780 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Chemical Peel .....	86.24 .....	15790 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	(a b c)
Arm/Thigh Dermolipectomy .....	86.83 .....	15836/15832 .....	Inpatient Surgical Care Per Diem or APV ...	(a b)
Refractive surgery .....			APY or applicable Outpatient Clinic Rate ....	(b c e)
Radial Keratotomy .....		65771 .....		

Cosmetic surgery procedure	International classification diseases (ICD-9)	Current procedural terminology (CPT) <sup>a</sup>	FY 2001 charge <sup>9</sup>	Amount of charge
Other Procedure (if applies to laser or other refractive surgery).	.....	66999 .....	.....	
Otoplasty .....	.....	69300 .....	APV or applicable Outpatient Clinic Rate ....	<sup>(b c)</sup>
Brow Lift .....	86.3 .....	15839 .....	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	<sup>(a b c)</sup>

#### Notes on Cosmetic Surgery Charges

<sup>a</sup>Per diem charges for inpatient surgical care services are listed in section I.B. (See notes 8 through 10, below, for further details on reimbursable rates.)

<sup>b</sup>Charges for ambulatory procedure visits (formerly same day surgery) are listed in section III. (See notes 8 through 10, below, for further details on reimbursable rates.) The ambulatory procedure visit (APV) rate is used if the elective cosmetic surgery is performed in an ambulatory procedure unit (APU).

<sup>c</sup>Charges for outpatient clinic visits are listed in sections II.A–K. The outpatient clinic rate is not used for services provided in an APU. The APV rate should be used in these cases.

<sup>d</sup>Charge is solely determined by the location of where the care is provided and is not to be based on any other criteria. An APV rate can only be billed if the location has been established as an APU following all required DoD guidelines and instructions.

<sup>e</sup>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. It can be downloaded from: <http://www.tricare.osd.mil/policy/2000poli.htm>.

#### Notes on Reimbursement Rates

<sup>1</sup>Percentages can be applied when preparing bills for both inpatient and outpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups and inpatient per diem percentages are 98 percent hospital and 2 percent professional charges. The outpatient per visit percentages are 89 percent outpatient services and 11 percent professional charges.

<sup>2</sup>DoD civilian employees located in overseas areas shall be rendered a bill when services are performed.

<sup>3</sup>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 adjusted standardized amounts (ASA) per Relative Weighted Product (RWP) for use in the direct care system is comparable to procedures used by the Health Care Financing Administration (HCFA) and the Civilian Health and Medical Program for the Uniformed Services (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 in<sup>1</sup> above. The ASA rate used in these cases, based on the absence of a 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 (see paragraph I.C.1.). The Uniform Business Office must receive documentation of care provided in order to produce a bill.

<sup>4</sup>The Medical Expense and Performance Reporting System (MEPRS) code is a three digit code which defines the summary account and the subaccount within a functional category in the DoD medical system. MEPRS codes are used to ensure that consistent expense and operating performance data is reported in the DoD military medical system. An example of the MEPRS hierarchical arrangement follows:

#### MEPRS Code

B: Outpatient Care (Functional Category)

BA: Medical Care (Summary Account)

BAA: Internal Medicine (Subaccount)

<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. The BB and BE APV rates are to be used only by clinics that are subaccounts under these summary accounts (see <sup>4</sup> for an explanation of MEPRS hierarchical arrangement). The All Other APV rate is to be used *only* by those clinics that are *not* a subaccount under BB or BE. In addition, APV rates may only be utilized for clinics where there is a clinic rate established. For example, BLC, Neuromuscular Screening, no longer has an established rate. Therefore, an APU cannot be defined and an APV cannot be billed for this clinic.

<sup>6</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 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 ordered by an outside provider includes the DoD-wide average cost of the drug, calculated by National Drug Code (NDC) number. 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 rates are available from the TRICARE Management Activity's Uniform Business Office website: [http://www.tricare.osd.mil/ebc/rm/rm\\_home.html](http://www.tricare.osd.mil/ebc/rm/rm_home.html).

<sup>7</sup>The list of FY 2001 rates for ancillary services requested by outside providers and obtained at a MTF is too large to include in this document. Those rates are available from the TRICARE Management Activity's Uniform Business Office website: [http://www.tricare.osd.mil/ebc/rm/rm\\_home.html](http://www.tricare.osd.mil/ebc/rm/rm_home.html).

