

JURISDICTION

In the early stages of claims review, the contractor shall determine that claims received are within its contractual jurisdiction using the criteria below. Contractor jurisdictions are provided in the TRICARE Contractor Address List issued by TMA. This address list also can be found on the TMA Home Page at www.tricare.osd.mil, then click on Beneficiary Resources: Claim Filing.

1.0. PRIME ENROLLEES

When a beneficiary is enrolled in TRICARE Prime, contractor jurisdiction is determined by the beneficiary's regional enrollment. The contractor processes all claims for the enrollee no matter where the enrollee receives services. For information on claims for relocating Prime enrollees, refer to [Chapter 6, Section 2](#), Enrollment Portability.

NOTE: All dental claims for active duty service members enrolled in the TRICARE Prime Remote Program shall be forwarded to the appropriate service point of contact (SPOC) listed in [Chapter 20, Addendum B](#).

2.0. ALL OTHER TRICARE BENEFICIARIES

For a beneficiary who is not enrolled in TRICARE Prime, the contractor with jurisdiction for the beneficiary's claim address shall process the claim no matter where the beneficiary receives services. This includes CHCBP claims and claims from U.S. Government medical facilities other than those of the Uniformed Services (e.g., a claim for emergency care provided by a Veterans Administration facility or a facility under the Indian Health Service, Public Health Services). Claims for beneficiaries residing outside the United States shall be processed in accordance with the [Policy Manual, Chapter 12](#).

3.0. TRICARE SENIOR PHARMACY PROGRAM

3.1. For Point of Sale pharmacy claims, the claim shall be processed by the Managed Care Support Contractor (MCSC) to whom the claim was submitted.

3.2. For non-Point of Sale claims, the claim shall be processed by the MCSC normally having jurisdiction for the beneficiary.

4.0. SUPPLYING OUT-OF-AREA PROVIDER INFORMATION

For out of area claims the regional contractor responsible for certifying providers and developing pricing data for the region where the services were provided shall supply provider and pricing information (both institutional and non-institutional) to the contractor responsible for processing the claims. The contractor shall respond within five workdays

after receipt of such requests and shall designate a point of contact for this purpose. The contractor shall follow the procedures below in requesting and providing information. Responses to such requests shall include only that information not available in the requester's own records or in TMA-provided records. The response shall verify whether or not the provider is a TRICARE-authorized provider and whether or not the provider is a network provider. The response shall also include the appropriate pricing of the services/supplies as well as specific data needed to complete contractor records and HCSR submission to the TMA.

4.1. Procedures For Contractor Coordination On Out-of-Jurisdiction Providers

Contractors subject to the requirements of the Automated Data Processing and Reporting Manual who are responsible for processing claims for care provided outside of their provider certification jurisdiction shall first search available provider files, including the TMA-supplied copy of the TRICARE centralized provider file (to be provided at least weekly), to determine provider certification status, obtain related provider information, and determine if the certifying contractor has submitted a Health Care Provider Record (HCPR) for the out-of-area provider.

4.2. File Search Unsuccessful

If the file search is unsuccessful, the following procedures apply:

4.2.1. The servicing (claims processing) contractor shall request provider information from the certifying contractor.

4.2.2. Each contractor shall designate a point of contact as specified in [paragraph 1.0](#) who shall be responsible for initiating actions related to such requests and ensuring these actions are timely and well documented.

4.2.3. The certifying contractor shall respond within five workdays of the request with either 1) complete provider information for the servicing contractor to process the claim and submit a Health Care Service Record (HCSR) in situations when a HCPR has already been accepted by TMA or 2) the information that a HCPR for the provider in question has not been submitted to or accepted by TMA and one of the following situations exist:

4.2.3.1. The certifying contractor has sufficient documentation (including the provider's TIN) to complete the certification process and determine the provider's TRICARE status; or

4.2.3.2. The certifying contractor does not have sufficient documentation to determine the provider's status and complete the certification process; or

4.2.3.3. The certifying contractor has sufficient information to determine that the provider does not meet TRICARE certification requirements without going through the certification process; or

4.2.3.4. Situations [4.2.3.1.](#), [4.2.3.2.](#), or [4.2.3.3.](#) above apply, but the certifying contractor is not subject to the requirements of the Automated Data Processing and Reporting Manual.

4.3. HCPR Submission

4.3.1. Since the servicing contractor will be unable to complete HCSR processing until a HCPR is accepted by TMA, a coordinated effort is required between the servicing contractor and the certifying contractor in the above situations. The certifying contractor is responsible for ensuring the HCPR is accepted by TMA before supplying the provider information indicated. Contractors should not delay submitting HCPRs for providers who have requested certification and such certification has been granted or denied, solely because the provider has not yet submitted a TRICARE claim. When the HCPR is accepted, the certifying contractor shall notify the servicing contractor of this within two workdays of its acceptance and supply the provider information. Following are procedures and time frames to facilitate this coordination.

