



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 35
6010.51-M
AUGUST 4, 2006

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to 6010.51-M, reissued August 2002.

CHANGE TITLE: CONSOLIDATED FEBRUARY 2006

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change consists primarily of administrative
changes and clarifications. Also included are the following: removal of the
requirement to provide automatic connectivity to the BCAC; updates to the
Designated Provider list; and clarifies the processing of DRG validation reviews,
timely filing waivers, and transgendered beneficiary claims.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

Evie Lammle

Director, Program Requirements Division

ATTACHMENT(S): 36 PAGES
DISTRIBUTION: 6010.51-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 35
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SUMMARY OF CHANGES

CHAPTER 7

1. Section 1, paragraph 9.5.3. Clarified the process of a DRG validation review.

CHAPTER 8

2. Section 3.
 - a. Paragraph 1.3. Changed "provider" to "claimant".
 - b. Paragraph 2.4. Added clarification in regards to participating providers requesting timely filing waivers.
3. Section 6, paragraph 10. Clarified that the contractor is to defer transgendered beneficiary claims for medical review only when they encounter discrepancies between the patient's gender and the procedure, diagnosis or ICD-9 surgical procedure code.

CHAPTER 11

4. Section 1.
 - a. Paragraph 6.1. Corrected a reference.
 - b. Paragraph 6.2. Deleted the obsolete December 31 rule.
 - c. Paragraph 6.3. Corrected the title of the paragraph because the stated limitations do not apply to the Statute of Limitations.
5. Section 3, paragraph 3.11. Corrected "in-system" to "network".
6. Section 4, paragraphs 23.5. Note and 33.1. Changed the responsibility from TMA to the contractor in regards to obtaining the current interest rate.

CHAPTER 12

7. Section 7, paragraph 3.11.5. Removed the requirement of providing automatic connectivity to the Beneficiary Counseling and Assistance Coordinator (BCAC).

CHAPTER 14

8. Section 1, paragraph 1.4.3. Added "OCONUS when applicable" to the contractor's requirement to provide technical and professional consultation and information concerning the delivery of health care services.

SUMMARY OF CHANGES (Continued)

CHAPTER 15

9. Section 2, paragraph 5.0. Deleted obsolete language in regards to suspended claims.

CHAPTER 17

10. Section 2, paragraph 2.2. Updated the Designated Provider list.

CHAPTER 18

11. Section 2, paragraph 2.2. Updated the Designated Provider list.

CHAPTER 20

12. Section 6, paragraph 4.3. Updated e-mail address.
13. Section 7, paragraph 4.2. Updated e-mail address.