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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 6
6010.51-M
DECEMBER 31, 2003

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

PAGE CHANGE(S): See pages 2 through 5.

SUMMARY OF CHANGE(S): This change consists primarily of administrative changes and clarifications. Also included are the following: the MCSC shall notify the TRICARE Retail Pharmacy contractor of potential third-party liability cases; limits the use of the SSN to the last four digits on the EOBs and beneficiary correspondence; and contains updates to the HIPAA Transaction and Code Sets.

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

A handwritten signature in cursive script, appearing to read "Evie Lammler".

Evie Lammler
Director, Program Requirements Division

ATTACHMENT(S): 385 PAGES

DISTRIBUTION: 6010.51-M

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SUMMARY OF CHANGES

CHAPTER 1

1. Section 3, page 9. Added language for determinations reversed by the appeals process.
2. Section 8, page 2. Deleted repetitive language in regards to provider certification.
3. Section 8, pages 5 and 6. Added language stating that former spouses will be identified by their own individual SSN. Corrected language in regards to contractor responsibility for maintenance of HCPR and TEPRV.
4. Section 8, page 9. Corrected the Catastrophic Cap and Deductible Data (CCDD).
5. Addendum A, pages 1 and 2. Replaced Record of Freedom of Information (FOI) Processing Cost, DD Form 2086 with a current version.

CHAPTER 2

6. Section 2, page 2. Corrected disposition instructions for Informational Records Files.

CHAPTER 3

7. Section 2, pages 2 through 5. Added language to state that a penalty will be assessed on excess draws. Clarified the type of account.
8. Section 3, pages 2 and 3. Corrected references. Deleted "against the non-financially underwritten bank account". Revised language for reconciliation of TED record submissions. Deleted incorrect language in regards to the TIN.
9. Section 4, page 1. Clarified type of accounts and how Cancer Clinical Trials will be reported. Deleted voucher transmission requirements.
10. Section 7, pages 1 and 2. Revised language for reporting refunds, partial offsets and interest collected. Clarified language for the installment and partial repayments and for reissuance of refund payments.
11. Section 8, pages 1 and 2. Corrected title of report and clarified EFTs.
12. Section 10, pages 1 and 2. Clarified language for non-financially underwritten bank account reconciliation reports. Deleted language for monthly total of drawdowns against the Fed, and miscellaneous receipts and small adjustments report. Changed the accounts receivable report due date to the first Federal workday.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

13. Addendum A, pages 1 through 4. Revised the format and instructions for the Non-Financially Underwritten Funds Bank Account Reconciliation report.
14. Addendum A, pages 6 and 7. Revised the format and instructions for the Accounts Receivable Reporting Requirements report.

CHAPTER 5

15. Section 1, page 3. Deleted pharmacy language.

CHAPTER 6

16. Section 1, page 6. Corrected language for Medicare Part B requirements.
17. Section 1, page 7. Corrected reference.
18. Section 1, page 9. Deleted incorrect language for TRICARE eligibility changes.

CHAPTER 7

19. Section 1, page 2. Clarified language for peer reviews done by physicians.
20. Section 1, page 10. Added language regarding usage of the SSN.
21. Section 2, page 1. Clarified language for preauthorizations when the beneficiary has other health insurance.
22. Section 3, page 1. Included Designated Provider "DP" and revised the range of cases per month.
23. Section 4, page 7. Changed "option period" to "Fiscal Year".

CHAPTER 8

24. Section 1, page 3. Added "American Dental Association claim form". Deleted pharmacy language.
25. Section 5, pages 1 and 2. Clarified preauthorizations and replaced duplicative language with a reference.

SUMMARY OF CHANGES (Continued)

CHAPTER 8 (Continued)

- 26. Section 7, pages 1 and 2. Corrected Catastrophic Cap and Deductible Data acronym.
- 27. Section 8, page 3. Added language regarding usage of the SSN.
- 28. Addendum A, page 5. Added language regarding usage of the SSN.

CHAPTER 11

- 29. Section 1, page 2. Corrected Catastrophic Cap and Deductible Data acronym.
- 30. Section 1, page 3. Corrected misspelling and reference.
- 31. Section 3, page 6. Added language regarding usage of the SSN.
- 32. Section 4, page 1. Deleted language pertaining to provider liability on overpayment refunds.
- 33. Section 4, pages 2 and 3. Clarified recoupment language.
- 34. Section 4, page 5. Corrected misspelling.
- 35. Section 4, page 6. Deleted OHI language.
- 36. Section 4, pages 7 and 8. Changed dollar amounts and corrected reference.
- 37. Section 4, pages 9 through 14, and 16 through 19. Corrected references.
- 38. Section 4, page 12. Clarified order of documents.
- 39. Section 4, page 15. Added language regarding usage of the SSN.
- 40. Section 5, pages 5 and 6. Clarified language regarding the DD Form 2527. Added language stating the TRICARE Retail Pharmacy contractor shall be notified when there is potential third party liability.
- 41. Section 5, page 7. Corrected reference.
- 42. Addendum A, pages 1, 8, 11, 15, 17, 19, 30, 34, 48 and 49. Added language regarding usage of the SSN.

