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TRICARE
MANAGEMENT ACTIVITY

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**CHANGE 126
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**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
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The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TRICARE OVERSEAS PROGRAM (TOP) CLAIMS JURISDICTION

CONREQ: 15066

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change deletes the overseas claims processing requirement from the current South Region Managed Care Support (MCS) contract. It also deletes the requirement for MCS Contractors (MCSCs) to process claims for stateside enrollees who receive Civilian Health Care (CHC) while traveling or visiting overseas. This change coincides with the start of health care delivery for the TOP contract.

EFFECTIVE DATE: September 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 98.


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REMOVE PAGE(S)

CHAPTER 12

Section 1.1, pages 1 - 8

Section 2.1, pages 5 - 7

Section 11.1, pages 1 - 35

INSERT PAGE(S)

Section 1.1, pages 1 - 9

Section 2.1, pages 5 - 8

Section 11.1, pages 1 - 36

INTRODUCTION

ISSUE DATE: September 20, 1996

AUTHORITY: [32 CFR 199.1\(b\)\(1\)](#)

I. GENERAL

A. The TRICARE Overseas Program (TOP) is the Department of Defense's (DoD's) managed health care program outside the Continental United States (OCONUS) authorized under [32 CFR 199.17](#). TOP blends many of the features of the DoD TRICARE Program in the continental United States (CONUS) while also allowing for the significant cultural differences unique to foreign countries and their health care practices. Cultural differences may apply to things like location of care (provider comes to a patient's home), or the way in which the care is provided, i.e., things commonly done by a provider class in CONUS may be performed by a physician assistant or physician overseas depending on the country. This does not imply that we will accept a different standard of care other than U.S. standards; however, those services may be covered and payable under TRICARE. The TOP consists of three overseas areas identified as TRICARE Europe, TRICARE Pacific and TRICARE Latin America/Canada (TLAC), including the Caribbean Basin (see [Chapter 12, Section 12.2, Figure 12-12.2-4](#) for a list of countries by region).

B. Each overseas TRICARE Area Office (TAO) Director has designated specific overseas locations as remote and has contracted with a TRICARE Global Remote Overseas (TGRO) healthcare contractor to provide a managed healthcare system to deliver TRICARE Prime benefits to eligible beneficiaries in remote overseas areas under the TOP. Under the TGRO healthcare contract, remote overseas location healthcare is defined as cities/countries where the TGRO contractor is required to develop networks or provide care in the overseas locations listed in [Chapter 12, Section 12.2, Figure 12-12.2-5](#). A remote beneficiary is a beneficiary who resides in an overseas remote area and is enrolled to a remote Defense Medical Information System Identification (DMIS-ID) (see [Chapter 12, Section 12.2, Figure 12-12.2-14](#)). Traveling Active Duty Service Members (ADSMs) should contact the TGRO or TRICARE Puerto Rico Contract (TPRC) healthcare contractor prior to seeking care when possible, or prior to making payment for healthcare to facilitate cashless claimless services for urgent or emergent care. Information for accessing care through the TGRO contractor may be obtained by contacting the appropriate overseas TAO. Care offered under the TGRO healthcare contract includes routine, urgent, and emergent medical care for ADSMs who are permanently assigned and enrolled to that TGRO location and TGRO-enrolled Active Duty Family Members (ADFM) who are Command Sponsored (as defined in the Joint Federal Travel Regulations, Volume I, Appendix A at <https://secureapp2.hqda.pentagon.mil/perdiem/>) or on orders in remote overseas areas. Dental care for permanently assigned ADSMs is covered under the auspices of the TGRO contract. ADFMs must be enrolled in the

TRICARE Dental Program (TDP) to be eligible to receive dental care in remote areas and they are responsible for dental claims filing. ADSMs who are on temporary duty (TAD/TDY), in an authorized leave status, or deployed in a remote overseas area identified in [Chapter 12, Section 12.2, Figure 12-12.2-5](#) are authorized urgent and emergent health care and dental care, except as noted under the TGRO contract. Information on accessing care in overseas designated remote locations may be obtained by contacting the appropriate overseas TAO.

C. In addition, the Overseas Area Director for TLAC has designated Puerto Rico as a remote overseas location. Under the TPRC, remote overseas healthcare is defined by cities indicated in [Chapter 12, Section 12.2, Figure 12-12.2-5](#) and within the Commonwealth of Puerto Rico. A remote site beneficiary is identified by enrollment to a remote overseas site DMIS-ID. Beneficiaries are eligible as defined in the scope of the TPRC.

D. Support for the TOP is the responsibility of the TOP overseas TAO Directors. The TAO Directors have the authority to seek contract support for services necessary to satisfy TOP-related requirements within their jurisdiction except for claims payment and processing responsibilities. The TAO Directors may contract directly for support services or include this requirement in existing TMA Managed Care contracts. The provisions of the TRICARE Policy Manual (TPM), TRICARE Reimbursement Manual (TRM), TRICARE Operations Manual (TOM), and the TRICARE Systems Manual (TSM) only apply to the TOP when specifically stated in this chapter or in the contract requirements.

E. Requirements of this chapter as related to overseas claims processing by the TRICARE Managed Care Support Contractor (MCSC), South Region (hereinafter referred to as the "overseas claims processing contractor") cease at 12:00 midnight on August 31, 2010. Claims received by the overseas claims processing contractor prior to 12:00 midnight on August 31, 2010 shall be processed by the contractor. Claims received on or after September 1, 2010 shall be processed by the TOP contractor per the process identified in the TOM, [Chapter 8, Section 2, paragraph 4.0](#).

NOTE: This provision does not apply to beneficiaries enrolled in the Uniformed Services Family Health Plan (USFHP) or Continued Health Care Benefits Program (CHCBP). All claims for those beneficiaries will continue to be processed as USFHP or CHCBP claims. This provision does not apply to USFHP or CHCBP enrollees. This provision also excludes TRICARE-Medicare dual eligible beneficiaries who receive Civilian Health Care (CHC) in U.S. territories. All claims for these beneficiaries will continue to be processed as TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) claims.

II. TRICARE OVERSEAS PROGRAM (TOP) MANAGEMENT RESPONSIBILITIES

A. TOP Overseas TAO Directors or their designees are responsible for planning and delivering services to meet the health needs of their area of responsibility to include oversight and administration of contracted tasks, such as monitoring oversight and performance monitoring for the TGRO and Puerto Rico healthcare contracts, and excluding claims adjudication whether through the available MTFs or the TGRO/TPRC contractor. The overseas TAO Directors or their designees are expected to provide an Administrative Contracting Officer (ACO) and/or an Alternate Contracting Officers Representative (ACOR) to monitor and assist in the administration of the TOP contract issues. In concert with the MTF commanders, the TAO Directors or designees are responsible for TOP enrollment, TOP

utilization management, TOP beneficiary/host nation provider support/education, TOP marketing and TOP host nation provider certification/recertification, development of a TOP Preferred Provider Network, designation/termination of host nation providers to the TOP Preferred Provider Network, and ongoing oversight and management of the Overseas Partnership Program (see [Chapter 12, Section 4.2](#)). The TAO Directors or their designees will serve as a primary contact/facilitator to the overseas claims processing contractor, and the TRICARE Management Activity (TMA) for issues relating to their areas of responsibility. Each TAO will offer the typical services offered by a CONUS MCSC TRICARE Service Center (TSC). The TAO Directors or their designees are expected to provide ongoing oversight and administration of those tasks for which they are responsible. The TAO Directors or their designees for the TOP will be designated by the Assistant Secretary of Defense, Health Affairs (ASD(HA)). TAO Director offices will not always be physically located within the same region as the overseas claims processing contractor responsible for processing TOP claims and may be co-located within a CONUS TRICARE Regional Office (TRO). TOP will have three (3) TAO Directors.

B. MTF Commanders are responsible for managing the health care delivery plan for all ADSMs and TRICARE enrollees who are under the TOP, as well as for providing care to other Military Health Services System beneficiaries who are eligible for care in MTFs. The MTF Commanders will work directly with the TAO Directors or TAO Director's designee for network development and local initiatives such as TGRO/TPRC.

C. The overseas claims processing contractor is responsible for the processing of overseas claims for overseas Prime, Standard, TRICARE For Life (TFL), and pharmacy claims in non-Medicare OCONUS areas for beneficiaries considered to be within the overseas claims processing contractor's jurisdictional responsibility. This includes claims submitted by the TGRO and TPRC contractors. The overseas claims processing contractor shall provide a designated Point of Contact (POC) to assist the TAO Directors or designee(s) and the TGRO/TPRC contractor designee(s). Additionally, every CONUS regional MCSC shall offer traveling TOP beneficiaries use of existing toll free Health Care Finders numbers/services to locate a CONUS TRICARE network provider (see [Chapter 12, Section 11.1](#) for additional information). **Effective September 1, 2010, claims received for TRICARE beneficiaries based in the 50 United States and the District of Columbia who receive CHC while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the beneficiaries reside or where they are enrolled. Adjustment claims for TRICARE beneficiaries based in the 50 United States and the District of Columbia (whose claims for CHC overseas were originally processed by a stateside MCSC) will be processed by the MCSC who originally processed the claim.**

NOTE: This provision does not apply to beneficiaries enrolled in the USFHP or CHCBP. All claims for those beneficiaries will continue to be processed as USFHP or CHCBP claims. This provision also excludes TRICARE-Medicare dual eligible beneficiaries who receive CHC in U.S. territories. All claims for these beneficiaries will continue to be processed as TDEFIC claims.

D. The TGRO and TPRC contractors are responsible for providing comprehensive health care management and related support services for DoD TRICARE Prime enrolled beneficiaries in designated remote overseas areas. With the exception of ADFM dental care, all health care services provided under these contracts in designated remote areas shall be

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 1.1

INTRODUCTION

cashless and claimless for TOP Prime enrolled ADSM and ADFM. Following the delivery of health care and payment to overseas providers, the TGRO/TPRC contractor shall submit all remote health care claims to the TMA overseas claims processing contractor responsible for processing foreign claims (ADFM dental care is processed through the TDP contractor if enrolled in TDP).

NOTE 1: Claims for remote emergent and urgent care for Navy and Marine Corps personnel who are deployed and/or on liberty status in TGRO locations are to be paid by the TGRO contractor. The overseas claims processing contractor shall reimburse the TGRO contractor for these claims.

NOTE 2: Claims for remote emergent and urgent care for Puerto Rico TOP Prime remote area Navy and Marine Corps plus all TOP Prime who are deployed and/or on liberty status in Puerto Rico are to be paid by the TPRC contractor. The overseas claims processing contractor shall reimburse the TPRC contractor for these claims.

III. OVERSEAS BENEFIT PACKAGES

A. TOP Prime Plan offers overseas enrollees TRICARE Prime Benefits to include access to Primary Care Manager (PCM), clinical preventative services and speciality services. Also under this program there are no copayment and deductibles.

B. TOP Standard is identical to TRICARE Standard in CONUS with benefits, deductibles, and cost-shares unchanged; however, beneficiaries residing OCONUS and it's U.S. Territories may be required to pay up front and file a claim for reimbursement.

C. TOP TFL is available for TRICARE-Medicare dual eligible beneficiaries enrolled in Medicare Part B. TOP TFL is first payer and will cost-share 75% of billed charges for TRICARE covered benefits. The beneficiary is responsible for fiscal year deductible of \$150 individual/\$300 family and the remainder (25%) of the billed charges. TFL cost-shares apply to civilian care provided. In locations where Medicare is available (Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands), Medicare will be first payer and TFL will be second payer (through the TDEFIC contractor).

NOTE: Medicare-eligible ADFMs do not need to be enrolled in Medicare Part B to continue their TRICARE coverage.

D. TRICARE Plus offers beneficiaries empanelment option in a MTF with capacity for primary care. MTFs offering this program are determined by each service.

IV. GEOGRAPHIC AVAILABILITY

A. The TOP is effective in all geographic areas and territorial waters OCONUS.

B. Claims for services provided on a commercial ship that is outside the territorial waters of the United States are to be processed as foreign claims regardless of the provider's home address. If the provider is certified within the United States, reimbursement for the claim is to be based on the provider's home address. If the provider is not certified within the

United States, reimbursement will follow the procedures for foreign claims. This does not include healthcare for enrolled ADSM on a ship at sea or on a ship at home port.

V. TOP CLAIMS PROCESSING RESPONSIBILITY

The overseas claims processing contractor is responsible for processing all claims outlined below, unless a different procedure is noted.

A. All TRICARE Standard care for ADFM and retirees and their family members living overseas for care provided overseas, including adjunctive dental.

B. All TOP Prime claims for overseas enrolled beneficiaries.

C. All Medicare-TRICARE dual eligible beneficiaries claims for beneficiaries who live overseas and receive care overseas, except for TFL and dual-eligible beneficiary claims in Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the North Mariana Islands which are processed by the TDEFIC contractor (TOM, [Chapter 22, Section 1](#)).

D. All claims submitted by the TGRO/TPRC contractor for ADSMs and ADFMs who are enrolled to a designated remote overseas area DMIS-ID, and all other ADSM claims for urgent/emergent care received in a remote overseas area. TGRO contractor claims submission for remote area countries identified by one asterisk in [Chapter 12, Section 12.2, Figure 12-12.2-5](#) will be effective September 1, 2003, and October 1, 2003, for remote area countries identified by no asterisk in [Figure 12-12.2-5](#).

E. Non-enrolled Reserve or National Guard under a Presidential recall or activated for more than 30 consecutive days overseas who obtain overseas care, claims shall be processed by the overseas claims processing contractor. Effective September 1, 2003 or October 1, 2003, if their care is facilitated by the TGRO or TPRC contractor, the TGRO or TPRC contractor shall submit their claims to the overseas claims processing contractor for processing as outlined in [paragraph V.D](#).

