

## Jurisdiction

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### 1.0 REGIONAL BOUNDARIES

**1.1** For claims processing jurisdiction purposes, TRICARE regional boundaries do not apply under the TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC). The TDEFIC contractor is responsible for processing all medical claims for services, except retail pharmaceuticals, rendered to TRICARE/Medicare dual eligible individuals within the 50 United States and the District of Columbia, as well as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands.

**1.2** Medicare claims processing jurisdiction is based on place of service. The TDEFIC contractor shall contract with the Medicare Coordination of Benefits Contractor (COBC) to ensure that Medicare claims for all dual eligible beneficiaries receiving care within the respective carrier's/FI's state(s) are electronically forwarded to the TDEFIC contractor. The cross-over claims agreement shall include all dual-eligible beneficiaries regardless of the beneficiary's status (Active Duty Dependent (ADD), retiree, survivor, etc.).

### 2.0 OUT OF JURISDICTION CLAIMS

**2.1** The contractor shall forward all claims for treatment of beneficiaries who have eligibility for both Medicare and TRICARE, but there is evidence that the provider misdirected the claim to the TDEFIC contractor, the TDEFIC contractor shall forward the claim to the appropriate Medicare contractor within 72 hours of identifying it as being out of jurisdiction. Claims which the TDEFIC contractor knows would be denied by Medicare are exempt from this requirement.

**2.2** Similarly, all other claims for which the TDEFIC contractor does not have immediate responsibility for adjudication shall be forwarded to the appropriate carrier/FI (if identifiable) or returned to the submitter, within 72 hours of identifying it as being out of jurisdiction.

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