SUMMARY OF CHANGES (Continued)

CHAPTER 11(Continued)

- 43. Addendum A, page 16. Added sample letter to beneficiary advising them that the provider is responsible for overpayment. This sample was inadvertently removed in a prior publication.
- 44. Addendum A, page 20 and 24. Clarified administrative offsets.

CHAPTER 12

- 45. Section 6, page 1. Limited use of the SSN to the last four digits on correspondence from the contractor to the beneficiary.

CHAPTER 13

- 46. Section 1, page 2. Added reference.
- 47. Section 1, pages 4 and 5. Corrected references.
- 48. Section 2, page 1. Corrected misspelling.
- 49. Section 2, page 6. Deleted incorrect language.
- 50. Section 3, pages 2 and 3. Revised language regarding NAS denials.
- 51. Section 3, page 7. Clarified reconsideration reviewer qualifications.
- 52. Section 3, pages 9 and 10. Corrected misspellings.
- 53. Section 5, page 3. Deleted dental program language since this is stated in the dental contract.
- 54. Section 6, pages 1 and 2. Corrected misspellings and references.
- 55. Addendum A, page 7. Replaced "Recon" with "Initial".
- 56. Addendum A, page 9. Added "TRICARE/Medicare Dual Eligible Appeal Process - Medicare Processes Claim" flowchart.

SUMMARY OF CHANGES (Continued)

CHAPTER 14

57. Section 2, pages 7 and 8. Added language for the case development of possible check endorsement forgery.
58. Section 3, page 4. Deleted pharmacy language.
59. Section 6, pages 1, 4, 5, 7 and 8. Added clarification regarding the TRICARE Quality and Utilization Review Peer Review Organization.
60. Section 7, page 1. Clarified language for DHHS sanctioned providers. Added reference.

CHAPTER 17

61. Section 6, pages 1, 2, 4 and 5. Changed language to allow continuation of eligibility for TPRADFM's when the sponsor departs for an unaccompanied assignment. Also added language that expands and improves the eligibility for TPRADFM's of activated reserve component members.

CHAPTER 18

62. Section 3, pages 1 and 2. Revised language for processing outpatient care claims.
63. Section 3, page 3. Corrected Catastrophic Cap and Deductible Data acronym.

CHAPTER 19

64. Section 3, pages 1 and 2. Revised language regarding DEERS eligibility status. Deleted requirements for notification letter when claims are routed to MMSO.
65. Addendum C, page 1. Deleted example notification letter.

CHAPTER 20

66. Section 2, page 7. Corrected title and acronym. Revised the process of claims payment.
67. Section 3, pages 1 through 70. Added DoD In-Utero Fetal Surgical Repair of Myelomeningocele Clinical Trial Demonstration.

SUMMARY OF CHANGES (Continued)

CHAPTER 21

- 68. Section 2, pages 1 through 9, 11, 12 and 16. Updated language to reflect the modifications made to the Transactions and Code Sets Final Rule.
- 69. Section 3, pages 1 through 10. Corrected "Regulation" to "Rule".
- 70. Addendum C, page 2. Corrected "Regulation" to "Rule".

CHAPTER 22

- 71. Section 1, page 1. Clarified that TDEFIC transition will be predicated upon date of claim receipt versus date of service.
- 72. Section 5, page 4. Corrected for non-network claims that TDEFIC transition will be predicated upon date of claim receipt versus date of service.
- 73. Section 5, page 12. Added clarification for claims processing.

APPENDIX A

- 74. Page 5. Deleted Specialized Treatment Facilities and corrected TRRx acronym.
- 75. Page 7. Corrected title of the manual.
- 76. Page 10. Revised definition of Catchment Areas.
- 77. Pages 12 and 13. Added definition for Continued Health Care Benefit Program.
- 78. Page 26. Revised definition of Nonavailability Statement.
- 79. Page 33. Deleted Specialized Treatment Facilities definition.

APPENDIX B

- 80. Page 3. Deleted pharmacy language.

