

Civilian Health Care (CHC) Of Uniformed Service Members

1.0 GENERAL

Active Duty Service Members (ADSMs) who are on permanent assignment in a location outside the 50 United States and the District of Columbia must enroll in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote. ADSMs are not CHAMPUS-eligible and do not have the option to use TRICARE Standard or the Point of Service (POS) option under TOP Prime or TOP Prime Remote. Service members who would normally receive care from a host nation provider may be directed to transfer their care to a Military Treatment Facility (MTF). These controls ensure the maintenance of required fitness-for-duty oversight for TOP ADSMs. Refer to [Section 9](#) for claims processing instructions.

2.0 CONTRACTOR RESPONSIBILITIES

2.1 ADSMs who are enrolled in TOP Prime must obtain a referral/authorization from their MTF Primary Care Manager (PCM) for all non-emergent health care services obtained from a host nation network or non-network provider. ADSMs who are enrolled in TOP Prime Remote must seek authorization from the TOP contractor for all non-emergent specialty and inpatient care. ADSMs not enrolled in TOP who are on Temporary Additional Duty/Temporary Duty (TAD/TDY), deployed, deployed on liberty, or in an authorized leave status outside the fifty United States and the District of Columbia shall follow referral/authorization guidelines for TOP Prime Remote enrollees.

2.2 If an ADSM seeks host nation care without appropriate authorization, they put themselves at financial risk for claims payment. They are also at risk for potential compromise of medical readiness posture, flight status, or disability benefits, and they may be subject to disciplinary action for disregarding service-specific policy. Lost work time may be charged as ordinary leave.

2.3 Each TRICARE Area Office (TAO) shall establish processes for ADSM referrals/authorizations in remote locations, including referrals for routine screenings and military-specific requirements. These processes may vary by region. The TOP contractor shall comply with TAO guidance regarding ADSM referrals/authorizations, to include screening specialty care referrals to assist with the identification of potential fitness-for-duty issues to the designated government Point of Contact (POC).

2.4 Normal TRICARE coverage limitations will not apply to services that have been authorized for coverage for TOP ADSMs. Services that have been authorized for TOP ADSMs will be covered regardless of whether they would have ordinarily been covered under TRICARE policy.

2.5 When an MTF referral directs evaluation or treatment of an ADSM's condition, as opposed to directing a specific service(s), the TOP contractor shall use its best business practices in determining the services encompassed within the Episode of Care (EOC), indicated by the referral. The services may include laboratory tests, radiology tests, echocardiogram, holter monitors, pulmonary

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function tests, and routine treadmills associated with that EOC. A separate MTF authorization for these services is not required. If a civilian provider requests additional treatment outside of the original EOC, the contractor shall contact the referring or enrolling MTF for approval.

2.6 The TOP contractor shall process self-referred TOP ADSM claims according to the provisions of [Section 9](#).

Note: TOP MTFs are responsible for processing claims for MTF-referred ADSM care.

2.7 The TOP contractor shall use the same best business practices as used for other TOP Prime or TOP Prime Remote enrollees in determining EOC when ADSM claims are received with lines of care that contain both MTF-referred and non-referred lines. Claims received which contain services outside the originally referred EOC on an ADSM must come back to the PCM for approval. Laboratory tests, radiology tests, echocardiograms, holder monitors, pulmonary function tests, and routine treadmills associated with that EOC may be considered part of the originally requested services and do not need to come back to the PCM for approval.

2.8 When an ADSM leaves a remote TOP assignment as a result of Permanent Change of Station (PCS) or other service-related change of duty status, the PCM shall provide a complete copy of medical records, to include copies of specialty and ancillary care documentation, to ADSMs within 30 calendar days of the ADSM's request for the records. The ADSM may also request copies of medical care documentation (specialty care visits and discharge summaries) on an ongoing, EOC basis. Records provided by host nation providers in languages other than English may be submitted to the TOP contractor for translation into English according to the terms of the contract. Network host nation providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Non-network host nation providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges unless the government has directed a lower reimbursement rate. ADSMs who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out-of-pocket expenses. All providers and/or ADSMs must submit a claim form, with the charges clearly identified, to the contractor for reimbursement.

Note: The purpose of copying medical records is to assist the ADSM in maintaining accurate and current medical documentation. The contractor shall not make payment to a host nation provider who photocopies medical records to support the adjudication of a claim.

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