F. CONUS/Overseas Enrolled Reserve or National Guard under a Presidential recall or activated for more than 30 consecutive days who obtain overseas care claims shall be processed by the overseas claims processing contractor. Effective September 1, 2003, or October 1, 2003, as outlined in [paragraph V.D](#)., if their care is facilitated by the TGRO or TPRC contractor, the TGRO or TPRC contractor shall submit their claims to the overseas claims processing contractor for claims processing.

G. Reserve Component (RC) members on orders for 30 consecutive days or less, who are injured while traveling to or from annual training or during their annual training who receive civilian medical care OCONUS, claims should be processed by the overseas claims processing contractor (for further guidance see [Chapter 12, Section 11.1, paragraph V.D.14](#).). For designated remote locations covered under the TGRO contract or TPRC, RC members who are injured while traveling to or from annual training, who receive urgent/emergent care facilitated by the TGRO or TPRC contractor, claims shall be submitted by the TGRO or TPRC contractor to the overseas claims processing contractor responsible for processing foreign claims.

H. Prior to September 1, 2010, TRICARE beneficiaries based in the 50 United States and District of Columbia traveling to an OCONUS location (other than where enrolled if enrolled overseas) who seek civilian host nation urgent or emergent care must file claims with their enrolled regional claims processor or their regional claims processor where they reside. ADSMs should contact the TGRO/TPRC contractor prior to incurring any out-of-pocket expenses (TGRO/TPRC contractors may be able to pay the provider for this care). Routine care for ADSMs or ADFMs should be sought from their PCM. Beneficiaries should utilize the services of an MTF wherever possible. Beneficiaries should contact TGRO/TPRC Call Centers respectively, or the American Embassy Health Unit as appropriate for assistance with locating a remote overseas provider. For processing guidelines, see Chapter 12, Section 11.1. Effective September 1, 2010, claims received for TRICARE beneficiaries who receive CHC while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the beneficiaries reside or where they are enrolled.

NOTE: This provision does not apply to USFHP or CHCBP enrollees.

NOTE: For TRICARE Prime ADFMs residing in the 50 United States or the District of Columbia who receive ambulance/aeromedical evacuation services facilitated by the TGRO contractor, claims shall be submitted by the TGRO contractor to the overseas claims processing contractor responsible for processing foreign claims. For additional guidelines, see Chapter 12, Section 10.4.

I. All claims for TOP beneficiaries enrolled or residing overseas who receive care while traveling or visiting CONUS shall be processed by the overseas claims processing contractor responsible for where the overseas beneficiary resides or is enrolled, except for TOP TFL and dual-eligible beneficiaries. Claims for TOP TFL and dual-eligible beneficiaries who live overseas and receive care while traveling or visiting CONUS will be paid by the TDEFIC contractor.

NOTE: Claims submitted by or from TOP eligible beneficiaries who return to CONUS and receive healthcare shall be processed by the appropriate contractor as follows:

1. Non-enrolled TRICARE overseas eligible beneficiary claims for care received in CONUS shall be processed by the overseas claims processing contractor following existing CONUS TRICARE Standard cost-sharing and benefit requirements.

2. TOP Prime enrolled beneficiary claims for care received in CONUS, including adjunctive dental, shall be processed by the contractor responsible for processing TRICARE overseas claims following existing requirements for TRICARE Prime benefits, including enhanced benefits and cost-share. For care authorization requirements for Prime beneficiaries while traveling in the United States, see Chapter 12, Section 8.1. TOP beneficiaries will be encouraged by the overseas TAO Director or designee to utilize CONUS MTFs and current CONUS TRICARE network providers whenever possible.

VI. ELIGIBILITY

A. An individual is considered to be eligible for TOP if they are shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate

the dates of eligibility. See [Chapter 12, Section 3.1](#) for additional information on TRICARE eligibility or refer to [32 CFR 199.3](#). TFL eligibility also requires Medicare Part B enrollment. Family members of ADSM of the Armed Forces of foreign NATO nations are not eligible for the TOP.

B. RC members who are called to active duty for more than 30 consecutive days and their family members are eligible for the TOP if the sponsor was living in an overseas or remote overseas location at the time of mobilization. The family must have had the same overseas residential address as the sponsor at the time of mobilization. RC personnel and their family members are eligible for care under the TGRO/TPRC healthcare contract if they meet the above guidelines.

NOTE: Newborns/adoptees of RC members who are called to active duty for more than 30 consecutive days are eligible for TOP/TRICARE benefits the same as other TRICARE eligible beneficiaries.

C. TAMP eligibles are eligible for the TOP, excluding TGRO, if the beneficiary meets the eligibility requirements for enrollment into TOP Prime. DEERS should be used for determination of eligibility to TAMP Overseas. TAO Directors or their designees should follow the guidelines outlined in [Chapter 12, Section 3.5](#) when administering the program overseas. TOP payment of claims for these beneficiaries shall be based on DEERS enrollment status.

VII. TOP PRIME ENROLLMENT

A. Eligibility for enrollment into TOP Prime is available to ADSMs permanently residing overseas and ADFMs who are on Permanent Change of Station (PCS) orders to accompany the sponsor to the overseas location or on service funded orders to relocate overseas without the sponsor. Only ADFMs who meet the Joint Federal Travel Regulation (JFTR) definition of Command Sponsored shall be eligible for enrollment into TOP Prime or TGRO, with the following exceptions:

1. If the ADSM and his/her Command Sponsored ADFM are enrolled in TOP Prime or TGRO and the sponsor is reassigned on unaccompanied orders to a location that does not permit Command Sponsored family members, the family member(s) can remain enrolled at their current TOP Prime or TGRO site, as long as they remain Command Sponsored. If the family member(s) do not relocate elsewhere during the sponsor's PCS move, then the family may remain enrolled in TOP Prime or TGRO for a period based on the length of the sponsor's unaccompanied orders but not to exceed two years. The normal unaccompanied tour is 24 months or fewer.

2. If ADFMs are allowed to relocate under the sponsor's PCS orders, in accordance with JFTR U5222, or Noncombatant Evacuation Orders without the sponsor to an OCONUS location supported by TOP Prime or TGRO, then the ADFMs will be eligible for enrollment in the overseas program consistent with their orders.

3. If ADFMs are currently enrolled in TOP Prime or TGRO and the family has a newborn or adopts a child, then the new family member will be eligible to enroll in the appropriate overseas program.

4. If the ADFM is a transitional survivor, that individual may remain enrolled in TOP Prime for the duration specified for transitional survivor benefits.

B. Those ADFMs who choose to reside overseas but are not Command Sponsored as defined in the JFTR, and who do not meet any of the exceptions listed above, will remain eligible for TRICARE Standard, TRICARE Plus, or space-available care when and where it is available.

C. Retirees and their family members are not eligible for the TOP Prime.

VIII. OTHER TOP BENEFITS

A. The TOP benefit package includes a limited mail service pharmacy program. The TRICARE Mail Order Pharmacy (TMOP) may be used by all TOP beneficiaries provided certain criteria are met, such as a U.S. credentialed provider to write the prescription and a U.S. ZIP coded address to ship to (APO, FPO, or Diplomatic Pouch Mail). Additionally, ADSMs or ADFMs assigned to overseas U.S. Embassies/State Departments may also use the TMOP. TOP beneficiaries who are covered by other health insurance (OHI) with a prescription drug benefit may not use TMOP unless the OHI plan does not cover the medication needed, or the OHI coverage limit has been met. The TMOP cannot ship drugs which must be refrigerated (e.g., insulin) to an overseas address. Drugs purchased by TOP eligible beneficiaries at overseas embassies may not be covered under TRICARE/TOP.

B. The TRICARE retail network pharmacy benefit is available overseas only in Puerto Rico, the U.S. Virgin Islands, and Guam.

C. Tick Borne Encephalitis (TBE) is a health concern unique to certain areas of Europe and Asia. Because of this, the TBE vaccine is specifically authorized as a covered service under TOP in endemic areas of Europe and Asia for at-risk ADFMs, retirees, or retiree family members when the vaccine is received from a TRICARE authorized provider. When covered, the TBE vaccine shall be cost-shared as a clinical preventive service. See [Chapter 7, Sections 2.1 and 2.2](#).

IX. ADMINISTRATIVE AND EFFECTIVE DATES

Definitions of administrative and effective dates related to TOP policy or program changes are identical to TRICARE and may be located in this manual in the INTRODUCTION section.

X. TOP BENEFIT POLICY (Chapter 12, [Sections 2.1 and 2.2](#))

TOP benefit policy applies to the scope of services and items which may be considered for coverage by TRICARE within the intent of [32 CFR 199.4](#) and [199.5](#) in addition to allowing for the significant cultural differences unique to foreign countries and their health care practices/services when the procedure is determined to be "appropriate medical care" and is "medically or psychologically necessary" and is not unproven as defined in 32 CFR 199, and the TPM does not explicitly exclude or limit coverage of the service or supply. While appropriate medical care references the norm for medical practice in the U.S. the TOP gives consideration to the significant culture differences unique to foreign countries.

XI. TOP PROGRAM POLICY (Chapter 12, [Sections 2.3 - 12.2](#))

A. TOP policy applies to beneficiary eligibility, provider eligibility, claims adjudication, claims payment and quality assurance. TOP Program policy implementation instructions are found in the TOM and TSM and shall be used by the overseas claims processing contractor and overseas TAO Directors, to the extent possible, unless otherwise specifically stated in this chapter or in the appropriate overseas claims processing contract.

B. The TOP policy provides the methodology for paying/allowing TOP services and items rendered by host nation authorized providers. These methods allow the overseas claims processing contractor to approve and pay for specific examples of overseas services or items which are not explicitly addressed in the TRICARE manuals.

C. Refer to [Chapter 12, Section 11.1](#) for TOP claims payment and processing procedures.

D. Refer to the TOM, [Appendix A](#) for a list of Acronyms and Definitions used in this chapter.

- END -

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

RETAIL PHARMACY BENEFITS

LOCATION	BENEFICIARY CATEGORY/COST-SHARE			
	ADSM	ADFM PRIME	ADFM STANDARD	RETIREE STANDARD (INCLUDES RETIREES, FAMILY MEMBERS, SURVIVORS, AND ELIGIBLE FORMER SPOUSES)
Puerto Rico, U.S. Virgin Islands, Guam, and the Northern Mariana Islands (See Note 2.)	No co-pay	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	If using MTF: \$0 If using Network Pharmacy: - \$3 Generic - \$9 Brand - \$22 Non-formulary If using Non-Network Pharmacy: - Greater of \$9 or 20% for generic & formulary - Greater of \$22 or 20% for non-formulary (After deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family))	If using MTF: \$0 If using Network Pharmacy: - \$3 Generic - \$9 Brand - \$22 Non-formulary If using Non-Network Pharmacy: - Greater of \$9 or 20% for generic & formulary - Greater of \$22 or 20% for non-formulary (After deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family))
Network Retail Rx when in CONUS (See Note 2.)	No co-pay	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary
Non-Network Retail Rx when in CONUS	No co-pay	POS applies; \$300/\$600 deductible and 50% cost-share	- Greater of \$9 or 20% for generic & formulary - Greater of \$22 or 20% for non-formulary (After deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family))	- Greater of \$9 or 20% for generic & formulary - Greater of \$22 or 20% for non-formulary (After deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family))

NOTE 2: TRICARE Prime ADFM beneficiaries residing in Puerto Rico, U.S. Virgin Islands, Guam, or the Northern Mariana Islands must fill their prescriptions at a TRICARE Retail Network Pharmacy (TPharm contract) or they will be subject to higher out-of-pocket expenses as indicated above. This also applies to TRICARE Prime ADFMs when traveling in CONUS.

NOTE 3: Overseas beneficiary pharmacy claims will be processed through the overseas claims processing contractor for prescriptions purchased OCONUS (except for Puerto Rico, U.S. Virgin Islands, Guam, or the Northern Mariana Islands). Prescriptions purchased in CONUS, Puerto Rico, U.S. Virgin Islands, Guam, or the Northern Mariana Islands will be processed by the TPharm contractor.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

E. Outpatient Overseas Services

CLINICAL PREVENTIVE SERVICES	BENEFICIARY COPAYMENT	
TYPE OF SERVICE	TOP PRIME	TOP STANDARD
CLINICAL PREVENTIVE SERVICES Includes those services listed in Chapter 7, Section 2.1 and 2.2 .	All Beneficiaries Categories: No copayment.	ADFM's: Cost share--20% of the covered costs after the deductible has been met. Retirees, their Family Members & Survivors, and Eligible Former Spouses: Cost share--25% of the covered costs after the deductible has been met.

NOTE 4: Copayments are waived for certain preventive services under TOP Standard as described in the TRM, [Chapter 2, Section 1, paragraph I.C.3.j.](#) and [paragraph I.D.3.](#) See [Chapter 7, Sections 2.1](#) and [2.5](#).

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

F. Inpatient Overseas Services

BENEFICIARY COPAYMENT/COST-SHARE			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMs		
	E1 - E4	E5 & ABOVE	
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products. Unlimited services with authorization as medically necessary. (See Note 5.)	None	None	ADFMs: Per diem charge (\$25 minimum charge per admission). No separate cost share for separately billed professional charges. Retirees, their Family Members & Survivors, and Eligible Former Spouses: 25% cost-share of billed charges for institutional services, plus 25% cost-share of covered costs for separately billed professional charges.
MATERNITY Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary. (See Note 5.)	None	None	
SKILLED NURSING FACILITY (SNF) CARE Same benefit as under Medicare except that there is no day limit under TOP/TRICARE. Benefit includes semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances. NOTE: SNF benefit is not available overseas except in Medicare certified SNFs in Puerto Rico and the U.S. Territories (Guam, the U.S. Virgin Islands, and American Samoa).	None	None	
INPATIENT MENTAL HEALTH (When medically necessary with authorization.)	None	None	

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

G. Point Of Service (POS)

TRICARE BENEFITS	TOP PRIME	TOP STANDARD
TYPE OF SERVICE	ADFMs	
Applies to all non-emergency inpatient and outpatient services received by enrollees without overseas TRICARE Area Office (TAO) Director or MTF Commander authorization, or from a non-network provider without overseas TAO Director or MTF Commander authorization unless specifically excepted (see Notes 5 and 6).	50% cost-share plus deductible: \$300.00 individual \$600.00 family	POS Option does not apply to TOP Standard beneficiaries.
NOTE 5: TRICARE/CHAMPUS reimbursement will be limited to 50% of the billed/allowed charges after POS deductible has been met.		
NOTE 6: For TRICARE Pacific, POS applies to TGRO ADFM enrollees (in all locations) and TOP Prime ADFM enrollees in Guam, Japan, and Korea (only in the country to which they are enrolled). Under all other conditions, POS does not apply. For TRICARE Latin America and Canada, including the Caribbean Basin, POS applies region-wide except for Canada. For TRICARE Europe, POS applies to all locations under the TGRO contract.		