Charges for ancillary services requested by 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. Laboratory and Radiology procedure costs are calculated by multiplying the DoD-established weight for the Physicians' Current Procedural Terminology (CPT 00) code by either the laboratory or radiology multiplier (section IV.D.). Radiology procedures performed by Nuclear Medicine use the same methodology as Radiology for calculating a charge because their workload and expenses are included in the establishment of the Radiology multiplier.

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 seen by an outside provider and only come to the MTF for ancillary services.

<sup>8</sup>The attending physician is to complete the CPT 00 code to indicate the appropriate procedure followed during cosmetic surgery. The appropriate rate will be applied depending on the treatment modality of the patient: ambulatory procedure visit, outpatient clinic visit or inpatient surgical care services.

<sup>9</sup>Family members of active duty personnel, retirees and their family members, and survivors shall be charged elective cosmetic surgery rates. Elective cosmetic surgery procedures information is contained in section V. The patient shall be charged the rate as specified in the FY 2001 reimbursable rates for an episode of care. The charges for elective cosmetic surgery are at the full reimbursement rate (designated as the "Other" rate) for inpatient per diem surgical care services in section I.B., ambulatory procedure visits as contained in section III., or the appropriate outpatient clinic rate in sections II.A–K. The patient is responsible for the cost of the implant(s) and the prescribed cosmetic surgery rate. (Note: The implants and procedures used for the augmentation mammoplasty are in compliance with Federal Drug Administration guidelines.)

<sup>10</sup>Each regional lipectomy shall carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

<sup>11</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 \$17.55 (\$117×.15 = \$17.55).

The list of FY 2001 ADA codes and weights for dental services is too large to include in this document. Those rates are available from the TRICARE Management Activity's Uniform Business Office website: [http://www.tricare.osd.mil/ebc/rm/rm\\_home.html](http://www.tricare.osd.mil/ebc/rm/rm_home.html).

<sup>12</sup>Ambulance charges shall be based on hours of service in 15 minute increments. The rates listed in section IV.F. 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>13</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>14</sup>Observation Services are billed at the hourly charge. Begin counting when the patient is placed in the observation bed and round to the nearest hour. For example, if a patient has received 1 hour and 20 minutes of observation, then you bill for 1 hour of service. 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>15</sup>Final rule 32 CFR Part 220, published February 16, 2000, eliminated the dollar threshold for high cost ancillary services and the associated term "high cost ancillary service." The phrase "high cost ancillary service" is replaced with the phrase "ancillary services requested by an outside provider." The elimination of the threshold also eliminated the need to bundle costs whereby a patient is billed if the total cost of ancillary services in a day (defined as 0001 hours to 2400 hours) exceeds \$25.00. The elimination of the threshold is effective as per date stated in final rule 32 CFR Part 220.

### Attachment 1

#### ADJUSTED STANDARDIZED AMOUNTS (ASA) BY MILITARY TREATMENT FACILITY

DMISID	MTF name	SERV	Full cost rate	Inter-agency rate	IMET rate	TPC rate
0003 .....	Lyster AH—Ft. Rucker .....	A .....	\$6,637	\$6,286	\$3,286	\$6,637
0004 .....	502nd Med Grp—Maxwell AFB .....	F .....	6,984	6,614	3,458	6,984
0005 .....	Bassett ACH—Ft. Wainwright .....	A .....	7,152	6,774	3,541	7,152
0006 .....	3rd Med Grp—Elmendorf AFB .....	F .....	7,041	6,668	3,486	7,041
0009 .....	56th Med Grp—Luke AFB .....	F .....	5,986	5,697	2,978	5,986
0014 .....	60th Med Grp—Travis AFB .....	F .....	9,912	9,387	4,907	9,912
0018 .....	30th Med Grp—Vandenberg AFB .....	F .....	7,035	6,663	3,483	7,035
0019 .....	95th Med Grp—Edwards AFB .....	F .....	7,004	6,633	3,468	7,004
0024 .....	NH Camp Pendleton .....	N .....	7,614	7,245	3,787	7,614
0028 .....	NH Lemoore .....	N .....	6,997	6,627	3,465	6,997
0029 .....	NH San Diego .....	N .....	9,744	9,273	4,847	9,744
0030 .....	NH Twenty Nine Palms .....	N .....	6,111	5,815	3,039	6,111
0032 .....	Evans ACH—Ft. Carson .....	A .....	6,946	6,578	3,439	6,946
0033 .....	10th Med Grp—USAF Academy .....	F .....	6,994	6,623	3,463	6,994
0037 .....	Walter Reed AMC—Washington DC .....	A .....	9,010	8,574	4,482	9,010
0038 .....	NH Pensacola .....	N .....	8,939	8,465	4,426	8,939
0039 .....	NH Jacksonville .....	N .....	7,537	7,173	3,749	7,537
0042 .....	96th Med Grp—Eglin AFB .....	F .....	8,309	7,869	4,114	8,309
0043 .....	325th Med Grp—Tyndall AFB .....	F .....	7,002	6,631	3,467	7,002
0045 .....	6th Med Grp—MacDill AFB .....	F .....	5,991	5,702	2,980	5,991
0047 .....	Eisenhower AMC—Ft. Gordon .....	A .....	8,550	8,098	4,233	8,550
0048 .....	Martin ACH—Ft. Benning .....	A .....	7,987	7,564	3,954	7,987
0049 .....	Winn ACH—Ft. Stewart .....	A .....	6,644	6,292	3,289	6,644
0052 .....	Tripler AMC—Ft. Shafter .....	A .....	9,533	9,029	4,720	9,533
0053 .....	366th Med Grp—Mountain Home AFB .....	F .....	6,982	6,612	3,457	6,982
0055 .....	375th Med Grp—Scott AFB .....	F .....	7,625	7,256	3,793	7,625
0056 .....	NH Great Lakes .....	N .....	6,063	5,770	3,016	6,063

