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TRICARE
MANAGEMENT ACTIVITY

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PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM)

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

CHANGE TITLE: TRICARE GLOBAL REMOTE OVERSEAS (TGRO)
PORTABILITY COVERAGE FOR ACTIVE DUTY FAMILY
MEMBERS (ADFM_s)

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This package adds language and a new section
(Chapter 12, Section 10.4) to the TPM. The package expands emergency services
support under the TGRO contract to cover timely access and coordination of
emergent services for all ADFMs enrolled in TRICARE Prime regardless of
enrollment site for residence (CONUS and Overseas Military Treatment Facilities
(MTFs)).

EFFECTIVE AND IMPLEMENTATION DATE: August 1, 2008.

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Branch

ATTACHMENT(S): 15 PAGE(S)
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REMOVE PAGE(S)

CHAPTER 5

Section 1.1, pages 5 through 7

CHAPTER 12

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9. Presurgical cardiovascular evaluation for patients with equivocal stress study prior to kidney or liver transplantation.

V. EXCLUSIONS

- A. Bone density studies for the routine screening of osteoporosis.
- B. Ultrafast CT (electron beam CT (HCPCS code S8092)) to predict asymptomatic heart disease is preventive.
- C. MRIs (CPT⁵ procedure codes 77058 and 77059) to screen for breast cancer in asymptomatic women considered to be at low or average risk of developing breast cancer; for diagnosis of suspicious lesions to avoid biopsy, to evaluate response to neoadjuvant chemotherapy, to differentiate cysts from solid lesions.
- D. MRIs (CPT⁵ procedure codes 77058 and 77059) to assess implant integrity or confirm implant rupture, if implants were not originally covered or coverable.
- E. 3D rendering (CPT⁵ procedure codes 76376 and 76377) for monitoring coronary artery stenosis activity in patients with angiographically confirmed CAD is unproven.
- F. 3D rendering (CPT⁵ procedure codes 76376 and 76377) for evaluating graft patency in individuals who have undergone revascularization procedures is unproven.
- G. 3D rendering (CPT⁵ procedure codes 76376 and 76377) for use as a screening test for CAD in healthy individuals or in asymptomatic patients who have one or more traditional risk factors for CAD is unproven.
- H. CT angiography (CPT⁵ procedure codes 76376 and 76377) for acute ischemic stroke is unproven.
- I. CT angiography (CPT⁵ procedure codes 76376 and 76377) for intracerebral aneurysm and subarachnoid hemorrhage is unproven.
- J. CT, heart, without contrast, including image post processing and quantitative evaluation of coronary calcium (ultra fast or electron beam CT) (CPT⁵ procedure code 0144T, HCPCS code S8092) is excluded for symptomatic patients and for screening asymptomatic patients for CAD.
- K. CT, heart, without contrast material followed by contrast, material(s) and further sections, including cardiac gating and 3D image post processing; cardiac structure and morphology (CPT⁵ procedure code 0145T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute Myocardial Infarction (MI); and for screening asymptomatic patients for CAD.
- L. Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of

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coronary calcium (CPT⁶ procedure code 0146T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

M. Computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT⁶ procedure code 0147T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

N. Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) without quantitative evaluation of coronary calcium (CPT⁶ procedure code 0148T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

O. Cardiac structure and morphology and computed tomographic angiography of coronary arteries (including native and anomalous coronary arteries, coronary bypass grafts) with quantitative evaluation of coronary calcium (CPT⁶ procedure code 0149T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

P. Cardiac structure and morphology in congenital heart disease (CPT⁶ procedure code 0150T) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

Q. CT, heart, without contrast material followed by contrast material(s) and further sections, including cardiac gating and 3D image post processing, function evaluation (left and right ventricular function, ejection fraction and segmental wall motion (CPT⁶ procedure code 0151T)) is excluded for patients with typical anginal chest pain with high suspicion for CAD; patients with acute MI; and for screening asymptomatic patients for CAD.

R. Multislice or multidetector row CT angiography of less than 16 slices per sec and 1mm or less resolution is excluded.

S. Dual Energy X-Ray Absorptiometry (DXA) composition study (CPT⁶ procedure code 0028T) is unproven.

VI. EFFECTIVE DATES

A. The effective date for MRIs with contrast media is dependent on the U.S. Food and Drug Administration (FDA) approval of the contrast media and a determination by the contractor of whether the labeled or unlabeled use of the contrast media is medically necessary and a proven indication.

B. March 31, 2006, for breast MRI.

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- C. March 31, 2006, for coverage of multislice or multidetector row CT angiography.
- D. March 1, 2007, for CPT⁷ procedure codes 72291 and 72292.

- END -

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if their care is facilitated by the TGRO contractor or TPRC, the TGRO contractor or TPRC shall submit their claims to the overseas claims processing contractor for processing as outlined in [paragraph V.D.](#) above.