- END -

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

ISSUE DATE: October 15, 1999

AUTHORITY: [32 CFR 199.1\(b\)\(1\)](#)

I. GENERAL

A. The purpose of the following TRICARE Overseas Program (TOP) claims processing procedures are to help ensure that all claims for care received by TOP eligible beneficiaries are processed in a timely and consistent manner and that government furnished funds are expended only for those services and supplies authorized under TRICARE while still allowing for the cultural differences unique to foreign countries and their health care systems. (See [Chapter 12, Section 1.1](#) for TOP Benefit Plans.)

B. With the exception of Puerto Rico, the overseas Managed Care Support Contractor (MCSC), South Region (hereinafter known as the “overseas claims processing contractor”) shall to the extent possible maximize the use of the TRICARE Operations Manual (TOM), TRICARE Systems Manual (TSM), and the TRICARE Policy Manual (TPM), unless otherwise stated in this chapter, when processing TOP eligible beneficiary claims, including active duty service member (ADSM) and reserve/national guard member claims which fall under the jurisdictional responsibility of the overseas claims processing contractor responsible for the processing of TOP claims. However, the TRICARE provisions for claims processing are not intended to be strictly applied to claims for services received in foreign countries. The Commonwealth of Puerto Rico has been designated as a TOP Prime remote overseas location. In Puerto Rico, claims for TOP Prime enrollees shall be submitted starting May 1, 2004 but processed according to TOM, [Chapter 8](#). The overseas claims processing contractor shall exercise reasonable judgment to accommodate cultural differences relevant to the practices and delivery of health care services overseas.

C. Prior to June 1, 2004, retail pharmacy claims for Puerto Rico, the U.S. Virgin Islands, and Guam were processed through the overseas claims processing contractor. As of June 1, 2004, all pharmacy claims in Puerto Rico, the U.S. Virgin Islands, and Guam are processed by the TRICARE Retail Pharmacy (TPharm) contractor. The TRICARE Puerto Rico Contractor (TPRC) contractor cannot submit pharmacy claims, except for pharmacy that is part of an emergency room visit or inpatient treatment. Any prescriptions from this care that are not provided at time of treatment for inpatient/emergency care, shall be required to be submitted through the retail pharmacy contractor. Copays will apply. If an enrolled active duty family member (ADFM) beneficiary in Puerto Rico, U.S. Virgin Islands, or Guam utilizes a non-network pharmacy, Point of Service (POS) charges including deductibles and cost-shares will apply. Pharmacy claims in the U.S. Virgin Islands for emergent/inpatient services may be submitted to the overseas claims processing contractor by the TRICARE

Global Remote Overseas (TGRO) healthcare contractor. For America Samoa (AS) and all other overseas areas, there will be no copays for Prime enrollees and these claims will be processed through the overseas claims processing contractor. Non-enrolled ADFMs (Standard), retirees or their family members residing overseas obtaining prescription from an overseas host nation pharmacy shall submit their claims to the overseas claims processing contractor. TRICARE Standard cost-share provisions will apply. All pharmacy claims must process through the TPharm contractor except as noted in this paragraph.

D. The TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program which is available in the continental United States (CONUS) (see the TOM, [Chapter 17, Section 6](#)) does not apply to ADFM enrollees in areas outside the 50 United States.

E. Demonstration projects may also be applicable to overseas areas and the U.S. Territories, as outlined in the specific guidance for these programs.

F. Unless otherwise stated, the requirements provided in this chapter shall apply to CONUS MCSC regions when processing overseas claims for beneficiaries enrolled or residing in these MCS contract regions. **Effective September 1, 2010, claims received for beneficiaries based in the 50 United States and the District of Columbia who receive Civilian Health Care (CHC) while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the beneficiaries reside or where they are enrolled.**

NOTE: This provision does not apply to beneficiaries enrolled in the Uniformed Services Family Health Plan (USFHP) or the Continued Health Care Benefit Program (CHCBP). All claims for those beneficiaries will continue to be processed as USFHP or CHCBP claims. This provision does not apply to USFHP or CHCBP enrollees. This provision also excludes TRICARE-Medicare dual eligible beneficiaries who receive CHC in U.S. territories. All claims for these beneficiaries will continue to be processed as TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) claims.

II. TOP PROCESSING STANDARDS

A. Regardless of who submits the claim, TOP claims shall be processed using the standards outlined in the TOM, [Chapter 1](#), except for the following:

1. Claims, the overseas claims processing contractor shall process 85% of all TOP claims to completion within 21 days. Claims pending per government direction are excluded from this standard. However, the number of excluded claims must be reported on the Overseas Weekly/Monthly Workload/Cycletime Aging report.

2. TRICARE Encounter Data (TED) data shall be submitted per TSM requirements.

3. Overseas drafts/checks and Explanation of Benefits (EOBs). Drafts/checks that need to be converted to a foreign currency shall be calculated based on the exchange rate in effect on the last date of service listed on the EOB. Upon completion of the processing, drafts/checks shall be created by the overseas claims processing contractor within 48 hours, matched with the appropriate EOBs, and mailed to the beneficiary/sponsor/host nation

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

provider/Point of Contact (POC)/TGRO and/or TPRC **contractor** as applicable, after Contract Resource Management (CRM) approval (see TOM, [Chapter 3](#)).

4. Provider requests for Electronic Funds Transfer (EFT) payment. Upon host nation provider request the overseas claims processing contractor shall provide EFT payment to a U.S. or overseas bank on a weekly basis. Bank charges incurred by the provider for EFT payment shall be the responsibility of the provider. No EFT payment may be made to providers in the Philippines.

5. Correspondence pended due to stop payment orders, check tracers on foreign banks and conversion of currency. This correspondence is excluded from the routine 45 calendar day correspondence standard and the priority ten calendar day correspondence standard. However, the number of excluded routine and priority correspondence must be reported on the Overseas Monthly Workload/Cycletime Aging Report.

6. Authorization requests. Authorization requests timeliness standards/requirements do not apply to TOP.

7. Zip code file requirements do not apply to TOP except for Puerto Rico.

8. Controls related to authorizations, referrals, and beneficiary/providers services are the responsibility of the overseas TRICARE Area Office (TAO) Directors or designee(s).

9. Correspondence standards apply to all TRICARE overseas correspondence including correspondence related to ADSM overseas claims and TGRO/TPRC **contractor** claims.

10. Appeal standards which require 95% of appeals to be processed within 60 days and 100% of appeals to be processed within 90 days apply to all overseas claims, including TGRO/TPRC **contractor** claims.

III. RECORDS MANAGEMENT

The Records Management requirements outlined in the TOM, [Chapter 2](#) apply to the TOP.

IV. FINANCIAL ADMINISTRATION

A. The overseas claims processing contractor shall follow the Financial Administration Non-Financially Underwritten Funds requirements in the TOM, [Chapter 3](#), with the following exceptions:

1. Foreign overseas drafts (local currency) and checks (U.S. currency) shall also reflect "TRICARE Overseas Program."

2. Foreign overseas drafts shall also reflect information that indicates the draft is valid for 190 days and if reissue is required/necessary, the draft must be returned to the overseas claims processing contractor with a request for reissuance. The overseas claims

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

processing contractor shall issue drafts/checks for Germany claims which look like local German drafts/checks.

3. Overseas claims are excluded from the interest payment requirements as outlined in the TOM, [Chapter 8](#). The overseas claims processing contractor is required to provide, upon overseas TAO Director request, documentation, for auditing purposes, of the TGRO/TPRC contractor claims.

4. The overseas claims processing contractor is responsible for following the requirements outlined in the TOM, [Chapter 3, Section 3](#) related to voucher/batch preparation and integrity.

5. The TED for the overseas claims shall be reported on vouchers/batches according to the TSM, [Chapter 2](#) and as follows:

a. For remote site:

(1) ADFM and ADSM remote site claims, excluding health care claims for emergent/urgent care for Navy and Marine Corps ADSM who are either deployed and or deployed on liberty status in a remote site shall be submitted on vouchers instead of batches and shall be paid from the current non-financially underwritten foreign bank account. They shall be submitted like all other claims currently processed from that account.

(2) Navy deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Navy.

(3) Marine Corps deployed and/or deployed on liberty emergent or urgent care claims shall be submitted on a separate voucher. A separate bank account will be established for these beneficiaries. The ASAP account on the voucher header will identify the voucher as Marine Corps.

NOTE: The overseas claims processing contractor shall work with the TGRO/TPRC contractor to develop a process for the identification of Navy/Marine Corps ADSM claims identified in [paragraph IV.A.5.a.\(2\)](#) and [\(3\)](#), upon submission to the overseas claims processing contractor.

(4) Retirees and their dependents living in a remote site health care claims shall be submitted on vouchers instead of batches and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(5) ADSMs and remote-enrolled ADFMs living in a remote OCONUS site - claims for health care received while traveling in CONUS shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account. Claims for TRICARE Standard beneficiaries (non-enrolled ADFMs, retirees and their dependents) living in a remote OCONUS site - claims for health care received while traveling

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

in CONUS shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account if the claim is filed with an overseas beneficiary address. Claims for TRICARE standard beneficiaries that are filed with a CONUS beneficiary address should be processed by the appropriate MCSC for the beneficiary's address.

b. For other than remote site claims:

(1) TRICARE Europe ADSM claims shall be submitted on batches and the contractor shall on a monthly basis, submit a request for payment of TRICARE Europe ADSM overseas claims in the format of a single bill delineated by military branch of service to Defense Finance and Accounting Service (DFAS), Europe. Each bill shall include total weekly charges separated by benefit dollars with administrative charges per claim. Additionally each bill shall be accompanied by a monthly summary report of total expenditures by currency (e.g., for the month of January \$600,000 worth of claims were paid, of the \$600,000, \$300,000 were paid in Euros, \$200,000 were paid in Kronen, etc.). A copy of this report identifying PHS and NOAA ADSM claims shall also be sent to the Public Health Service POC, at Medical Affairs Branch, 5600 Fishers Lane, Room 4C-04, Rockville, MD 20874.

(2) The TGRO contractor may submit claims for ADSM/ADFM enrolled in Guantanamo Bay (GTMO) in TOP Prime for urgent/emergent aeromedical evacuation. Also, ADSMs who are in an authorized leave status, on temporary duty, or deployed, who are not enrolled in TOP Prime may also have claims submitted by the TGRO contractor.

(3) TOP eligible ADFM claims shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(4) Retirees and their dependents living overseas claims shall be submitted on voucher and shall be paid from the current non-financially underwritten or TRICARE for Life (TFL)/accrual fund bank accounts. They shall be submitted on the same voucher as all other claims currently processed from that account.

(5) TOP Prime (ADSM and ADFM) and TOP Standard beneficiary CONUS claims for health care shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account.

(6) **Prior to September 1, 2010, overseas health care claims determined to be the responsibility of the CONUS claims processing contractor (i.e., beneficiaries enrolled or residing in a CONUS claims processing contractor region, who receive care while traveling or visiting abroad) shall be paid from the applicable bank account. Effective September 1, 2010, claims received for TRICARE beneficiaries who receive CHC while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor.**

NOTE: This provision does not apply to beneficiaries enrolled in the USFHP or CHCBP. All claims for those beneficiaries will continue to be processed as USFHP or CHCHP claims. This provision does not apply to USFHP or CHCBP enrollees. This provision

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

also excludes TRICARE-Medicare dual eligible beneficiaries who receive CHC in U.S. territories. All claims for these beneficiaries will continue to be processed as TDEFIC claims.

(7) TRICARE Latin America/Canada (TLAC) and TRICARE Pacific ADSM claims shall be submitted on vouchers and shall be paid from the current non-financially underwritten bank account. They shall be submitted on the same voucher as all other claims currently processed from that account. Administrative fees will be paid in accordance with TOM, Chapter 3, Section 9.

B. The overseas claims processing contractor shall provide TRICARE Overseas Currency reports identifying the gain or loss for the month reported to arrive by the 10th calendar day following the month reported, excluding TGRO/TPRC contractor claims. The reports for net gains/losses shall be sent in a electronic format to TMA, Attn: Finance and Accounting Branch, 16401 East Centretech Parkway, Aurora, CO 80011-9066.

1. The overseas claims processing contractor shall calculate TOP program currency gains and losses resulting from payments made to host nation providers and/or beneficiaries in foreign countries. The gains and losses shall be computed based on the exchange rate in effect on the "Ending Date of Care" per paragraph V.Q.1.d. The difference between the cost of the foreign currency on the "Ending Date of Care" and the overseas claims processing contractor payment date shall be the gain or loss on the transaction. Payment shall be as follows for:

a. Net Gain. For months that result in a net gain, the overseas claims processing contractor shall forward the report along with their check payable to DoD, TMA, for the gain from currency conversion.

b. Net Loss. TMA will reimburse the overseas claims processing contractor for any losses incurred from currency conversion except for current conversion losses from TRICARE Europe ADSM claims. The TRICARE Overseas Currency report shall be accompanied by a letter (invoice) requesting reimbursement for the loss incurred. This payment will not be subject to the Prompt Payment Act (FAR 32.9) as amended, therefore, payment by TMA will usually be made within five working days of receipt of the invoice and the TRICARE Overseas Currency report.