## ADJUSTED STANDARDIZED AMOUNTS (ASA) BY MILITARY TREATMENT FACILITY—Continued

DMISID	MTF name	SERV	Full cost rate	Inter-agency rate	IMET rate	TPC rate
0057	Irwin AH—Ft. Riley	A	6,521	6,176	3,229	6,521
0060	Blanchfield ACH—Ft. Campbell	A	6,605	6,255	3,270	6,605
0061	Ireland ACH—Ft. Knox	A	6,829	6,467	3,381	6,829
0064	Bayne-Jones ACH—Ft. Polk	A	6,573	6,225	3,254	6,573
0066	89th Med Grp—Andrews AFB	F	8,062	7,672	4,010	8,062
0067	NNMC Bethesda	N	9,786	9,313	4,868	9,786
0073	81st Med Grp—Keesler AFB	F	8,772	8,308	4,343	8,772
0075	Wood ACH—Ft. Leonard Wood	A	6,539	6,193	3,237	6,539
0078	55th Med Grp—Offutt AFB	F	8,697	8,236	4,306	8,697
0079	99th Med Grp—Nellis AFB	F	6,002	5,712	2,986	6,002
0083	377th Med Grp—Kirtland AFB	F	6,971	6,602	3,452	6,971
0084	49th Med Grp—Holloman AFB	F	7,004	6,633	3,468	7,004
0086	Keller ACH—West Point	A	7,296	6,909	3,612	7,296
0089	Womack AMC—Ft. Bragg	A	7,817	7,403	3,870	7,817
0091	NH Camp LeJeune	N	6,744	6,387	3,339	6,744
0092	NH Cherry Point	N	6,788	6,429	3,361	6,788
0093	319th Med Grp—Grand Forks AFB	F	7,032	6,660	3,482	7,032
0094	5th Med Grp—Minot AFB	F	6,857	6,494	3,395	6,857
0095	74th Med Grp—Wright-Patterson AFB	F	10,371	9,822	5,135	10,371
0096	72nd Med Grp—Tinker AFB	F	6,001	5,711	2,985	6,001
0097	97th Med Grp—Altus AFB	F	6,976	6,607	3,454	6,976
0098	Reynolds ACH—Ft. Sill	A	6,831	6,469	3,382	6,831
0100	NH Newport	N	6,002	5,712	2,986	6,002
0101	20th Med Grp—Shaw AFB	F	6,964	6,595	3,448	6,964
0103	NH Charleston	N	6,879	6,514	3,406	6,879
0104	NH Beaufort	N	6,871	6,507	3,402	6,871
0105	Moncrief ACH—Ft. Jackson	A	6,961	6,592	3,446	6,961
0106	28th Med Grp—Ellsworth AFB	F	6,939	6,572	3,436	6,939
0108	Wm Beaumont AMC—Ft. Bliss	A	8,329	7,888	4,124	8,329
0109	Brooke AMC—Ft. Sam Houston	A	8,511	8,099	4,233	8,511
0110	Darnall AH—Ft. Hood	A	8,606	8,151	4,261	8,606
0112	7th Med Grp—Dyess AFB	F	6,892	6,528	3,413	6,892
0113	82nd Med Grp—Sheppard AFB	F	6,903	6,537	3,418	6,903
0117	59th Med Wing—Lackland AFB	F	8,640	8,222	4,297	8,640
0119	75th Med Grp—Hill AFB	F	5,983	5,693	2,976	5,983
0120	1st Med Grp—Langley AFB	F	5,954	5,666	2,962	5,954
0121	McDonald ACH—Ft. Eustis	A	5,649	5,376	2,810	5,649
0123	Dewitt AH—Ft. Belvoir	A	8,237	7,839	4,097	8,237
0124	NH Portsmouth	N	7,469	7,107	3,715	7,469
0125	Madigan AMC—Ft. Lewis	A	11,018	10,435	5,455	11,018
0126	NH Bremerton	N	8,165	7,733	4,043	8,165
0127	NH Oak Harbor	N	6,283	5,979	3,125	6,283
0129	90th Med Grp—F.E. Warren AFB	F	6,989	6,619	3,460	6,989
0131	Weed ACH—Ft. Irwin	A	7,003	6,633	3,467	7,003
0449	24th Med Grp—Howard	F	9,489	9,045	3,872	9,489
