



DEFENSE
HEALTH AGENCY

HPOB

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**CHANGE 157
6010.56-M
DECEMBER 1, 2015**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE OPERATIONS MANUAL (TOM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: PROVISIONAL COVERAGE FOR EMERGING SERVICES AND SUPPLIES

CONREQ: 17551

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change adds clarification to the coverage criteria of surgical treatment of FAI for service members under the SHCP.

EFFECTIVE DATE: January 1, 2016.

IMPLEMENTATION DATE: January 4, 2016.

This change is made in conjunction with Feb 2008 TPM, Change No. 147 and Feb 2008 TSM, Change No. 80.

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**ATTACHMENT(S): 4 PAGES
DISTRIBUTION: 6010.56-M**

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

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REMOVE PAGE(S)

CHAPTER 17

Section 3, pages 7, 8, 21, and 22

INSERT PAGE(S)

Section 3, pages 7, 8, 21, and 22

TRICARE Operations Manual 6010.56-M, February 1, 2008

Chapter 17, Section 3

Contractor Responsibilities

was received as an MTF referral, the contractor shall notify the MTF (an enrolled MTF if different from the submitting MTF) of the declined authorization with explanation of the reason. If the request was received as a referral from a civilian provider (for a remote Service member/non-enrolled Service member), the contractor shall notify the civilian provider and the remote Service member/non-enrolled Service member of the declined authorization with explanation of the reason. The notification to a civilian provider and the remote Service member/non-enrolled Service member shall explain the waiver process and provide contact information for the applicable Uniformed Services Headquarters Point of Contact (POC)/Service Project Officers as listed in [Chapter 17, Addendum A, paragraph 2.0](#). No notification to the SAS is required.

2.2.4 TRICARE benefits may not be extended for complications resulting from non-covered surgeries and treatments performed outside the MTF for a Service member without an approved waiver. If the treatment is a non-covered TRICARE benefit, any follow-on care, including care for complications, will not be covered by TRICARE once the Service member separates from active duty or retires ([32 CFR 199.4\(e\)\(9\)](#); TPM, [Chapter 4, Sections 1.1 and 1.2](#)). The Services will provide appropriate counseling that such follow-on care is the member's personal financial responsibility upon separation or retirement.

2.2.5 Certain services, supplies, and equipment are covered for Service members under the SHCP as specified below and no waiver is required:

2.2.5.1 Custom-fitted orthoses are covered for Service members on active duty (specified for more than 30 days). The custom-fitted orthotic must be ordered by the appropriate provider and obtained from a TRICARE authorized vendor that specializes in this service. Prefabricated or other types of orthoses available in commercial retail entities are excluded.

2.2.5.2 Femoroacetabular Impingement (FAI) surgery is covered for service members under the SHCP when the following criteria are met:

2.2.5.2.1 Moderate to severe and persistent activity-limiting hip pain that is worsened by flexion activities.

2.2.5.2.2 Physical examination consistent with the diagnosis of FAI (at least one positive test required):

2.2.5.2.2.1 Positive impingement sign (pain when bringing the knee up towards the chest and then rotating it inward towards your opposite shoulder); **or**

2.2.5.2.2.2 Flexion Abduction External Rotation (FABER) provocation test (the test is positive if it elicits similar pain as complained by the patient or if the distance between the lateral knee and the exam table differs between the symptomatic and contra lateral hip); **or**

2.2.5.2.2.3 Posterior inferior impingement test (the test is positive if it elicits similar pain as complained by the patient).

2.2.5.2.3 Failure to improve with greater than three months of conservative treatment (e.g., physical therapy, activity modification, non-steroidal anti-inflammatory medications, intra-articular injection, etc.). Request shall include what conservative treatments were used and how long; and

2.2.5.2.4 Radiographic evidence of FAI:

2.2.5.2.4.1 Cam

2.2.5.2.4.1.1 Pistol-grip deformity (characterized on radiographs by flattening of the usually concave surface of the lateral aspect of the femoral head due to an abnormal extension of the more horizontally oriented femoral epiphysis); or

2.2.5.2.4.1.2 Alpha angle greater than 50 degrees (measurement of an abnormal alpha angle from an oblique axial image along the femoral neck); or

2.2.5.2.4.2 Pincer

2.2.5.2.4.2.1 Coxa profunda (floor of the fossa acetabuli touching or overlapping the ilioischial line medially); or

2.2.5.2.4.2.2 Acetabular retroversion (the alignment of the mouth of the acetabulum does not face the normal anterolateral direction, but inclines more posterolaterally); or

2.2.5.2.4.2.3 Os acetabuli (an ossicle located at the acetabular rim); or

2.2.5.2.4.2.4 Protrusio acetabuli (an anteroposterior radiograph of the pelvis that demonstrates a center-edge angle greater than 40 degrees and medicalization of the medial wall of the acetabulum past the ilioischial line); and

2.2.5.2.5 Absence of advanced arthritis (i.e., Tönnis Grade 2 [small cysts, moderate joint space narrowing, moderate loss of head sphericity] or Tönnis Grade 3 [large cysts, severe joint space narrowing, severe deformity of the head]).

2.2.5.3 Inclusion criteria must be documented.

2.3 Ancillary Services

The Regulation governing the SHCP requires that each service under the SHCP be authorized, with very limited exceptions. For purposes of SHCP claims processing, an MTF referral/SAS authorization for care will be deemed to include authorization of any TRICARE-covered ancillary services directly and clearly related to the specific episode of health care authorized (e.g., evaluation or treatment of a specific medical condition). Any questions of whether a particular service is related to the care already authorized should be resolved by means of seeking MTF referral/SAS authorization for the service in question.