2. For TRICARE Europe ADSM overseas claims, the overseas claims processing contractor shall follow the above procedures for calculating foreign currency gains and losses and reporting requirements. However, the report and net gains/losses shall be sent to DFAS, Europe or the office designated by DFAS. DFAS will reimburse the contractor for any losses incurred from the currency conversion.

3. Audits. The TRICARE Overseas Currency reports, and the claims supporting them, are subject to audit by the TMA or other authorized Government auditors as part of any financial audit.

V. CLAIMS PROCESSING PROCEDURES

A. Who May File A TOP Claim.

Claims may be filed by TOP eligible TRICARE beneficiaries, TOP host nation providers, TGRO Host Country (TGROHC), TPRC, and TRICARE authorized providers as allowed under TRICARE (see the TOM, [Chapter 8](#)).

B. TOP Claim Form.

1. Confidentiality requirements for TOP are identical to TRICARE requirements outlined in the TOM, [Chapter 8](#).

2. The overseas claims processing contractor may accept any valid TRICARE approved claim form, current or obsolete, except for Puerto Rico. Puerto Rico claims must be submitted on a TRICARE acceptable claim form, e.g., facility charges (inpatient and outpatient) must be submitted on the CMS 1450 UB-04 claim form.

3. TGRO contractor shall submit claims on the TGRO contractor claim form identified in [Chapter 12, Section 12.2, Figure 12-12.2-16](#).

C. TOP Claims Receipt And Control And Signature Requirements.

1. The overseas claims processing contractor shall follow the claims receipt and control, and signature requirements outlined in the TOM, [Chapter 8](#), except when directed by the appropriate TMA Contracting Officer's Representative (COR). When directed by TMA, the overseas claims processing contractor may not use signature on file and may not accept facsimile signatures.

2. The overseas claims processing contractor shall waive beneficiary signature requirements for claims submitted for TGRO contractor designated providers.

3. As a guideline, all overseas claims shall be sent to the microfilm area, filmed and returned to overseas claims processing contractor's overseas claims processing unit no later than the close of business the following working day of submission.

D. TOP Jurisdiction.

In the early stages of TOP claims review, the overseas claims processing contractor shall determine that claims received are within its contractual jurisdiction. TOP claims processing jurisdictions are identified within the overseas claims processing contractor's contract with TMA and includes all overseas locations except the 50 United States and the District of Columbia. When the overseas claims processing contractor receives out of jurisdiction claims, with the exception of claims submitted by the TGRO/TPRC contractor, the overseas claims processing contractor shall forward such claims to the appropriate TRICARE contractor responsible for processing the claims within 72 hours of identification of the claims as being out of jurisdiction. The overseas claims processing contractor shall inform the beneficiary/provider of the action taken and provide the address of the contractor to which the claim(s) was/were forwarded. TOP jurisdiction requirements outlined are as

follows:

1. See [Chapter 12, Section 1.1](#) for overseas claims processing contractor claims processing responsibilities with the exception of claims submitted by the TGRO/TPRC contractor.
2. Effective September 1, 2003, the overseas claims processing contractor shall process the TGRO contractor claims for services rendered on or after October 1, 2002 following the guidelines outlined under the TGRO contract and the requirements outlined in this chapter. All TGRO contractor claims must be submitted electronically. When TGRO claims cannot be submitted electronically, the TGRO contractor shall request a waiver from the government POC.
3. Effective September 1, 2003, the overseas claims processing contractor shall process the TGRO contractor TRICARE Pacific ADFM adjustments for services rendered prior to October 1, 2002 following previous overseas processing guidelines. TRICARE Pacific ADFM claims for dates of services prior to October 1, 2002 which may have not been submitted timely and which have been granted a waiver, shall also be processed following previous overseas claims processing guidelines.
4. The overseas claims processing contractor shall process Puerto Rico health care claims submitted by the TPRC. The overseas claims processing contractor shall not process eligible ADSM or ADFM claims submitted by the TPRC with date of service before May 1, 2004. For date of service prior to May 1, 2004 in TPRC, the overseas claims processing contractor shall follow previous overseas processing guidelines.
5. All ADSM TOP Prime care for TPRC Defense Medical Information System Identification (DMIS-IDs) shall be sought through TPRC. For ADSM TOP Prime TPRC DMIS-ID enrollees who seek care outside the TPRC without an authorization from the TPRC, the claim will be pended by the overseas claims processing contractor and the TPRC will be notified via a weekly report. Upon receipt of this report, the TPRC will have five working days to make a determination regarding authorization. If the TPRC retroactively authorizes the care, then the contractor shall enter the authorization and notify the overseas claims processing contractor to process the claim for payment. If the TPRC determines that the care was not authorized, the contractor shall notify the overseas claims processing contractor and an EOB denying the claim shall be initiated. If the overseas claims processing contractor does not receive the TPRC's response within five working days, the overseas claims processing contractor shall pay the claim as if it was authorized.
6. All ADSM TOP Prime care for TGRO DMIS-IDs shall be sought through TGRO. For ADSM TOP Prime TGRO DMIS-ID enrollees who seek care outside the TGRO contract without an authorization from the TGRO contractor, the claim will be pended by the overseas claims processing contractor and the TGRO contractor will be notified via a weekly report. Upon receipt of this report, the TGRO contractor will have five working days to make a determination regarding authorization. If the TGRO contractor retroactively authorizes the care, then the contractor shall enter the authorization and notify the overseas claims processing contractor to process the claim for payment. If the TGRO contractor determines that the care was not authorized, the contractor shall notify the overseas claims processing contractor and an EOB denying the claim shall be initiated. If the overseas claims processing

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

contractor does not receive the TGRO contractor's response within five working days, the overseas claims processing contractor shall pay the claim as if it was authorized.

7. All ADFM TOP Prime care for TGRO DMIS-IDs shall be sought through the TGRO. ADFM care not sought through TGRO shall process with deductibles and POS charges. Effective May 1, 2004, all ADFM TOP Prime for the TPRC DMIS-IDs shall be sought through the TPRC. ADFM care not sought through TPRC shall process with deductibles and POS charges. Refer to [paragraph V.G.12.](#) for policy regarding POS waivers and EOB messages.

8. The overseas claims processing contractor shall process the TGRO contractor Navy/Marine Corps claims for ADSMs temporarily assigned, deployed, deployed on liberty, or in an authorized leave status with a date of service of October 1, 2003 or later. Effective May 1, 2004, the overseas claims processing contractor shall process the TPRC contractor Navy/Marine Corps claims for ADSMs temporarily assigned, deployed, deployed on liberty, or in an authorized leave status with a date of service of May 1, 2004 or later.

9. Claims, including TGRO/TPRC **contractor** claims, for durable medical equipment purchased/ordered by TOP eligible beneficiaries in an overseas area from a CONUS provider (i.e., internet, etc.) shall be processed by the overseas claims processing contractor.

10. For inpatient claims paid under the DRG-based payment system, the overseas claims processing contractor with jurisdiction for the beneficiary's claim address, on the date of admission, shall process and pay the entire DRG claim, including cost outliers. For inpatient claims paid on a per diem basis, to include DRG transfers and short stay outlier cases, and for professional claims that are date-driven, the overseas claims processing contractor with jurisdiction for the beneficiary's claim address, on the date of service shall process and pay the claim.

11. Overseas enrolled ADSM on a ship or with an overseas home port overseas care shall not be processed by the member's military unit. They shall be processed based on enrollment location.

12. **Prior to September 1, 2010**, ADSM TDY/on leave in an overseas region, from the U.S., claims **received** for overseas urgent or emergent care shall be processed by the claims processing contractor responsible for where the ADSM is enrolled or if not enrolled where the ADSM resides. If urgent or emergent care is provided in a remote area and is facilitated by the TGRO/TPRC **contractor**, the TGRO/TPRC **contractor** shall process the claim to payment and then shall submit the claim to the overseas claims processing contractor for payment. ADSMs seeking routine care while TDY/on leave in a remote area should receive authorization from the region to which they are enrolled. **Effective September 1, 2010, claims received for ADSMs who are TDY/on leave outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the ADSM resides or where they are enrolled.**

13. ADSM deployed to overseas remote areas, claims for the care shall be processed by the overseas claims processing contractor responsible for processing foreign claims.

14. Reservists on orders for 30 consecutive days or less, who are injured while traveling to or from annual training or while performing their annual training who receive civilian medical care OCONUS, claims should be processed by the overseas claims processing contractor. For countries covered under the TGRO **contract or** TPRC, reservists, who are injured while traveling to or from annual training, who receive urgent/emergent care facilitated by the TGRO/TPRC **contractor**, claims shall be submitted by the TGRO/TPRC **contractor** to the overseas claims processing contractor responsible for processing foreign claims.

15. **Prior to September 1, 2010**, TRICARE beneficiaries, enrolled or residing in a CONUS claims processing contractor region who, while traveling or visiting abroad and receive overseas health care, claims for the overseas care shall be processed by the CONUS claims processing contractor responsible for where the beneficiary resides or is enrolled. See [paragraph V.Q.](#) for claims processing and payment guidelines for these claims. **Effective September 1, 2010, claims received for TRICARE beneficiaries who receive CHC while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the beneficiaries reside or where they are enrolled.**

NOTE: This provision does not apply to beneficiaries enrolled in the USFHP or CHCBP. All claims for those beneficiaries will continue to be processed as USFHP or CHCBP claims. This provision does not apply to USFHP or CHCBP enrollees. This provision also excludes TRICARE-Medicare dual eligible beneficiaries who receive CHC in U.S. territories. All claims for these beneficiaries will continue to be processed as TDEFIC claims.

16. Effective January 1, 2005, the overseas claims processing contractor shall process TLAC ADSM claims following the claims processing guidelines for TRICARE Europe ADSM claims, except that TLAC ADSM claims shall be submitted on vouchers instead of batches and TLAC ADSM claims shall be processed without an authorization. Actual date(s) of service may be prior to January 1, 2005, and are not subject to normal claims submission deadlines.

17. The overseas claims processing contractor shall process TRICARE Pacific ADSM claims following the claims processing guidelines for TRICARE Europe ADSM claims, except that TRICARE Pacific ADSM claims shall be submitted on vouchers instead of batches and TRICARE Pacific ADSM claims shall be processed without an authorization for urgent/emergent care.

E. Host Nation Provider Requirements.

1. The overseas claims processing contractor shall use [32 CFR 199.6](#) and the TOM, [Chapter 4](#) as a guideline for the types of host nation providers which may provide service to TOP/TRICARE beneficiaries. The overseas claims processing contractor is not required to follow the requirements outlined in the TOM, [Chapter 5](#).

2. The overseas claims processing contractor is not required to certify host nation providers unless directed by the appropriate TMA COR. However, if requested by the overseas TAO Directors, the overseas claims processing contractor shall provide their file copies of provider licenses to the overseas TAO Directors. Should the overseas claims

processing contractor be directed by TMA to require certification of host nation providers from overseas countries, the overseas claims processing contractor shall follow the requirements outlined in [32 CFR 199.6](#) and the TOM, [Chapter 4](#) and/or by contract to identify types of providers which are eligible to be authorized under TRICARE and shall be required to follow a similar process identified below for provider certification.

3. The TGRO contractor is responsible for performing on-site verification and provider certification in the Philippines. The overseas claims processing contractor is required to only consider providers certified/confirmed by the TGRO contractor in the Philippines as TRICARE TOP authorized providers no other providers shall be considered an authorized provider.

a. The overseas claims processing contractor shall forward the Philippines host nation provider information who are not TGRO contractor certified/confirmed to TGRO contractor for action. If the TGRO contractor certification action is not completed within 35 days, the overseas claims processing contractor shall deny claims based on lack of provider certification. The TGRO contractor is required to send a spreadsheet with the results of the certification requests (approved/non-approved) to the overseas claims processing contractor, including copies of current licenses/credentials, the host nation providers name and business/billing address and date of certification or denial (see [Figure 12-12.2-12](#) and [Figure 12-12.2-13](#) for the forms that shall be used by the overseas claims processing contractor and the TGRO contractor for obtaining necessary certification).

b. For the Philippine certification process, the TGRO contractor shall provide electronically to the overseas claims processing contractor and the appropriate overseas TAO Director, a current file of the certified Philippines providers. Upon receipt of the files, the overseas claims processing contractor is required to ensure these providers are designated on their provider file as certified/authorized overseas host nation providers and shall assign each provider a unique number following current contract requirements and shall provide that number to the TGRO contractor and the appropriate overseas TAO Director. For those certified non-network Philippine providers, the overseas claims processing contractor shall assign these providers a separate unique provider ID number. Upon receipt of the TGRO contractor newly certified/authorized Philippine host nation provider file update, the overseas claims processing contractor shall provide the assigned provider number(s) to the TGRO contractor and the appropriate overseas TAO Director by the next business day of receipt.

4. Updates/reconciliations of Philippine providers to be certified or disapproved shall be provided by the TGRO contractor to the overseas claims processing contractor with copies to the Chief, Claims Processing Office and the TAO Director. The TGRO contractor, shall submit separate reports for network and non-network providers. For new non-network providers the TGRO contractor shall submit a cumulative report in an Excel format which includes those providers which are approved or denied, including copies of current licenses/credentials and the providers name, business address and billing address, including telephone and fax numbers, if available, date of certification/denial, and provider specialty if available. This report shall be submitted weekly. As this process is expanded to other countries, the report shall be submitted weekly. For network providers the TGRO contractor shall follow the process for reporting outlined in [paragraph V.E.9.](#), for remote area providers.

5. The overseas claims processing contractor and the TGRO contractor shall use the following guidelines for prioritizing certification of Philippine providers as follows:

- a. Reviewing new providers.
- b. Reviewing the overseas claims processing contractor current certified provider files.
- c. Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has followed-up on why the claim was denied.
- d. Reviewing non-certified providers on claims which have been denied by the overseas claims processing contractor and the beneficiary/provider has NOT followed-up on why the claim was denied.

