



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 71
6010.55-M
FEBRUARY 14, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.55-M, issued August 2002.

CHANGE TITLE: CORRECTION TO TRICARE REIMBURSEMENT
MANUAL, CHANGE 70, DATED FEBRUARY 11, 2008

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): Additional change to TRICARE Reimbursement
Manual, Change 70 - deletes hearing aid example from Chapter 2, Addendum A.

EFFECTIVE AND IMPLEMENTATION DATE: Upon direction of the Contracting
Officer.

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 2 PAGE(S)
DISTRIBUTION: 6010.55-M

CHANGE 71
6010.55-M
FEBRUARY 14, 2008

REMOVE PAGE(S)

CHAPTER 2

Addendum A, pages 3 and 4

INSERT PAGE(S)

Addendum A, pages 3 and 4

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002
 CHAPTER 2, ADDENDUM A
 BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
TYPE OF SERVICE (SEE NOTE 10.)	ADFMS		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
OUTPATIENT HOSPITAL DEPARTMENTS Clinics visits; therapy visits; medical supplies; consultations; treatment room; etc. NOTE: Use other parts of this table for cost-sharing of ASC services, ER services, DME, etc.	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit. No separate copayment/cost-share for separately billed professional charges.	ADFMs: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMs: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
LABORATORY AND X-RAY SERVICES	\$0 copayment per visit.	\$0 copayment per visit.	\$12 copayment per visit. (See Note 4)	Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
ANCILLARY SERVICES Refer to Chapter 2, Section 1 for specific CPT code ranges	\$0 copayment per visit.	\$0 copayment per visit.	No copayment (See Note 3.)	ADFMs: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors: Cost-share--20% of the fee negotiated by the contractor.	ADFMs: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors: Cost-share--25% of the allowable charge.
NOTE 4: If these services are performed by the office visit provider on a date different from the office visit or performed by a different provider such as an independent laboratory or radiology facility (even if performed on the same day as the related office visit) the beneficiary will owe a separate copayment for the services. Also, no copayment will be collected for these services when they are billed and provided as clinical preventive services to TRICARE Prime Enrollees.					
NOTE 5: For dates of service on or after March 26, 1998, under TRICARE Prime, services defined as "ancillary services" in Chapter 2, Section 1 require no copayment.					

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 2, ADDENDUM A

BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE PROGRAM

IV. OUTPATIENT SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)					
TRICARE BENEFITS	TRICARE PRIME PROGRAM (SEE NOTE 8.)			TRICARE EXTRA PROGRAM	TRICARE STANDARD PROGRAM
	ADFM's		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS		
	E1 - E4	E5 & ABOVE			
TYPE OF SERVICE (SEE NOTE 10.)					
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology. (See Note 4.)	No copayment.	No copayment.	No copayment.	ADFM's: Cost-share--15% of the fee negotiated by the contractor. Retirees, their Family Members & Survivors:	ADFM's: Cost-share--20% of the allowable charge. Retirees, their Family Members & Survivors:
AMBULANCE SERVICES When medically necessary as defined in this Policy Manual and the service is a covered benefit.	\$0 copayment per visit.	\$0 copayment per visit.	\$20 copayment per occurrence.	Cost-share--20% of the fee negotiated by the contractor.	Cost-share--25% of the allowable charge.
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	\$0 copayment per visit.	\$0 copayment per visit.	\$30 copayment per emergency room visit.		
DME, PROSTHETIC DEVICES, HEARING AIDS FOR ADFM's, AND MEDICAL SUPPLIES PRESCRIBED BY AN AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS (If dispensed for use outside of the office or after the home visit.)	\$0 copayment per visit.	\$0 copayment per visit.	Cost-share - 20% of the fee negotiated by the contractor.		