0606	95th CSH—Heidelberg	A	9,489	9,045	3,872	9,489
0607	Landstuhl Rgn MC	A	9,489	9,045	3,872	9,489
0609	67th CSH—Wurzburg	A	9,489	9,045	3,872	9,489
0612	121st Gen Hosp—Seoul	A	9,489	9,045	3,872	9,489
0615	NH Guantanamo Bay	N	9,489	9,045	3,872	9,489
0616	NH Roosevelt Roads	N	9,489	9,045	3,872	9,489
0617	NH Naples	N	9,489	9,045	3,872	9,489
0618	NH Rota	N	9,489	9,045	3,872	9,489
0620	NH Guam	N	9,489	9,045	3,872	9,489
0621	NH Okinawa	N	9,489	9,045	3,872	9,489
0622	NH Yokosuka	N	9,489	9,045	3,872	9,489
0623	NH Keflavik	N	9,489	9,045	3,872	9,489
0624	BH Sigonella	N	9,489	9,045	3,872	9,489
0633	48th Med Grp—RAF Lakenheath	F	9,489	9,045	3,872	9,489
0635	39th Med Grp—Incirlik AB	F	9,489	9,045	3,872	9,489
0638	51st Med Grp—Osan AB	F	9,489	9,045	3,872	9,489
0639	35th Med Grp—Misawa	F	9,489	9,045	3,872	9,489
0640	374th Med Grp—Yokota AB	F	9,489	9,045	3,872	9,489
0805	52nd Med Grp—Spangdahlem	F	9,489	9,045	3,872	9,489
0808	31st Med Grp—Aviano	F	9,489	9,045	3,872	9,489



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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### Manual for Courts-Martial; Proposed Amendments

**AGENCY:** Joint Service Committee on Military Justice (JSC).

**ACTION:** Notice of summary of public comment received regarding proposed amendments to the Manual for Courts-Martial, United States, (2000 ed.).

**SUMMARY:** The JSC is forwarding final proposed amendments to the Manual for Courts-Martial, United States, (2000 ed.) (MCM) to the Department of Defense. The proposed changes, resulting from the JSC's 2000 annual review of the MCM, concern the rules of procedure applicable in trials by courts-martial. The proposed changes have not been coordinated within the Department of Defense under DoD Directive 5500.1, "Preparation and Processing of Legislation, Executive Orders, Proclamations, and Reports and Comments Thereon," May 21, 1964, and do not constitute the official position of the Department of Defense, the Military Departments, or any other government agency.

**ADDRESSES:** Comments and materials received from the public are available for inspection or copying at the U.S. Air Force, Air Force Legal Services Agency, Military Justice Division, Room 202, 112 Luke Avenue, Bolling Air Force Base, Washington, DC 20332-8000, between 8 a.m. and 3:30 p.m., Monday through Friday, except Federal Holidays.

**FOR FURTHER INFORMATION CONTACT:** Lt Col Thomas C. Jaster, U.S. Air Force, Air Force Legal Services Agency, 112 Luke Avenue, Room 343, Bolling Air Force Base, Washington, DC 20332-8000, (202) 767-1539; FAX (202) 404-8755.