6. To assist in identifying the above Philippine provider priorities, the overseas claims processing contractor is required to send to the TMA designee provider certification requests as outlined above. New provider requests will be sent by the overseas claims processing contractor to the TGRO contractor and the TAO Director two (2) times per week on Mondays and Wednesdays. If these days fall on a national holiday the reports will be provided the next day.

7. Recertification of Philippine providers shall be performed by the TGRO contractor every three (3) years and shall follow the above process. TMA shall, as necessary, require the TGRO contractor and the overseas claims processing contractor to add additional overseas countries for host-nation provider certification. Upon direction by the Government, the overseas claims processing contractor and the TGRO contractor shall follow the process above outlined for the Philippines to include prioritization of certification of new country providers.

8. The overseas claims processing contractor shall deny claims submitted from non-certified or non-confirmed host nation providers from the Philippines, advising the beneficiary/provider to contact the TGRO contractor for procedures on becoming certified.

9. For use in processing TGRO and TPRC contractor area submitted claims, the overseas claims processing contractor shall be provided electronic provider files of designated remote overseas providers, including network provider and participating provider information and excluding dental provider files by the TGRO and TPRC contractor. Upon receipt of the files, the overseas claims processing contractor is required to ensure these providers are designated authorized overseas host nation providers and/or remote overseas designated authorized providers and shall assign each provider a number following current contract requirements and provide that number to the appropriate remote contractor. A separate provider number will be assigned for the certified providers not in the remote overseas provider network. Also, the overseas claims processing contractor shall be provided by the appropriate remote contractor, designated remote overseas electronic provider file updates as needed with a replacement provider file on a quarterly basis. These files shall arrive no later than the 15th of every month. Upon receipt of a new provider file update, the

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

overseas claims processing contractor shall provide the assigned provider number to the appropriate remote contractor within one business day after receipt.

10. The TGRO contractor shall also request separate provider numbers for the billing of commercial air transports.

11. Upon TOP TAO Director request, the overseas claims processing contractor shall provide copies of licensure/certification information for host nation providers, when available, from claims processing contractor provider files.

12. The overseas claims processing contractor is required to assign provider numbers to host nation providers, identify providers as network or non-network, create and submit TRICARE Encounter Provider records (TEPRVs), to include the TGRO and TPRC contractor providers.

13. The overseas claims processing contractor shall accept TAO Director Network Provider designation notification letters that designate/undesignate overseas host nation providers/countries as TOP Network preferred providers. Upon receipt of the designation letters, the overseas claims processing contractor is required to update their provider file accordingly and retain a copy of the letter in their provider file. The overseas claims processing contractor shall use the date on the notification letter as the effective begin/end date of TOP network designation. If the designation letter is undated, the overseas claims processing contractor shall contact the appropriate TAO Director for a begin/end date.

14. The overseas claims processing contractor shall receive an electronic Monthly Network Progress Report from the TAO Directors with updates for the previous 60 days. The overseas claims processing contractor shall use this report to reconcile their provider files. The Monthly Network Progress Report shall arrive no later than the 15th of every month.

15. The overseas claims processing contractor shall also receive from the TGRO/TPRC contractor, or their designee, provider file updates for TGRO/TPRC contractor designated providers. The electronic files will be sent to the overseas claims processing contractor for updates as needed. Upon receipt of a new TGRO/TPRC contractor provider update, the overseas claims processing contractor shall provide the newly assigned provider number to the TGRO/TPRC contractor, or their designee, by the next U.S. business day of receipt.

16. Requests for additional provider information required to process overseas claims to completion shall be forwarded to the beneficiary/provider by the most expeditious method available. TGRO contractor Philippine certification requests shall be submitted electronically by the overseas claims processing contractor. If the beneficiary/provider/TGRO/TPRC contractor requests for additional information/certification are not received by the overseas claims processing contractor within 35 days, the claims shall be denied.

17. Claims from the TGRO and TPRC contractor shall be submitted electronically. When hard copy health care claims submission is necessary, the contractor shall submit the claims to the overseas claims processing contractor.

18. Effective September 1, 2002 for the Philippines, Panama and Costa Rica, providers exceeding the \$3000 per year billing cap for pharmacy service are required to submit claims using National Drug Coding (NDC).

19. For the Philippines, Panama, and Costa Rica, the overseas claims processing contractor shall, annually, review billings to determine if providers in these areas have exceeded the \$3,000 per year billing cap for pharmacy services. The reports shall identify the provider, the provider ID, the effective date of the NDC implementation, the provider total billed amount, the allowed amount, and the total amount paid to the provider, and the total amount paid by the government. High volume providers (determined by total pharmacy services billings exceeding \$3,000 in the previous 12 months) identified shall be sent the provider notification letter (see [Figure 12-12.2-8](#)) advising them of the TOP NDC submission requirements and payment for drugs as required in TRM, [Chapter 1, Section 15](#) and this section. The electronic report shall arrive no later than the 15th of month in which it is due. As other countries are added, the report shall include these countries.

20. For the Philippines and other nations as may later be determined by the Government, the contractor shall quarterly determine the top 10% of institutional and individual professional providers. The contractor shall return a copy of all claims received from these providers to the provider's practice address requesting the providers signature on the attestation at [Figure 12-12.2-17](#). Only the original signature of the provider is acceptable. For institutional providers, the signature shall be that of the institution's chief executive. Claims shall be pended for 35 calendar days following the mailing of the attestation and a copy of the claim. If no response is received within 35 calendar days, the contractor shall deny the claim.

21. The overseas claims processing contractor shall provide an electronic report, annually (by fiscal year), identifying all high volume overseas providers of pharmacy services that have exceeded the \$3000, per year billing cap for pharmacy services to the appropriate TMA COR, 16401 East Centretch Parkway, Aurora, CO 80011-9066. The reports shall identify the provider, the provider ID, the provider total billed amount, the total amount paid to the provider, and the total amount paid by the government. Upon receipt, the government shall review the report and may notify the overseas claims processing contractor to issue a provider notification letter (see [Figure 12-12.2-8](#)) to TMA identified overseas providers of pharmacy services in other countries than the Philippines, Panama and Costa Rica that have exceeded the \$3000 per year billing cap on pharmacy services. The report shall arrive by the 15th of October for the preceding fiscal year (October 1 through September 30). As other countries are added, the report shall include these countries.

22. For those providers identified annually as high volume providers (determined by total pharmacy services billings exceeding \$3,000 in the previous 12 months), the overseas claims processing contractor shall be required to submit a report annually, by country and provider, which tracks the number of claims, dollars amounts billed vs. paid before the above process was implemented and compares it to the number of claims, dollars amounts billed vs. paid after the above process was implemented. The report shall arrive no later than the 15th of the month in which it is due. As other countries are added, the report shall include these countries.

23. The CONUS claims processing contractor is not required to certify host nation providers for care received by CONUS beneficiaries (Prime/Standard) who travel overseas and required/received care.

F. Enrollment.

1. The overseas claims processing contractor is not responsible for enrollment requirements outlined in the TOM, [Chapter 6, Section 1](#), for TOP eligible beneficiaries.

2. When processing claims, the overseas claims processing contractor shall consider the requirements for Enrollment Portability, Split Enrollment, Disenrollment and TRICARE Plus outlined in the TOM, [Chapter 6](#) and related requirements outlined in this chapter.

G. Utilization Management/Authorizations.

1. The overseas claims processing contractor is not required to develop a Utilization Management Plan/Program, a Clinical Quality Management Program or develop a plan for interacting with the National Quality Monitoring contractor as outlined in the TOM, [Chapter 7](#).

2. The overseas claims processing contractor is required to advise their customers of those overseas benefits/countries requiring preauthorization/authorization before payment can be made and of the procedures for requesting preauthorization/authorization. Although beneficiaries are required to obtain authorization for care prior to receiving payment for the care requiring TOP preauthorization/authorization, TOP preauthorization/authorization may be requested following the care from the appropriate authority for issuing authorizations (see [Chapter 12, Section 8.1](#)). The overseas claims processing contractor shall document preauthorization/authorizations according to current contract requirements.

3. If medical review is required to determine medical necessity of a service rendered, the overseas claims processing contractor shall follow the requirements outlined in the TOM, [Chapter 7, Section 1](#) related to medical review staff qualifications and review processes.

4. The TOP preauthorization/authorization must be submitted with the claim or be available on Defense Enrollment Eligibility Reporting System (DEERS) or when fully implemented the TRICARE Enterprise Wide Referral and Authorization Program (EWRAP).

5. Upon instruction from the TMA Contracting Officer, Nonavailability Statement (NAS) reason for issuance codes 7, 8, and 9 will be conveyed via ANSI ASC X12N 278 transactions from the TRICARE EWRAP. When fully implemented, the overseas claims processing contractor is required to accept and store and access the NAS (care authorization) information for claims processing and other contractual purposes. When fully implemented, the overseas claims processing contractor shall no longer accept paper authorizations from MTFs. The overseas claims processing contractor must be able to receive NASs (care authorizations) in ANSI X12N 278 transactions and later referral and authorization data from the EWRAP in the form of HIPAA-compliant ANSI X12N 997 Functional Acknowledgements to the EWRAP should such acknowledgements be required and specified in the trading partner agreement between the overseas claims processing contractor and EWRAP.

6. The overseas claims processing contractor must maintain a preauthorization/authorization file.

7. When necessary, clarification of discrepancies between authorization data and data on the claims shall be made by the overseas claims processing contractor with the appropriate authorizing authority (see [Chapter 12, Section 8.1](#)).

8. The overseas claims processing contractor shall consider authorizations valid for 90 days (i.e., date of service must be within 90 days of issue date). The overseas claims processing contractor shall consider retroactive and chronic authorizations valid for the specific date/care authorized.

9. Procedures for preauthorizations/authorizations for CONUS inpatient mental health care have been developed between the overseas claims processing contractor's mental health contractor responsible for processing foreign claims and the overseas TAO Directors in coordination with the appropriate TMA COR. The mental health contractor is responsible for authorizing/review of all CONUS non-emergency inpatient mental health care for enrolled ADFM (i.e., Residential Treatment Center (RTC), Substance Use Disorder Rehabilitation Facility (SUDRF), etc.) and outpatient mental health care sessions nine and above per fiscal year for Prime overseas beneficiaries. To perform this requirement, the overseas claims processing contractor shall at a minimum provide three 24-hour telephone lines: one CONUS toll free, one commercial and one fax for overseas inpatient mental health review requirement, sample forms for use by the referring physician when requesting pre-authorization/authorization for care and the system for notification of the overseas claims processing contractor when care has been authorized. Additionally, the overseas claims processing contractor responsible for foreign claim shall:

a. Inform the beneficiary/provider if a desired facility is not a TRICARE authorized facility and offer the beneficiary/provider a choice of alternative facilities and assist with identifying CONUS facilities for referring providers.

b. Upon request, either telephonically or by fax, from a referring provider, the mental health review contractor will initiate preauthorization prior to admission for non-emergency inpatient care, including RTC, SUDRF, Partial Hospitalization Program (PHP), etc. (Essentially, all admissions defined by [Chapter 1, Section 7.1](#), as requiring preauthorization). The overseas claims processing contractor responsible for processing overseas claims will arrange ongoing utilization review, as indicated, for overseas beneficiaries admitted to any level of inpatient mental health care.

c. The review determination must conclude in either authorization or denial of care. Review results must be faxed to the beneficiary/provider within 24 hours of the request. The review and denial process will follow, as applicable the processes outlined in TOM, [Chapter 7](#).

(1) The mental health contractor will provide an opportunity to discuss the proposed initial denial determination with the patient's attending physician AND referring physician (if different providers). The purpose of this discussion is to allow further explanation of the nature of the beneficiary's need for health care services, including all factors which preclude treatment of the patient as an outpatient or in an alternative level of

inpatient care. This is important in those beneficiaries designated to return overseas, where supporting alternative level of care is limited, as well as support for intensive outpatient treatment. If the referring provider does not agree with the denial determination, then the contractor will contact the appropriate overseas TAO Director to discuss the case. The Overseas TAO Director will provide the schedule and contact information for all overseas TAO mental health advisors. The final decision on whether or not to issue a denial will be made by the mental health contractor.

(2) The mental health contractor will notify the referring provider if the patient is returning to ensure coordination of appropriate after-care arrangements, as well as facilitate discussion with the attending provider to ensure continuity of care is considered with the proposed after-care treatment plan.

d. The mental health contractor will adhere to the appeals process outlined in the TOM, [Chapter 13](#).

e. The mental health contractor will also notify the overseas claims processing contractor of the initial review determination and any pending appeals. The overseas claims processing contractor will use this information to process the claim.

f. The overseas claims processing contractor responsible for processing foreign claims shall notify the TAO Directors and TMA of any changes to phone and fax numbers.

10. If the overseas claims processing contractor has no record of referral/ authorization, prior to denial/payment of the claim, the overseas claims processing contractor will follow the TOP POS rules, assuming the service would otherwise be covered under TOP, as outlined in [Chapter 12, Section 10.2](#).