4.3.2. If the certifying contractor has completed its provider certification process but has yet to submit the HCPR (or clear the HCPR through the TMA edits), the certifying contractor shall submit (or resubmit) the HCPR within one workday of contact by the servicing contractor and notify the servicing contractor within two calendar weeks following the initial contact, of the HCPR submission action taken and whether the HCPR has been accepted.

4.3.3. If the certifying contractor does not have sufficient documentation to complete the certification process and submit a HCPR, the certifying contractor shall initiate (or follow up on) the certification process within two workdays of the initial contact by the servicing contractor. If it is necessary to obtain documentation from the provider, the certifying contractor shall allow no longer than a two calendar week suspense from the date of its request.

4.3.4. Upon determination that the documentation is complete, the certifying contractor shall complete the certification process, submit the HCPR, and notify the servicing contractor within one additional calendar week following completion of the certification process (i.e., within three weeks of the initial contact by the servicing contractor). The certifying contractor shall also notify the provider of the certification determination and of procedures for contacting the certifying contractor in the future regarding provider-related (non-claim) matters (e.g., address changes).

4.3.5. If the certifying contractor is unable to complete the certification process within three calendar weeks following the initial contact, it shall submit the HCPR and notify the servicing contractor within four calendar weeks following the initial contact.

4.3.6. If the certifying contractor has substantial evidence (e.g., state licensure listing) that the provider meets TRICARE certification requirements, it shall consider the provider certified and so inform the servicing contractor one work day after acceptance.

4.3.7. If the certifying contractor does not have substantial evidence that the provider meets TRICARE certification requirements, it shall not consider the provider to be certified. The servicing contractor shall deny the claim using an appropriate EOB message.

4.3.8. In either of the above cases, if the certifying contractor does not have the provider's TIN, it shall submit the HCPR with a contractor Assigned Provider Number (APN) as described in the [ADP Manual, Chapter 2, Section 10](#), Provider Taxpayer Number, and provide this number to the servicing contractor. The servicing contractor shall issue

payment only to the beneficiary in this case if the claim is otherwise payable (even in the unlikely event that the provider is participating).

4.3.9. If, at the time of the servicing contractor's initial contact, the certifying contractor is able to determine that the provider does not meet the TRICARE certification requirements without going through the certification process, it shall submit the HCPR and notify the servicing contractor within two calendar weeks of the initial contact. If the provider's TIN is not known, the certifying contractor shall assign an APN. The servicing contractor shall deny the claim using an appropriate EOB message.

4.3.10. If the certifying contractor is not subject to the requirements of the Automated Data Processing and Reporting Manual, the servicing contractor will assign the provider sub-ID and create the HCPR. The certifying contractor shall provide the servicing contractor with the minimum provider information listed below, within two workdays of the initial contact by the servicing contractor if the certification process has been completed or if a determination can be made that the provider does not meet the certification requirements without going through the process. If it has not been completed, the servicing contractor shall be so notified within two workdays of the initial contact and the procedures and time frames above shall be followed.

4.3.11. The servicing contractor shall notify the TMA Contracting Officer's Representative if the certifying contractor does not provide the required provider information and notification of the HCPR's acceptance by TMA within 35 calendar days from the time of the initial contact.

4.4. Provider Data

The minimum provider data to be provided by the certifying contractor is the provider's certification status including the reason a provider is not certified if such is the case, any special prepayment review status, and the following HCPR data:

4.4.1. Provider Taxpayer Number or Assigned Provider Number

4.4.2. Provider Sub-Identifier (may need to be assigned by the servicing if the certifying contractor is not on HCSRs)

4.4.3. Provider Contract Affiliation Code

4.4.4. Provider street address

4.4.5. Provider "pay to" address

4.4.6. Provider State or Country

4.4.7. Provider Zip Code

4.4.8. Provider Specialty (non-institutional providers)

4.4.9. Partnership data (Partnership indicator, discount percentage, effective and ending dates)

- 4.4.10. Type of Institution (institutional providers)
- 4.4.11. Type of reimbursement applicable (DRG, MHPD, etc.)
- 4.4.12. Per diem reimbursement amount, if applicable
- 4.4.13. IDME factor (where applicable)
- 4.4.14. Provider Acceptance Date
- 4.4.15. Provider Termination Date
- 4.4.16. Record Effective Date
- 4.4.17. The certifying contractor shall provide additional data upon request of the servicing contractor or TMA to meet internal processing, prepayment review, or file requirements or, to create a HCPR when the certifying contractor is not under the requirements of the Automated Data Processing and Reporting Manual.

4.5. Maintenance Of HCPR With An Assigned Provider Number (APN)

In all cases when an APN is assigned, the certifying contractor shall attempt to obtain the provider's actual TIN. Within ten workdays of receipt of the provider's TIN, the certifying contractor who is under the requirements of the Automated Data Processing and Reporting Manual shall inactivate the APN HCPR and add the HCPR with the provider's TIN regardless of whether the provider meets TRICARE certification requirements.

4.6. Provider Correspondence

Any provider correspondence which the servicing contractor forwards for the certifying contractor's action or information shall be sent directly to the certifying contractor's point of contact to avoid misrouting. Within one week of receipt, the servicing contractor shall forward for the certifying contractor's action any correspondence or other documentation received which indicates the need to perform a provider file transaction. This includes, but is not limited to, such transactions as address changes, adding or deleting members of clinics or group practices, or changing a provider's TIN.