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.](#) above, if their care is facilitated by the TGRO contractor or TPRC, the TGRO contractor or TPRC 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 contractor or TPRC, claims shall be submitted by the TGRO contractor or TPRC to the overseas claims processing contractor responsible for processing foreign claims.

H. CONUS-based TRICARE beneficiaries 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 contractor/TPRC prior to incurring any out-of-pocket expenses (TGRO/TPRC 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.](#)

NOTE: For TRICARE Prime ADFMs residing in the 50 United States or the District of Columbia (DC) 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.

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:

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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:

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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.

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.

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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 -

AMBULANCE/AEROMEDICAL EVACUATION SERVICES IN OVERSEAS LOCATIONS FOR TRICARE PRIME-ENROLLED ACTIVE DUTY FAMILY MEMBERS (ADFMs) AND RELATED SERVICES TO OTHER BENEFICIARIES

ISSUE DATE: June 24, 2008

AUTHORITY:

I. GENERAL

The purpose of the following is to provide emergency service support under the TRICARE Global Remote Overseas (TGRO) contract to cover timely access and coordination of emergent services in overseas locations for all ADFMs enrolled in TRICARE Prime, regardless of enrollment site or residence. This includes ADFMs enrolled in TRICARE Overseas Program (TOP) Prime (with enrollment to an overseas Military Treatment Facility (MTF)) or TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFMs) (in the 50 United States and the District of Columbia (DC)).

II. CONTRACTOR RESPONSIBILITIES

A. The TGRO contractor shall arrange for ambulance/aeromedical evacuation services for all Prime enrolled ADFMs (regardless of enrollment location) in overseas locations. Except for normal TRICARE cost-shares, these beneficiaries shall not be responsible for any up-front payments for ambulance service (to include aeromedical evacuation, when medically necessary as defined in [32 CFR 199.2](#)). The TGRO contractor shall establish business processes (e.g., Guarantee of Payment to host nation ambulance provider) accordingly.

B. The TGRO contractor shall facilitate medically necessary ambulance/aeromedical evacuation services for all TRICARE-eligible beneficiaries not identified in [paragraph II.A.](#) (regardless of enrollment location or residence). The contractor is not required to establish business processes (e.g., Guarantee of Payment) to limit up-front payments for these beneficiaries.

C. The TGRO contractor shall coordinate all patient movements with the MTF (for TOP Prime enrollees), the TRICARE Area Office (TAO), and the military transport agency (Global Patient Movement Requirements Center (GPMRC) or Theater Patient Movement Requirements Center (TPMRC)). Since medical evacuations may involve transfers between TRICARE regions, the TGRO contractor shall establish processes for coordinating medical evacuations with the stateside Managed Care Support Contractors (MCSCs). The TGRO contractor shall also work cooperatively with the TRICARE Dual Eligible Fiscal Intermediary

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BENEFICIARIES

Contract (TDEFIC) contractor to provide customer service support, and to facilitate the medically necessary evacuation of TRICARE dual-eligible beneficiaries.

D. The TGRO contractor shall ensure that ambulance/aeromedical evacuation services can be accomplished in an expeditious manner that is appropriate and responsive to the beneficiary's medical condition. The contractor may establish a dedicated unit for responding to such requests, or may augment existing service units. Contractor staff must be available for ambulance/aeromedical evacuation assistance 24 hours per day, seven days per week, 365 days per year.

E. The TGRO contractor shall maximize the use of military medical transport services before considering other options. If military medical transport services are not available (or if services cannot be provided in a timely manner that is appropriate for the patient's medical condition), the contractor shall attempt to arrange services through the most economical commercial resource that is capable of providing appropriate services within the required time frame. Private, chartered evacuation services will only be used as a last resort when all other options have been exhausted. The contractor shall document their rationale and selection process for any commercial and/or private, chartered evacuation services. If multiple resources are identified that are capable of providing the needed services, the contractor shall select the resource that represents the best value to the government. Upon request, the contractor shall provide TRICARE Management Activity (TMA) with documentation supporting their rationale and selection process.

F. Upon transfer to a facility for stabilization and care, the TGRO contractor shall coordinate with the appropriate MTF, stateside MCSCs or TAO to advise of the patient's transfer and to provide further assistance as appropriate.

- END -

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 contractor/TPRC claims.

2. For TGRO contractor and TPRC 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 contractor and TPRC 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.

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- 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 contractor/TPRC claims and claims from Korean providers) will be paid in foreign currency. TGRO contractor/TPRC 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 contractor and TPRC 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 contractor and TPRC shall provide the overseas claims processing contractor necessary banking information for the EFT payment.
- i. For TGRO contractor and TPRC 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 contractor and TPRC, 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 contractor and TPRC. A lag time may occur between wire transfer and EOB arrival. The TGRO contractor and TPRC shall notify the overseas claims processing contractor of excessive delays (greater than 14 days) in receipt of the mailed EOB.

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