11. For other than the TGRO and TPRC contractor, the overseas claims processing contractor shall develop procedures for the identification and tracking of TOP enrollee claims submitted by either a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization. The overseas claims processing contractor shall provide an electronic file to be Microsoft Office compatible and sortable by all fields of all claims received without preauthorization/authorization or for services rendered by a host nation non-network provider sorted by TAO, DMIS-ID on the date of service, sponsor SSN, patient name, date of birth, date of care, Health Care Delivery Plan (HCDP) Coverage code, host nation provider of care, host nation providers address, with an ICD-9, CPT-4 code, or brief description of the purpose of the visit or reason for referral (i.e., A=No Authorization, P=Non-Network Providers) and Internal Control Number (ICN) order weekly for appropriate TAO Director review. (See [Figure 12-12.2-2](#), [Figure 12-12.2-3](#), and [Figure 12-12.2-7](#).) Upon receipt of the first claim for a TOP-enrolled ADFM submitted by a TOP host nation designated or non-designated overseas host nation provider without preauthorization/ authorization, the overseas claims processing contractor shall process the claim and waive application of POS charges for that claim. The overseas claims processing contractor shall use specific EOB messages advising the beneficiaries/host nation providers that authorizations are required on future claims to avoid POS payment. Upon receipt of the second and subsequent ADFM claims submitted by a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization, the overseas claims processing contractor shall process the claims following POS payment procedures.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

12. For the TGRO and TPRC **contractor**, the overseas claims processing contractor shall develop procedures for the identification and tracking of TOP enrolled claims submitted by either a beneficiary, a TOP host nation designated or non-designated overseas host nation provider without preauthorization/authorization. The overseas claims processing contractor shall provide weekly an electronic file to be Microsoft Office compatible and sortable by all fields of all claims received without preauthorization/authorization or for services rendered by a host nation non-network provider sorted by TAO, DMIS-ID on the date of service, sponsor SSN, patient name, date of birth, date of care, HCDP Coverage code, host nation provider of care, host nation provider's address, with an ICD-9, CPT-4 code, or brief description of the purpose of the visit or reason for referral (i.e., A=No Authorization, P=Non-Network Providers) and ICN order for appropriate TAO Director review (see [Figure 12-12.2-2](#), [Figure 12-12.2-3](#), and [Figure 12-12.2-7](#)). Upon receipt of the first claim for a TGRO- or TPRC-enrolled ADFM submitted without preauthorization/authorization, the overseas claims processing contractor shall process the claim and waive application of POS charges. The overseas claims processing contractor shall use specific EOB messages advising the beneficiary/host nation providers that authorizations are required on future claims to avoid POS payment. Upon receipt of the second and subsequent ADFM claims submitted without preauthorization/authorization, the overseas claims processing contractor shall process the claims following POS payment procedures.

a. The following message shall be used on TGRO EOBs in Europe when a one-time waiver of POS charges has been granted:

"This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of \$300 per individual or \$600 per family, and a 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor at (44) 20-8762-8133 or contact your local TRICARE POC for the local toll-free access number. You may also call the TRICARE Europe Centralized TRICARE Service Center at DSN: 496-7433 or commercial at (49) 6302-67-7433."

b. The following message shall be used on TGRO EOBs in TLAC when a one-time waiver of POS charges has been granted:

"This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of \$300 per individual or \$600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor toll-free at 800.834.5514 or collect at 215.701.2800 or contact your local TRICARE Point of Contact or the TRICARE Area Office (Latin America & Canada) toll free at 888.777.8343, option #3, or 706.787.2424, or DSN 773.2424."

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

c. The following message shall be used on TGRO EOBs in TRICARE Pacific when a one-time waiver of POS charges has been granted:

“This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Global Remote Overseas (TGRO) Contractor. As a TGRO enrollee, all future health care must be coordinated with TGRO or these claims will be processed at Point-of-Service rates, including annual deductibles of \$300 per individual or \$600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions regarding your TGRO enrollment, please call the TGRO contractor collect at 65-6338-9277 (Singapore) or 61-29273-2760 (Sydney) or your local TRICARE Overseas Remote Point-of-Contact or the TRICARE Area Office (Pacific) at COMM: (81)6117-43-2036, DSN: 643-2036, or toll-free 1-888-777-8343, option #4.”

d. The following message shall be used on TPRC EOBs when a one-time waiver of POS charges has been granted:

“This claim has been processed and paid in full. However, we have no record of the services being coordinated with the TRICARE Puerto Rico Contractor (TPRC). As a TPRC enrollee, all future civilian health care must be coordinated with TPRC or these claims will be processed at Point-of-Service rates, including annual deductibles of \$300 per individual or \$600 per family, and 50 percent cost share that you would be responsible to pay. If you have questions, please contact your local TRICARE Point of Contact or the TRICARE Area Office (Latin America & Canada) toll free at 888.777.8343, option #3, or 706.787.2424, or DSN 773.2424. The TPRC Call Center is available around the clock to assist you with your healthcare needs by calling toll free at 800.700.7104.”

H. Claim Development.

1. General.

a. Development of missing information shall be kept to a minimum. The overseas claims processing contractor shall use available in-house methods, overseas claims processing contractor files, telephone, DEERS, etc., to obtain incomplete or discrepant information. If this is unsuccessful, the overseas claims processing contractor may return the claims to sender with a letter which indicates that the claims are being returned, the reason for return and requesting the required missing documentation. The overseas claims processing contractor’s system must identify the claim as returned, not denied. The overseas claims processing contractor shall review all claims to ensure TOP required information is provided prior to payment.

NOTE: The overseas claims processing contractor shall accept APO/FPO for the beneficiary address.

b. The following minimal information is required on each overseas claim prior to payment.

- (1) Beneficiary/host nation provider signatures.

(2) Complete host nation provider name and address.

(3) For TGRO contract and TPRC claims, for which web-based Government Inquiry for DEERS (WebGIQD) does not provide an address, the TGRO and TPRC contractor for remote areas may use the overseas address on the claims. If the overseas address is not available on the claim, the TGRO and TPRC contractor should obtain the address either from previously submitted claims, directly from the beneficiary via phone, fax or e-mail, or notify the TAO Director as appropriate.

(4) A valid payable diagnosis. Prior to returning a claim that is missing a diagnosis, the overseas claims processing contractor shall research their history and determine whether a diagnosis from a related claim can be applied.

(5) Identification of the service/supply/DME ordered, performed or prescribed, including the date ordered performed or prescribed. The overseas claims processing contractor may use the date the claim form was signed as the specific date of service, if the service/purchase date/order date is not on the bill. (See [paragraph I.C.](#), for further guidance on retail network pharmacy claims).

(6) Care authorizations for TOP Prime enrollees will not be required for any overseas area listed as a remote overseas area (see [Figure 12-12.2-5](#)). All overseas MTF areas DMIS-IDs will require care authorizations for care referred by an MTF before claims will be paid overseas. (See [Figure 12-12.2-4](#) and [Figure 12-12.2-6](#) for a listing of MTF areas/countries requiring authorization). (See [Chapter 12, Section 8.1](#) for additional requirements on care authorizations overseas). TGRO/TPRC enrollees must obtain care authorization for non-urgent/emergent care. (See [Chapter 12, Section 10.2](#) for additional information on POS for ADFM enrollees.)

(7) Itemization of total charges. (Itemization of hospital room rates are not required on institutional claims).

(8) For TGRO claims, itemization of total charges for commercial air transports are not required.

c. Usual TRICARE Program itemization requirements are not required if the overseas claims processing contractor determines the service/supply/pharmacy/DME is determined to be a benefit of the TOP except for overseas pharmacy claims submitted by high volume overseas providers of pharmacy services. The overseas claims processing contractor shall return all claims from overseas pharmacy services submitted by high volume overseas providers without NDC coding (where required), unless the provider has been granted a waiver by TMA as outlined in [paragraph V.H.1.e](#).

d. This can vary by country, but drugs identified as non-prescription (over-the-counter) are to be denied. The overseas claims processing contractor may use the Blue Book as a reference source for processing drug related TRICARE overseas claims. Other claims for medications prescribed by a host-nation physician, and commonly used in the host-nation country, may be cost-shared. Pharmaceuticals provided under the TGRO and TPRC contractor for inpatient/emergent care must meet U.S. equivalent or international standards.

Medications that are considered over-the-counter by U.S. standards are not authorized for payment. Also, see [paragraph I.C.](#) for further guidance on retail network pharmacy claims.

e. The overseas claims processing contractor shall use \$3,000 as the overseas pharmacy service drug tolerance. A limited waiver to the NDC coding and payment requirements (where required) may be granted for overseas pharmacy services claims submitted from low volume/small overseas pharmacy providers or TRICARE eligible beneficiaries from the Philippines, Panama and Costa Rica and any other country designated by TMA, when it would create an undue hardship on a beneficiary. High volume overseas pharmacy providers from the Philippines, Panama and Costa Rica and any other country designated by TMA would not qualify for the limited waiver.

f. Claims for durable medical equipment (DME) involving lease/purchase shall always be developed for missing information. For TGRO claims, the contractor shall consider DME as authorized and not require the usual information necessary to process the claim.

g. The overseas claims processing contractor shall use Extended Care Health Option (ECHO) claims processing procedures outlined in [Chapter 9, Section 18.1](#), when processing ECHO overseas claims.

h. The overseas claims processing contractor shall deny claims from non-certified or non-confirmed host nation providers when TMA has directed overseas claims processing contractor certification/confirmation of the host nation provider prior to payment.

i. Requests for missing information shall be sent on the overseas claims processing contractor TRICARE/TOP letterhead. When development is necessary in TRICARE Europe Region, the overseas claims processing contractor shall include a special insert in German, Italian and Spanish which indicates what missing information is required to process the claim and includes the overseas claims processing contractor address for returning requested information.

j. If the overseas claims processing contractor elects to develop for additional/missing information, and the requests for additional information are not received/returned within 35 days the overseas claims processing contractor shall deny the claim.

l. Other TOP Claim Processing Requirements.

1. The overseas claims processing contractor must have an automated data system for eligibility, deductible and claims history data and must maintain on the automated data system all the necessary TOP data elements to ensure the ability to reproduce both TED and EOBs as outlined in the TOM, [Chapter 8, Section 8](#), except for requiring overseas providers to use Health Care Procedure Coding System (HCPCS) to bill outpatient rehabilitation services, issue provider's the Form 1099 and suppression of checks/drafts for less than \$1.00. The overseas claims processing contractor is allowed to split claims to accommodate multiple invoice numbers in order to reference invoice numbers on EOBs when necessary.

2. The overseas claims processing contractor shall not pay for pharmacy services obtained through the internet.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

3. The overseas claims processing contractor shall pay all non-emergency and emergency civilian/medical surgical and dental claims for TRICARE Europe, TRICARE Pacific, and TLAC ADSM health care even when not a TRICARE covered benefit when the claim is:

a. Submitted by the MTF or other military command personnel, or by a designated POC; and

b. Accompanied by a completed and signed TRICARE claim form; and

c. Accompanied by either a Standard Form (SF) 1034, a SF 1035 continuation sheet, a NAVMED 6320/10 or Electronic Non-Availability Statement (ENAS) (these forms shall be considered an authorization for payment); or an authorization letter from the TGRO/TPRC contractor (these forms shall be considered an authorization for payment); and

NOTE: The SF 1034, SF 1035 continuation sheet or NAVMED 6320/10 must be signed by the submitting military command. If a patient signature is not present on the claim form, the military command must submit a letter of explanation with the unsigned claim form prior to payment.

d. DEERS verification indicates the TRICARE Europe, TRICARE Pacific, and TLAC ADSM was on active duty at the time the services were rendered.

4. Upon payment for a TOP enrolled ADSM overseas claim, a copy of the EOB and, when applicable, the SF 1034 or SF 1035 or NAVMED 6320/10, shall also be manually submitted to the MTF, or MTF command personnel, or a designated POC.

5. Emergency submitted non-remote TRICARE Europe, TRICARE Pacific, and TLAC ADSM claims for health care received overseas/CONUS not meeting [Chapter 2, Section 6.1](#) policy on emergency department services shall be denied explaining the reason of denial and advising resubmission with proper forms by the appropriate MTF, etc.

6. The overseas claims processing contractor shall deny non-remote TRICARE Europe, TRICARE Pacific, and TLAC ADSM claims for health care received overseas when any one of the administrative items outlined in [paragraph V.I.3.a.](#) through [d.](#) are missing. Upon denial, the overseas claims processing contractor shall instruct the non-remote TRICARE Europe, TRICARE Pacific, and TLAC ADSM/host nation provider to contact the local MTF or other military command personnel, for assistance in proper claim submission and in obtaining missing documentation. Copies of EOBs and claims denied as DEERS ineligible or not submitted by an MTF shall be electronically forwarded to the appropriate overseas TAO Director for further action.

7. The overseas claims processing contractor shall follow the additional specific processing procedures outlined in this chapter when processing claims for TRICARE Europe ADSMs stationed in Germany.

8. The overseas claims processing contractor shall pay all TOP non-assigned ADSM CONUS claims as outlined in [Chapter 12, Section 10.1](#).

9. The TGRO/TPRC **contractors** shall submit all remote area claims electronically to the overseas claims processing contractor. The TGRO/TPRC **contractor** is required to submit all claims in U.S. dollars.

10. The overseas claims processing contractor is required to receive TGRO and TPRC **contractor** electronic claims submitted in an X12 HIPAA-compliant format. The overseas claims processing contractor is responsible for entering into a trading partner agreement with the TGRO/TPRC **contractor**. The agreement shall include the companion document for submission of claims in the X12 format. Copies of the companion document and any updates shall be provided to the appropriate TMA COR.

11. Electronic claims not accepted by the overseas claims processing contractor's Electronic Data Information (EDI) system/program shall be rejected. Upon rejection by the overseas claims processing contractor EDI system/program, the overseas claims processing contractor shall advise the TGRO and TPRC **contractor** of the missing information needed for acceptance of the TGRO and TPRC **contractor** electronic claim by the overseas claims processing contractor's EDI system.

12. The TGRO and TPRC **contractor** shall ensure that when submitting electronic claims for outpatient services with dates of service not in the same month, claims crossing months must be submitted on separate lines in the Electronic Medical Claims (EMCs) submission (i.e., data entry at claims input must separate months by claim line item). TGRO and TPRC **contractor** electronic claims for institutional services (i.e., room and board charges), and professional charges may not be submitted on the same electronic claims submission. Institutional room and board charges which cross months may be submitted on the same claim but must be submitted using the CMS 1450 UB-04 form. Institutional professional charges, etc., must be submitted using a non-institutional format. Institutional professional charges, etc. which cross months may be submitted on the same claim using separate line items. When in doubt about how to submit claims with multiple services, varying dates of service, etc., the TGRO and TPRC **contractor** shall contact the overseas claims processing contractor EMC's department for assistance in claims submission prior to the submission of the electronic claim.

