



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY

OD

CHANGE 95  
6010.56-M  
MARCH 18, 2013

**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:** NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2013,  
SECTION 704, ABORTION COVERAGE

**CONREQ:** 16430

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change allows coverage of abortions in the case of rape or incest.

**EFFECTIVE DATE:** January 2, 2013.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

This change is made in conjunction with Feb 2008 TPM, Change No. 86 and Feb 2008 TSM,  
Change No. 46.

ARENDALE.JOHN.  
LOUIS.II.11507753  
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Digitally signed by  
ARENDALE.JOHN.LOUIS.II.1150775368  
DN: c=US, o=U.S. Government, ou=DoD,  
ou=PKI, ou=TMA,  
cn=ARENDALE.JOHN.LOUIS.II.1150775368  
Date: 2013.03.14 09:26:00 -06'00'

**John L. Arendale  
Director, Operations Division**

**ATTACHMENT(S):** 2 PAGES  
**DISTRIBUTION:** 6010.56-M

**CHANGE 95**  
**6010.56-M**  
**MARCH 18, 2013**

**REMOVE PAGE(S)**

**CHAPTER 8**

Addendum A, pages 5 and 6

**INSERT PAGE(S)**

Addendum A, pages 5 and 6

**TRICARE Operations Manual 6010.56-M, February 1, 2008**

Chapter 8, Addendum A

Figures

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**FIGURE 8.A-3 PROVIDER'S NOTARIZED SIGNATURE AUTHORIZATION**

State of \_\_\_\_\_ )  
\_\_\_\_\_ )ss  
County of \_\_\_\_\_ )

Know all persons by these presents:

That I, \_\_\_\_\_ have made, constituted and appointed and by these presents do make constitute and appoint \_\_\_\_\_ my true and lawful attorney-in-fact for me and in my name place and stead to sign my name on claims, for payment for services provided by me submitted to TRICARE. My signature by my said attorney-in-fact includes my agreement to abide by the TRICARE payment system concept and the remainder of the certification appearing on all TRICARE claims forms. I hereby ratify and confirm all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of the power granted herein.

In witness whereof I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
\_\_\_\_\_ County, State of \_\_\_\_\_

(SEAL)

My Commission expires \_\_\_\_\_

**FIGURE 8.A-4 ABORTION DENIAL NOTICE TO THE BENEFICIARY AND PARTICIPATING PROVIDER**

Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Type of Service(s): \_\_\_\_\_

Date of Service(s): \_\_\_\_\_

Last four digits of

Sponsor's SSN: \_\_\_\_\_

PERSONAL

\_\_\_\_\_  
To: \_\_\_\_\_

Dear \_\_\_\_\_:

TRICARE coverage of abortion services is specifically limited by federal statute. As implemented by the Department of Defense, TRICARE coverage of abortion services is limited to when:

- The life of the mother is at risk if the fetus is carried to term -- based upon certification from the attending physician that the patient suffers/suffered a condition that endangered her life if the fetus were carried to term; and
- The pregnancy is the result of an act of rape or incest -- as documented in the patient's medical record (effective January 2, 2013).

This means TRICARE won't cost-share on abortions performed for reasons other than those listed above. Since initial review of your claim(s) gave no indication that this abortion met the conditions for coverage, TRICARE denied the claim.

If you believe you do qualify under one of the exceptions, you may request a Reconsideration of the denial decision by submitting a written Reconsideration request to this office within 90 days of the date of this notice. Your request must include a copy of this notice, a statement outlining why you disagree with the decision, and any additional information/documentation from your physician which will support your position.

If you have any questions concerning the TRICARE abortion policy, please contact (Contractor Name and Address).

Sincerely,

- END -