2.4 Provision Of Respite Care For The Benefit Of Seriously Ill/Injured Active Duty Members

2.4.1 The National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008 established respite care and other extended care benefits for members of the Uniformed Services (including RC members) who incur a serious illness or injury while on active duty. The eligibility rules and exclusions contained in [32 CFR 199.5\(e\)\(3\)](#) and [\(5\)](#) do not apply to the provision of respite benefits for a Service member. See [Appendix B](#) for definitions, terms, and limitations applicable to the respite care benefit.

issue to the referring MTF or SAS, as appropriate, for determination. The referring MTF or SAS will issue an authorization to the contractor for payments in excess of CMAC or other applicable TRICARE payment ceilings, provided the referring MTF or SAS has requested and has been granted a waiver from the COO, DHA, or designee.

6.0 END OF PROCESSING

6.1 EOB

An EOB shall be prepared for each supplemental health care claim processed, and copies sent to the provider and the patient in accordance with normal claims processing procedures. For all SHCP claims, the EOB will include the statement that this is a supplemental health care claim, not a TRICARE claim. The EOB will also indicate that questions concerning the processing of the claim must be addressed to the MCSC or SAS, as appropriate. Any standard TRICARE EOB messages which are applicable to the claim are also to be utilized, e.g., "No authorization on file."

6.2 Appeal Rights

6.2.1 For supplemental health care claims, the appeals process in [Chapter 12](#), applies, as limited herein. If the care is still denied after completion of a review to verify that no miscoding or other clerical error took place and the MTF/SAS will not authorize the care in question, then the notification of the denial shall include the following statement: "If you disagree with this decision, please contact (**insert MTF name/SAS here**)." TRICARE appeal rights shall pertain to outpatient claims for treatment of TRICARE eligible patients. The SAS will handle only those issues that involve SAS denials of authorization or authorization for reimbursement. The contractor shall handle allowable charge issues, grievances, etc.

6.2.2 If the Service member disagrees with a denial of authorization, rendered by SAS, the first level of appeal will be through the SAS who will coordinate the appeal as appropriate. The Service member may initiate the appeal by contacting his/her SAS. If the SAS upholds the denial, the SAS will notify the Service member of further appeal rights with the appropriate Surgeon General's office. If the denial is overturned at any level, the SAS will notify the contractor and the Service member.

6.2.3 The contractor shall forward all written inquiries and correspondence related to SAS or MTF denials of authorization or authorization for reimbursement to the appropriate SAS or MTF. The contractor shall refer telephonic inquiries related to SAS denials to the appropriate SAS or MTF.

7.0 TRICARE ENCOUNTER DATA (TED) SUBMITTAL

The TED for each claim must reflect the appropriate data element values. The appropriate codes published in the TSM are to be used for supplemental health care claims.

8.0 CONTRACTOR'S RESPONSIBILITY TO RESPOND TO INQUIRIES

8.1 Telephonic Inquiries

Inquiries relating to the SHCP need not be tracked nor reported separately from other inquiries received by the contractor. Most SHCP inquiries to the contractor should come from MTFs/

claims offices, the Service Project Officers, **DHA**, or the SAS. In some instances, inquiries may also come from Congressional offices, patients, or providers. To facilitate responsiveness to SHCP inquiries, the contractor shall provide MTFs/claims offices, the Service Project Officers, **DHA**, and the SAS a specific telephone number, different from the public toll-free number, for inquiries related to the SHCP Claims Program. The line shall be operational and continuously staffed according to the hours and schedule specified in the contractor's TRICARE contract for toll-free and other service phone lines. It may be the same line as required in support of TPR under [Chapter 16](#). The telephone response standards of [Chapter 1, Section 3](#), shall apply to SHCP telephonic inquiries.

8.1.1 Congressional Telephonic Inquiries

The contractor shall refer any congressional telephonic inquiries to the referring MTF or the SAS, as appropriate, if the inquiry is related to the authorization or non-authorization of a specific claim or episode of treatment. If it is a general congressional inquiry regarding the SHCP claims program, the contractor shall respond or refer the caller as appropriate.

8.1.2 Provider And Other Telephonic Inquiries

The contractor shall refer any other telephonic inquiries it receives, including calls from the provider, Service member or the MTF patient, to the referring MTF or the SAS, as appropriate, if the inquiry pertains to the authorization or non-authorization of a specific claim. The contractor shall respond as appropriate to general inquiries regarding the SHCP.

8.2 Written Inquiries

8.2.1 Congressional Written Inquiries

For MTF-referred care, the contractor shall refer written congressional inquiries to the Service Project Officer of the referring MTF's branch of service if the inquiry is related to the authorization or non-authorization of a specific claim. For non-MTF referred care, the inquiry shall be referred to the SAS. When referring the inquiry, the contractor shall attach a copy of all supporting documentation related to the inquiry. If it is a general congressional inquiry regarding the SHCP, the contractor shall refer the inquiry to the **DHA**. The contractor shall refer all congressional written inquiries within 72 hours of identifying the inquiry as relating to the SHCP. When referring the inquiry, the contractor shall also send a letter to the congressional office informing them of the action taken and providing them with the name, address and telephone number of the individual or entity to which the congressional correspondence was transferred.

8.2.2 Provider And Service Member (Or MTF Patient) Written Inquiries

The contractor shall refer provider and Service member or MTF patient written inquiries to the referring MTF or the SAS, as appropriate, if the inquiry pertains to the authorization or non-authorization of a specific claim. The contractor shall respond as appropriate to general written inquiries regarding the SHCP.

8.2.3 MTF Written Inquiries

The contractor shall provide a final written response to all written inquiries from the MTF within 10 work days of the receipt of the inquiry, or if appropriate, refer the inquiry to the SAS upon