13. For all overseas claims, including the TGRO and TPRC **contractor** claims, the overseas claims processing contractor shall create and submit TEDs following current guidelines in the TSM for TED development and submission. Except for TRICARE Europe non-remote ADSM claims, these claims shall be submitted on vouchers. TRICARE Pacific and TLAC ADSM claims shall be submitted on vouchers. Non-remote TRICARE Europe ADSM claims shall be submitted as batches. Claim information will be able to be accessed through the TRICARE Patient Encounter Processing and Reporting (PEPR) Purchased Care Detail Information System (PCDIS).

14. The overseas claims processing contractor shall process claims for TGRO/TPRC **contractor** claims following the guidelines outlined in this chapter.

15. The overseas claims processing contractor shall establish high dollar thresholds of \$5,000 for non-institutional claims and \$10,000 for institutional TOP claims. Claims exceeding these thresholds should be reviewed for medical necessity.

16. TGRO claims related to ambulance services are not required to be submitted using modifier codes for ambulance services.

17. TGRO/TPRC **contractor** claims either denied as “beneficiary not eligible” or “found to be not eligible on DEERS” shall request a “good faith payment” from the Beneficiary and Provider Services, 16401 East Centretch Parkway, Aurora, CO 80011-9066.

18. Normal TRICARE coverage limitations will not apply to services rendered to TPRC outpatient civilian claims for ADSM enrolled to the TPRC. Services that have been authorized by the TPRC will be covered regardless of whether they would have ordinarily been covered under TRICARE policy. Allowable amounts are to be determined based upon the TRICARE payment reimbursement methodology applicable to the services reflected on the claim. Reimbursement for services not ordinarily covered by TRICARE and/or rendered by a provider who cannot be a TRICARE authorized provider shall be at billed amounts. Cost sharing and deductibles shall not be applied to these claims.

J. Claims Auditing Software.

The Claims Auditing Software requirements outlined in the TRM, [Chapter 1, Section 3](#) do not apply to TOP claims.

K. Application Of Deductible.

Application of TOP deductible procedures shall follow the guidelines outlined in the TOM, [Chapter 8, Section 7](#) and [Chapter 12, Section 2.3](#), except for the requirements related to claims with negotiated rates.

L. EOB Vouchers.

1. The overseas claims processing contractor shall follow the EOB voucher requirements in the TOM, [Chapter 8, Section 8](#), where applicable, with the following exceptions and additional requirements:

- a. The issuance of the TOP EOB is not optional for TOP Prime beneficiaries.
- b. The letterhead on all TOP EOBs shall also reflect “TRICARE Overseas Program” and shall be annotated Prime or Standard.
- c. TOP EOBs may be issued on regular stock, shall provide a message indicating the exchange rate used to determine payment and shall clearly indicate that “This is not a bill.”
- d. TOP EOBs for overseas countries with toll-free service shall include the toll-free number for that country. Additionally, TOP EOBs for overseas enrolled ADSM claims shall be annotated “ACTIVE DUTY.”
- e. For Point of Sale or Vendor pharmacy overseas claims, TOP EOBs must have the name of the provider of service on the claim.

f. EOBs shall be issued for each TGRO/TPRC **contractor** claim processed. EOB's shall be issued to the TGRO/TPRC **contractor**, the rendering provider, and remote site beneficiaries when the overseas claims processing contractor determines that Other Health Insurance (OHI) is available. The EOB should explain that OHI information is required prior to services being paid.

g. The overseas claims processing contractor shall insert the provider's payment invoice numbers in the patient's account field on all EOBs.

h. The following EOB message shall be used on overseas claims rendered by providers requiring TMA/TAO Director/their designee's certification and they have not been certified. "Your provider has not submitted documentation required to validate his/her training and/or licensure for designation as an authorized TRICARE provider."

M. Duplicate Payment Prevention.

The overseas claims processing contractor shall follow the duplicate payment prevention requirements outlined in the TOM, [Chapter 8, Section 9](#) to include TGRO/TPRC **contractor** claims.

N. Double Coverage.

1. TOP claims require double coverage review as outlined in the TRM, [Chapter 4](#).

2. TOP claims determined by the overseas claims processing contractor during processing to have OHI shall be denied. Beneficiary/provider disagreements of the overseas claims processing contractor determination shall be coordinated through the overseas TAO Director for resolution with the overseas claims processing contractor.

3. Overseas insurance plans such as German Statutory Health Insurance, Japanese National Insurance (JNI), and Australian Medicare, etc., are considered OHI. Claims involving JNI should include the Japanese insurance points. If the Japanese insurance points are not clearly indicated on the claim/bill, the overseas claims processing contractor shall contact the submitter or the appropriate TOP POC for assistance in determining the Japanese insurance points prior to processing the claim. When necessary, the overseas claims processing contractor may contact the appropriate overseas TAO Director for assistance.

4. For TGRO and TPRC **contractor** claims determined to have OHI, the overseas claims processing contractor will notify the TGRO and TPRC **contractor** of required OHI information via the EOB. Upon receipt of the EOB, the TGRO and TPRC **contractor** will contact the beneficiary to obtain the OHI information and resolve such claims. The appropriate overseas TAO Director shall notify the overseas claims processing contractor of the required OHI information, if known and will upon receipt of the OHI information provide the information to the overseas claims processing contractor. Upon notification, the overseas claims processing contractor shall reprocess the TGRO and TPRC **contractor** claim.

O. Third Party Liability (TPL).

1. The overseas claims processing contractor shall reimburse TOP claims suspected of TPL and then develop for TPL information. Upon receipt of the information, the overseas claims processing contractor shall refer claims/documentation to the appropriate Judge Advocate General (JAG) office, as outlined in the TOM, [Chapter 11, Addendum B](#), except for TGRO/TPRC **contractor** claims.

2. For TGRO and TPRC **contractor** claims involving TPL, the overseas claims processing contractor shall pay the claim and then follow procedures for obtaining the required TPL information. Upon receipt of the information, the overseas claims processing contractor shall refer the TPL claims to the appropriate overseas TAO Director for action/review. If the overseas TAO Director determines that the claims involves TPL, the overseas TAO Director is responsible for forwarding the claims to the appropriate JAG office as indicated in the TOM, [Chapter 11, Addendum B](#).

P. Fraud and Abuse.

1. The overseas claims processing contractor, when processing overseas claims including the TGRO contractor claims shall follow the Fraud and Abuse requirements outlined in the TOM, [Chapter 14](#).

2. In cases involving check fraud, the overseas claims processing contractor is not required to reissue checks until the investigation is finalized, fraud has been determined, and the overseas claims processing contractor has received the money back from the investigating bank.

3. The TGRO and TPRC **contractor** is required to notify appropriate overseas TAO Directors and the overseas claims processing contractor in writing of any new or ongoing fraud and abuse issues.

Q. Reimbursement/Payment Of Overseas Claims.

1. When processing TOP claims, the overseas claims processing contractor shall follow the reimbursement payment guidelines outlined in Chapter 12, [Sections 10.1 and 10.4](#) and TRM, Chapter 1, [Sections 34 and 35](#) and the cost-sharing and deductible policies outlined in TRM, [Chapter 2, Section 1](#) and Chapter 12, [Sections 2.1 and 2.3](#) and shall:

a. Reimburse claims for host nation services/charges for care rendered to TOP eligible beneficiaries which is generally considered host nation practice but which would not typically be covered under TRICARE. An example of such services may be, charges from host nation ambulance companies for driving host nation physicians to accidents or private residences, etc. For professional services rendered in the Philippines and Panama, reimbursement shall be the lower of the billed amount or the TRICARE allowable amount as established in TRM, Chapter 1, [Sections 34 and 35](#). The balance billing provision will be applied.

b. Not reimburse for host nation care/services specifically excluded under TRICARE.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

- c. Not reimburse for administrative charges billed separately on claims.
- d. Determine exchange rate as follow:
 - (1) Use the exchange rate in effect on the ending date that services were received unless evidence of OHI and then the overseas claims processing contractor shall use the exchange rate of the primary insurer, not the rate based on the last date of service to determine the TOP payment amount, and/or;
 - (2) Use the ending dates of the last service to determine exchange rates for multiple services.
 - (3) Use the exchange rate in [paragraph V.Q.1.d.\(1\)](#) to determine deductible and co-payment amounts, if applicable, and to determine the amount to be paid in foreign currency.
- e. The overseas claims processing contractor shall code lump sum payments instead of line items to minimize conversion problems.
- f. Provider claims for all overseas locations (excluding TGRO/TPRC contractor claims and claims from Korean providers) will be paid in foreign currency. TGRO/TPRC contractor claims and claims from Korean providers will be paid in U.S. dollars.
- g. TOP claims submitted by a beneficiary shall be paid in U.S. dollars, unless there is a beneficiary request on the claim at the time of submission for payment in a foreign currency. The payment may not be changed to U.S. dollars after the foreign draft has been issued.
- h. The TGRO and TPRC contractor claims shall be paid in U.S. dollars. Payment shall be made via EFT as requested. The payment will be issued weekly for all claims finalized during that week. The TGRO and TPRC contractor shall provide the overseas claims processing contractor necessary banking information for the EFT payment.
- i. For TGRO and TPRC contractor claims, the overseas claims processing contractor shall provide weekly, a Wire Transfer Reconciliation Report (WTRR) by overseas region, as required, to the TGRO contractor and the respective overseas TAO Directors. At a minimum, each WTRR shall contain, DMIS-ID sponsor name, sponsor SSN, patient name, dates of service, and country. The WTRR shall also include provider name, amount of payment, and the ICN. The overseas TAO Directors shall provide audit functions related to these reports for the identification of duplicate payments necessitating recoupment. When the overseas TAO Director identifies claims for recoupment, they shall notify the overseas claims processing contractor to initiate recoupment.
- j. Upon payment to the TGRO and TPRC contractor, the overseas claims processing contractor shall send payment information to them at the time of transfer. At the same time, the associated EOB will be expressed mailed to the TGRO and TPRC contractor. A lag time may occur between wire transfer and EOB arrival. The TGRO and TPRC contractor shall notify the overseas claims processing contractor of excessive delays (greater than 14 days) in receipt of the mailed EOB.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

k. Payment to Germany, Belgium, Finland, France, Greece, Ireland, Italy, Luxemburg, Netherlands, Austria, Portugal and Spain shall be made in Euros. As other countries transition to Euro, the overseas claims processing contractor shall also switch to Euros. The overseas claims processing contractor shall issue drafts/checks for German claims which look like German drafts/checks.

l. U.S. licensed Partnership providers claims for treating patients shall be paid based upon signed agreements.

m. Pay all beneficiary-submitted healthcare claims for TRICARE covered services for care received at an overseas embassy health clinic to the beneficiary. The contractor is not to make payments directly to the embassy health clinic.

n. Claims for drugs or diagnostic/ancillary services purchased overseas shall be reimbursed by the overseas claims processing contractor following applicable deductible/cost-share policies.

o. Not honor any draft request for currency change, except when directed by the appropriate TMA COR, once a foreign currency draft has been issued by the overseas claims processing contractor and the draft has been returned with the request.

p. Shall mail the drafts/checks and EOBs to host nation providers unless the claim indicates payment should be made to the beneficiary or TRICARE Europe, TRICARE Pacific, or TLAC ADSM. If the host nation provider has been excluded by the TAO Director from the TRICARE overseas host nation Preferred Provider Network (PPN) no payment should be made. In conformity with banking requirements, the drafts/checks shall contain the contractor's address. Drafts and EOB shall be mailed using U.S. postage. Additionally, payments/checks may be made to network providers, with an Embassy address.

q. Benefit payment checks and EOBs to Philippine providers, and other nations' providers as determined by the Government, shall be mailed to the place of service identified on the claim. No provider payments may be sent to any other address.

2. Inpatient and outpatient claims for TRICARE overseas eligible beneficiaries, including ADSM claims, are to be processed/paid as indicated below:

TOP ELIGIBLE STANDARD BENEFICIARIES

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible or cost-share	Directly to provider.
Host Nation Providers	No	TRICARE Standard cost-shares and deductibles apply.	Directly to the host nation provider in TRICARE Europe unless claims indicate pay beneficiary. All other areas as noted on the claim.
TRICARE Europe Host Nation Pharmacy	No	TRICARE Standard cost-shares and deductibles apply.	To beneficiary unless otherwise indicated on the claim form.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

TOP ELIGIBLE STANDARD BENEFICIARIES (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Retail Pharmacy Network in Puerto Rico, the U.S. Virgin Islands, and Guam	No	TRICARE Standard cost-shares and deductibles apply.	Directly to provider.
Retail Pharmacy Network in American Samoa	No	TRICARE Standard cost-shares and deductibles apply.	Directly to provider unless claim indicates pay beneficiary.
Retail Pharmacy Non-Network	No	TRICARE Standard cost-shares and deductibles apply.	Directly to host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network when in CONUS	No	TRICARE Standard cost-shares and deductibles apply.	Pay as indicated on the claims.

