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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 1
6010.54-M
AUGUST 26, 2002

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.54-M, issued August 2002.

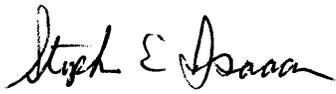
CHANGE TITLE: Consolidated

PAGE CHANGE(S): See page 2.

SUMMARY OF ADDITIONS/REVISIONS: See pages 3 and 4.

EFFECTIVE DATE AND IMPLEMENTATION: Upon start of Health Care Delivery.

This change is made in conjunction with Aug. 2002 TOM, Change No. 1, Aug. 2002
TRM, Change No. 1, and Aug. 2002 TSM, Change No. 1.


for Barbara J. Gallegos
Director, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 61 PAGE(S)
DISTRIBUTION: 6010.54-M

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REMOVE PAGE(S)

CHAPTER 8

Table of Contents, page i
Section 9.1, pages 1 through 5
Section 9.2, pages 1 through 3
Section 9.3, pages 1 and 2

CHAPTER 10

Section 1.1, pages 1 and 2
Section 4.1, pages 15 and 16

CHAPTER 12

Section 1.1, pages 1 through 5
Section 2.1, pages 1 and 2
Section 3.1, pages 1 and 2
Section 3.3, pages 1 and 2
Section 7.1, pages 1 through 3
Section 8.1, page 1
Section 9.1, page 1
Section 10.1, page 1
Section 11.1, pages 9, 10
and 21 through 24
Section 12.1, pages 1 through 4
Section 12.2, pages 3 - 8, 11, 12, 15,
16, and 23 - 33

INDEX

pages 13, 14, 21 and 22

INSERT PAGE(S)

Table of Contents, page i
Section 9.1, pages 1 through 5
★ ★ ★ ★ ★ ★
★ ★ ★ ★ ★ ★

Section 1.1, page 1
Section 4.1, pages 15 and 16

Section 1.1, pages 1 through 5
Section 2.1, pages 1 and 2
Section 3.1, page 1
Section 3.3, pages 1 and 2
Section 7.1, pages 1 through 3
Section 8.1, pages 1 and 2
Section 9.1, page 1
Section 10.1, page 1
Section 11.1, pages 9, 10
and 21 through 24
Section 12.1, pages 1 through 4
Section 12.2, pages 3 - 8, 11, 12, 15,
16, and 23 - 33

pages 13, 14, 21 and 22

SUMMARY OF CHANGES

1. Enrollment/Eligibility: This change revises the eligibility provisions in order to incorporate new DEERS.
2. Pharmacy Benefits Program: This change revises the responsibility for providing retail pharmacy services. These services will be provided by a separate pharmacy contractor rather than the Managed Care Support contractors. This change also implements the Uniform Formulary in accordance with the FY 2000 National Defense Authorization Act.
3. CHCBP: This change addresses the shared responsibility for issuing Certificates of Creditable Coverage (CoCCs) for CHCBP enrollees once they are disenrolled. The DEERS Support Office will issue CoCCs for those CHCBP enrollees who are reflected on DEERS. The contractor will issue CoCCs for those CHCBP enrollees who are not reflected on DEERS. Addresses the shared responsibility for issuing Certificates of Creditable Coverage (CoCCs) for CHCBP enrollees once they are disenrolled. The DEERS Support Office will issue CoCCs for those CHCBP enrollees who are reflected on DEERS. The contractor will issue CoCCs for those CHCBP enrollees who are not reflected on DEERS.
4. Chapter 12 - TOP: This change updates the entire chapter to reflect current TOP and claims processing guidelines. Clarifies overseas eligibility requirements for remote and no remote overseas areas. Clarifies/adds specific definitions, policies and claims processing requirements for overseas remote site care. Requires eligible remote site beneficiaries to be enrolled to a specific remote site DMIS ID. Clarifies newborn prime benefits and enrollment requirements. Clarifies that TOP overseas benefits are the same as TRICARE benefits while still allowing for cultural differences of host nation countries. Realigns overseas claim processing jurisdiction requirements to stateside MCSC claims jurisdiction requirements. Adds claims processing requirements for processing ADSM remote site care in Regions 14 and 15. Clarifies claims processing responsibility for ADSM who are deployed overseas who are nonenrolled etc. Clarifies overseas reimbursement policies (i.e., PFPWD cost share apply overseas). Adds/Allows TOP ADSM claims for stateside care to be paid as billed even if the billed charge is beyond the CMAC when necessary to ensure the TOP ADSM does not receive a bill or outstanding charge. Requires High volume providers of pharmacy services to submit claims using NDC codes in certain overseas areas and the flexibility to expand to other areas as necessary. Requires drugs overseas to be reimbursed following stateside vendor drug pharmacy reimbursement guidelines. Expands the requirement for all TOP Prime and standard beneficiary stateside non-emergency inpatient mental health care to be preauthorized by the MCSC responsible for foreign claims. Changes TOP portability requirements. Provides New Partnership Program Policy, Procedures and Guidelines. Includes TOP TLC

CHANGE 1
6010.54-M
AUGUST 26, 2002

and TRICARE Plus information. Provides flexibility for foreign claims processor and Regional Director contractor interface for processing claims. Adds additional requirements for the control of fraud and abuse in overseas areas. Updates Point of Contact Program and incorporates the POC booklet as a reference. Update overseas list of countries by overseas region and adds new list of remote site countries and cities in countries. Provides for additional contractor requirements for customer service. Requires the contractor to accept paper authorization for overseas care. Clarifies TMA is responsible for claims processing overseas and that claims processing activities may not be contracted out.