#### SUPPLEMENTARY INFORMATION:

##### Background

On May 15, 2000, the JSC published a Notice of Proposed Amendments to the Manual for Courts-Martial, (MCM) United States, (2000 ed.). On June 15, 2000, the JSC also published a Notice of Public Meeting to receive comment on its 2000 draft annual review of the Manual for Courts-Martial. On June 28, 2000, the public meeting was held. Three individuals attended and one individual provided oral comment. The JSC also received one letter commenting on the proposed amendments.

##### Purpose

The proposed changes concern the rules of procedure applicable in trials by courts-martial. More specifically, the proposed changes: (1) Add references to Military Rule of Evidence 513, *Psychotherapist-patient privilege*, in Rule for Courts-Martial (R.C.M.) 701, *Discovery*; (2) clarify the analysis accompanying R.C.M. 707, *Speedy trial*, in light of current case law; and (3) clarify R.C.M. 1003 and R.C.M. 1107, governing the authority of a court-martial to adjudge and the convening authority to approve, the combination of both a fine and forfeitures at summary and special courts-martial.

##### Discussion of Comments and Changes

No substantive comment was received on the proposed amendments except for an expressed desire for a fuller rationale accompanying future changes. The JSC has considered the oral and written comment provided and is satisfied that the proposed amendments are appropriate to implement. However, the JSC has reexamined the analysis accompanying R.C.M. 707 and has modified it to more fully explain why the amendment was made. The JSC will forward the public comment and the proposed amendments, as modified, to the Department of Defense.

The oral and written comment, from the same individual, also discussed the new provision of the JSC's standard operating procedures requiring the JSC to invite members of the public to submit proposals as well as the form of that invitation in the May 15, 2000 Federal Register Notice of Proposed Amendments. The invitation provided that "proposals should include reference to the specific provision you wish changed, a rationale for the proposed change, and specific and detailed proposed language to replace the current language." The invitation also said that "[i]ncomplete submissions will not be considered." The writer said that this last sentence would have a chilling effect on the submission of proposals. The writer also said that individuals or organizations may well perceive problems in the current MCM but may not have the time or expertise to prepare the type of submission required by the JSC. The writer believed that ideas for change should not be discouraged and that the burden should fall to the JSC, rather than to the public, to not only consider ideas for change but in addition take it upon itself to prepare full proposals to implement any ideas for change submitted which are deemed meritorious. The writer also believed

that the invitation to the public should be clarified to note that proposals from the public which are not submitted within the public comment period will still be considered, but may not be able to be included in the next Annual Review. The writer recommended that the JSC's procedures be amended to implement the suggestions and that the rules pertaining to public participation in the MCM rulemaking process be included in appropriate DOD Directives published in the Code of Federal Regulations and in the MCM. The JSC has considered these comments and have decided to change the text of the invitation in next year's notice. To best serve the JSC in understanding the nature of the proposals, yet not chill their submission, the invitation will be changed to read "incomplete proposals may not be considered" as opposed to "will not be considered." The JSC will also receive public proposals at any time but proposals received outside the public comment period may not be received in time to be considered in the next Annual Review. The JSC has concluded that it is not necessary to incorporate the new rules inviting public proposals into DoD Directive 5500.17, Role and Responsibilities of the Joint Service Committee (JSC) on Military Justice or the MCM. The DoD Directive will be published in the MCM in future editions.

##### Proposed Amendments After Consideration of Public Comment Received

The proposed amendments to the Manual for Courts-Martial are as follows:

*Amend the Discussion following R.C.M. 701(a)(2)(B) to read as follows:*

"For specific rules concerning mental examinations of the accused or third party patients, see R.C.M. 701(f), R.C.M. 706, Mil. R. Evid. 302 and Mil. R. Evid. 513."

*Amend R.C.M. 701(b)(4) to read as follows:*

"*Reports of examination and tests.* If the defense requests disclosure under subsection (a)(2)(B) of this rule, upon compliance with such request by the Government, the defense, on request of trial counsel, shall (except as provided in R.C.M. 706, Mil. R. Evid. 302 and Mil. R. Evid. 513) permit the trial counsel to inspect any results or reports of physical or mental examinations and of scientific tests or experiments made in connection with the particular case, or copies thereof, which are within the possession, custody, or control of the defense which the defense intends to introduce as evidence in the defense case-in-chief at trial or which were