REMOTE/NON-REMOTE ADFMs ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Partnership Provider	No	No deductible/cost-share.	Directly to Partnership Provider.
Outpatient Mental Health Care Session (dx 290-319).	No authorization required for first eight sessions; 9th and subsequent visits require authorization.	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Inpatient non-urgent/emergent Mental Health Care (dx 290-319) without authorization in countries requiring authorization: Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, the United Kingdom, and Puerto Rico or not rendered by a host nation network provider.	Yes	POS.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
CONUS inpatient non-emergent mental health care with authorization.	Yes	No deductible. Cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
CONUS inpatient non-emergent mental health care without authorization.	Yes	POS.	Directly to the provider unless claim indicates pay beneficiary.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

REMOTE/NON-REMOTE ADFMs ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Overseas claims for emergency care and ancillary services.	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
CONUS claims for emergency care and ancillary services.	No	No deductible/ cost-share. Pay allowable rate for area.	Pay as indicated on the claim.
Retail Pharmacy Network in Puerto Rico, the U.S. Virgin Islands, Northern Mariana Islands, and Guam.	No	TRICARE Prime	Directly to provider.
Non-Network Pharmacy when overseas (not including Puerto Rico, the US Virgin Islands, Northern Mariana Islands, and Guam)	No	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
Retail Pharmacy Non-Network when in CONUS (see Chapter 12, Section 2.1).	No	POS.	Pay as indicated on the claim.
Extended Care Health Option (ECHO) claims.	Yes	Cost-share as outlined in Chapter 9.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
All other care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, and the United Kingdom, rendered by a host nation provider with authorization.	Yes	No deductible/cost-share.	Directly to the host nation provider in TRICARE Europe unless claim indicates pay beneficiary. All other areas as noted on the claim.
All other care from Belgium, Germany, Guam, Iceland, Italy, Japan, Korea, Portugal (Azores), Spain, Turkey, and the United Kingdom, rendered by a host nation provider without an authorization.	Yes	First family claim: No deductible/cost share; one-time waiver of POS. EOB will advise that future claims received without authorization will process as POS. Second family claim: POS cost-sharing and deductible apply.	Directly to the host nation provider in TRICARE Europe with EOB message 154 unless claim indicates pay beneficiary. All other areas as noted on the claim.
TGRO and TPRC claims determined to be Standard (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	Defer the claim to the overseas claims processing contractor.	Overseas claims processing contractor will make payment as noted on the claim.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

REMOTE/NON-REMOTE ADFMs ENROLLED IN TOP (CONTINUED)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGRO/TPRC contractor for TOP Prime enrolled in remote overseas location.	No	No deductible/cost-share.	Directly to TGRO/TPRC contractor.
TGRO/TPRC remote claims (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	No deductible/cost-share.	Directly to TGRO/TPRC contractor.

NON-REMOTE/REMOTE TOP ADSM (REGARDLESS OF ENROLLMENT LOCATION)

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Emergent/urgent CONUS care	No	No deductible/cost-share.	As indicated on the claim.
Non-emergent/non-urgent CONUS care	Yes	Deny the claim.	No payment made.

NON-REMOTE TOP ADSM ENROLLED IN TOP

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
Overseas care, including dental, with SF 1034/1035, NAVMED 6320, or ENAS.	Yes	No deductible/cost-share.	Pay as indicated on the SF 1034/1035, NAVMED 6320, or claim form.
Overseas care, including dental, without SF 1034/1035, NAVMED 6320, or ENAS.	Yes	Deny the claim.	No payment made.

ENROLLED/NON-ENROLLED ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS FOR GREATER THAN 30 CONSECUTIVE DAYS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
All overseas care by any host-nation provider with SF 1034/1035, NAVMED 6320, or ENAS.	Yes	No deductible/cost-share.	Pay as indicated on the SF 1034/1035, NAVMED 6320, or claim form.
All overseas care by any host-nation provider without SF 1034/1035, NAVMED 6320, or ENAS.	Yes	Deny the claim.	No payment made.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

ENROLLED/NON-ENROLLED REMOTE ADSM UNDER PRESIDENTIAL RECALL OR ACTIVATED OVERSEAS
FOR GREATER THAN 30 CONSECUTIVE DAYS, DEPLOYED, TDY, OR ON LEAVE

IF THE CLAIM IS SUBMITTED:	AUTHORIZATION REQUIRED:	PROCESSING ACTION:	AND PAYMENT IS MADE IN THE FOLLOWING MANNER:
TGRO and TPRC contractor remote claims (see Figure 12-12.2-4 and Figure 12-12.2-5).	No	No deductible/cost-share.	Directly to TGRO/TPRC contractor.

3. The TPharm contractor shall allow TOP ADSM to use the CONUS claims processing contractor's retail pharmacy network under the same contract requirements as other MHS eligible beneficiaries (see Chapter 8, Section 9.1).

4. The TPharm contractor responsible for processing retail pharmacy claims shall allow TOP enrolled ADFM beneficiaries to use their CONUS retail pharmacy network under the same contract requirements as other MHS eligibles (see Chapter 8, Section 9.1).

5. Prior to September 1, 2010, CONUS claims processing contractors shall process claims for overseas health care received by TRICARE beneficiaries enrolled to or residing in a CONUS claims processing contractor region following the guidelines outlined in this chapter, but shall apply the usual financial underwritten requirements specific to their region for referral/authorization, copays, cost shares and deductibles to determine final payment. Payment shall be made from applicable bank accounts and shall be based on the billed charges. Effective September 1, 2010, claims received for TRICARE beneficiaries who receive CHC while traveling or visiting outside the 50 United States and the District of Columbia shall be processed by the TOP contractor, regardless of where the beneficiaries reside or where they are enrolled.

NOTE: This provision does not apply to beneficiaries enrolled in the USFHP or CHCBP. All claims for those beneficiaries will continue to be processed as USFHP or CHCBP claims. This provision does not apply to USFHP or CHCBP enrollees. This provision also excludes TRICARE-Medicare dual eligible beneficiaries who receive CHC in U.S. territories. All claims for these beneficiaries will continue to be processed as TDEFIC claims.

R. Claims Adjustment And Recoupment.

1. The overseas claims processing contractor shall follow the adjustment requirements in the TOM, Chapter 11 except for the requirements related to financially underwritten funds.

2. The overseas claims processing contractor shall follow the recoupment requirements in the TOM, Chapter 11 for non-financially underwritten funds, except for providers. The overseas claims processing contractor shall use the following procedures for host nation provider recoupments. The overseas claims processing contractor shall:

- a. Send an initial demand letter.
- b. Send a second demand letter at 60 days.

c. Send a final demand letter at 120 days.

d. Refer the case to TMA at 180 days, if the case is over \$600.00, and if under \$600.00 the case shall remain open for an additional six months and then shall be written off at 360 days.

3. Recoupment letters (i.e., the initial letter, the 60 day second request and the 120 day final demand letter) shall be modified to delete references to U.S. law. Invoice numbers shall be provided on all recoupment letters. The overseas claims processing contractor shall include language in the recoupment letter requesting that refunds be returned/provided in the exact amount requested.

4. Provider recoupment letters sent to Germany, Italy and Spain, shall be written in the respective language.

5. The overseas claims processing contractor may hand write the dollar amount and the host nation provider's name and address, on all recoupment letters.

6. If the recoupment action is the result of an inappropriately processed claim by the overseas claims processing contractor, recoupment is the responsibility of the overseas claims processing contractor, not the beneficiary/provider.

7. The overseas claims processing contractor shall have a TOP bank account capable of receiving/accepting wire transfers from TRICARE Europe overseas for host nation provider recoupment/overpayment returns. The overseas claims processing contractor shall accept the amount wired, together with the host nation provider's wiring fee, as total recoupment payment.

8. TGRO/TPRC **contractor** claims determined by the overseas claims processing contractor to require refund or recoupment shall be referred to the appropriate overseas TAO Director for review. The overseas claims processing contractor shall not initiate recoupment until notified by the respective overseas TAO Director. The overseas TAO Director shall notify the overseas claims processing contractor of their decision, including if any the amount of the refund or recoupment. Upon notification by the overseas TAO Director, the overseas claims processing contractor shall initiate recoupment action within 10 workdays of receipt of the overseas TAO Director notice to initiate recoupment. The overseas claims processing contractor shall maintain a log of overseas TAO Director directed payment refunds or payments involving the TGRO and TPRC **contractor** claims. The overseas claims processing contractor shall return overpayments to the TMA non-financially underwritten account and submit credit TEDs.

S. The Overseas Claims Processing Contractor Customer Service Responsibilities.

TOP customer support is to TOP TAO staffs, TOP host nation providers, TOP beneficiaries, designated POCs, TOP MTF staffs including Health Benefit Advisors (HBAs)/Beneficiary Counseling and Assistance Coordinators (BCACs)/Debt Collection Assistance Officers (DCAOs), stateside TRICARE Regional Offices, overseas claims processing contractors, stateside claims processing contractors, and TMA and shall include the

following:

1. The overseas claims processing contractor shall secure at a minimum one dedicated post office box for the receipt of all claims and correspondence from foreign locations per overseas region.
2. The overseas claims processing contractor shall identify a specific individual and an alternate as TRICARE overseas coordinator for the TAO Directors, TMA and CONUS claims processing contractors.
3. The overseas claims processing contractor shall identify a specific individual and an alternate as the TOP Debt Collection Officer and shall provide direct telephone and e-mail access to resolve TOP beneficiary debt collection issues.
4. The overseas claims processing contractor shall be responsible for establishing and operating a dedicated TRICARE overseas claims/correspondence processing department with a dedicated staff. This department and staff shall be under the direction of a supervisor, who shall function as the overseas claims processing contractor's POC for TRICARE overseas claims and related operational and support services. The overseas claims processing contractor's special department for TRICARE overseas claims shall include at a minimum the following functions/requirements:
 - a. The overseas claims processing contractor shall provide toll-free telephone service to Germany, Italy and England Monday through Friday from 9:00 a.m. to 5:00 p.m., Central European Time or 2:00 a.m. to 10:00 a.m., Central Standard Time and staff with personnel capable of speaking German. The overseas claims processing contractor shall also provide toll-free telephone service to Puerto Rico, Monday through Friday from 9:00 a.m. to 5:00 p.m., Eastern Standard Time, or 8:00 a.m. to 5:00 p.m. Central Standard Time and staff with personnel capable of speaking Spanish. Except for Puerto Rico, toll-free lines may only be used by host nation providers, HBAs and designated POCs.
 - b. The overseas claims processing contractor's TRICARE overseas staff shall have the ability to translate claims submitted in a foreign language and write in German, Italian, Japanese, Korean, Tagalog (Filipino) and Spanish, or shall have the ability to obtain such translation or writing.
 - c. The overseas claims processing contractor shall have a designated TRICARE overseas coordinator as primary contact for the overseas TAO Directors and for the TGRO and TPRC contractor claims. The overseas claims processing contractor shall work with the TGRO contractor and the contractor responsible for processing Puerto Rico TOP Prime overseas remote area claims when necessary to resolve issues relative to the submission of TGRO and TPRC contractor submitted claims. When the overseas claims processing contractor and the TGRO contractor and/or the contractor responsible for processing Puerto Rico TOP Prime overseas remote area claims are not able to resolve issues, the unresolved issues shall be referred to the appropriate TMA COR.
 - d. The overseas claims processing contractor shall provide to each TOP TAO Director on-line read only access to their claims processing system. The overseas claims processing contractor shall refer beneficiary, provider, HBAs, and Congressional inquires not

related to claims status to TMA Chief, Beneficiary and Provider Services Office. The overseas claims processing contractor shall refer unresolved TAO Director issues to the appropriate TMA COR.

e. The overseas claims processing contractor shall provide an internet address for receipt of customer claims status inquiries (<http://www.tricare4U.com>).

f. The overseas claims processing contractor/TAO Directors shall work together when necessary to resolve beneficiary/provider overseas claims issues.

g. The overseas claims processing contractor is required to assist traveling TOP beneficiaries to ensure beneficiary access/receipt of urgent or emergent care in the U.S.

h. U.S. Regional Directors/MTFs are required to ensure TOP Prime enrollees access to MTF care as any other Prime enrollee.

i. The overseas claims processing contractor is required to provide, upon overseas TAO Director request, documentation, for auditing purposes, of the TGRO and TPRC contractor claims.

T. Appeals And Hearings.

The overseas claims processing contractor is required to follow the requirements outlined in [32 CFR 199.10](#), [32 CFR 199.15](#), and the TOM, [Chapter 13](#) related to the appeals and hearing process. The overseas claims processing contractor is responsible for notifying TOP Prime and Standard beneficiaries of denial or preauthorization requirements unless the beneficiary is a TOP Prime enrollee in remote overseas areas. For TGRO and TPRC contractor claims, the appeals and hearing process is amplified as follows:

1. Pre-Authorization. The TGRO and TPRC contractor shall be responsible for providing initial determinations and notifying the beneficiary (ADSM/ADFM) of any denial of services which are non-covered, including appeal rights, in writing.

2. Denial of Treatment for ADFM. When authorization is denied by the TGRO and TPRC contractor after initial denial determination by the TGRO and TPRC contractor, the appeals procedures of the [32 CFR 199.10](#) apply for the appealing party.

3. Denial of Treatment for ADSM. When authorization is denied by the TGRO and TPRC contractor after initial determination by the TGRO and TPRC contractor, the ADSM or their appointed representative may appeal the denial of benefit/treatment to the appropriate TAO Director. The decision of the appropriate TAO Director is the final determination. The overseas claims processing contractor is required to maintain a log by TAO Director of overturned disputes.

4. Reconsiderations. The TGRO and TPRC contractor initial denial determinations shall be appealed/directed to the overseas claims processing contractor. The overseas claims processing contractor shall perform the reconsideration review.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 12, SECTION 11.1

MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITIES FOR CLAIMS PROCESSING

5. Improperly Authorized Treatment. Should the overseas claims processing contractor determine that earlier treatment authorized by the TGRO and TPRC contractor was improperly authorized, and the TGRO and TPRC contractor wishes to dispute that determination, the matter shall be submitted to the TAO Director for final review. The overseas claims processing contractor shall maintain a log by TAO Director of all overturned disputes.

6. Government established fee schedules are non-appealable.

U. Health Insurance Portability And Accountability Act (HIPAA).

The overseas claims processing contractor shall comply with the HIPAA requirements related to foreign claims processing, in the TOM, [Chapter 21](#) and as required in this chapter.

V. Audits, Inspections, And Reports. See [Chapter 12, Section 11.2](#).

- END -