4.7. Provider Certification Appeals

4.7.1. Requests for reconsideration of an contractor's adverse determination of a provider's TRICARE certification status are processed by the certifying contractor. Any such requests received by the servicing contractor are to be forwarded to the certifying contractor within five workdays of receipt and the appealing party notified of this action and the reason for the transfer. The certifying contractor shall follow standard appeal procedures including aging the appeal from the date of receipt by the certifying contractor, except that, if the reconsideration decision is favorable, the provider shall be notified to resubmit any claims denied for lack of TRICARE certification to the servicing contractor with a copy of the reconsideration response. In this case, the certifying contractor shall ensure a HCPR for this provider is accepted by TMA within one calendar week from the date of the appeal decision.

4.7.2. The servicing contractor shall forward to the certifying contractor within five workdays of receipt any provider requests for review of claims denied because the certifying contractor was unable to complete the certification process. The servicing contractor shall notify the provider of the transfer with an explanation of the requirement to complete the certification process with the certifying contractor. Upon receipt of the provider's request, the certifying contractor shall follow its regular TRICARE provider certification procedures. In this case, no basis for an appeal exists. If the provider is determined to meet the certification requirements, the special provider notification and HCPR submittal requirements apply.

5.0. OUT-OF-JURISDICTION CLAIMS

The contractor shall handle all claims involving billings outside its jurisdiction as follows:

5.1. TRICARE Claims

Including those to be processed by TRICARE Management Activity (TMA) and-- under the TRICARE Prime Remote (TPR) Program--dental claims to be processed by the Service Points of Contact (SPOCs) listed in [Chapter 20, Addendum B](#).

5.1.1. Totally Out-Of-Jurisdiction

When a contractor receives a claim with no services or supplies within its jurisdiction, it shall clearly indicate the original date of receipt on the claim. The contractor shall then forward the claim and supporting documentation to the appropriate contractor(s) within 72 hours of identifying it as being out-of-jurisdiction. All contractors shall include current information on the beneficiary and family deductible and catastrophic loss amounts, if any, shown as accumulated on the history file. The transferring contractor shall also inform the claimant of the action taken and provide the address of the contractor to which the claim was forwarded. (See [Chapter 8, Addendum A, Figure 8-A-2](#) for suggested language.)

5.1.2. Partially Out-Of-Jurisdiction

When a contractor receives a claim for services or supplies both within and outside its jurisdiction before processing the services or supplies within its jurisdiction, and within 72 hours of identifying the out-of-jurisdiction items, the contractor shall:

5.1.2.1. Draw lines through the in-jurisdiction items.

5.1.2.2. Ensure the original date of receipt is clearly indicated on the claim.

5.1.2.3. Send a copy of the claim and all supporting documents to the appropriate contractor(s).

5.1.2.4. The contractor shall include current information on the beneficiary and family deductible and catastrophic loss amounts accumulated.

5.1.2.5. If more than one other contractor is involved, the transferring contractor shall provide each the name(s) of the other(s). The transferring contractor shall notify the claimant of the action taken and provide the address(es) of the contractor(s) to which the claim was

forwarded. In addition, the contractor shall briefly explain the potential for application of excessive deductible for outpatient services due to the involvement of more than one contractor in the processing of the one claim and the procedures to follow should this occur. (See [Chapter 8, Addendum A, Figure 8-A-3](#) for suggested language.)

5.2. Non-TRICARE Claims

The contractor shall return claims submitted on other than approved TRICARE claim forms to the sender or transfer to other lines of business, if appropriate.

5.3. CHAMPVA Claims

When a claim is identified as a CHAMPVA claim, the contractor shall return the claim to the sender with a letter advising them that the CHAMPVA Program's toll-free telephone number 1-800-733-8387, and instruct them to send the claim and all future CHAMPVA claims to:

Health Administration Center
CHAMPVA Program
P.O. Box 65024
Denver, Colorado 80206-9024

5.4. Supplemental Health Care Program (SHCP) Claims

5.4.1. Services Prior to Implementation Of The Revised Supplemental Health Care Program

5.4.1.1. The contractor shall price supplemental health care claims forwarded by MTF/MMSO claims offices in accordance with the requirements in Chapters [21](#) and [22](#).

5.4.1.2. The contractor shall forward any other SHCP claims (i.e., those not forwarded for pricing by the MTF/MMSO claims offices) to the appropriate Uniformed Services, within 72 hours of identification as a non-TRICARE claim. Contractors shall use the active duty service member's branch of service and the geographic location where the services were provided to determine that proper point of referral, using Chapters [21](#) and [22](#). Active duty SHCP claims are usually identified by the information in the service block and relationship block, e.g., status: "active duty" and relationship: "self." Contractors shall not return these claims to the claimant nor enter them into the processing system but shall notify the claimant of the action taken. (See [Chapter 8, Addendum A, Figure 8-A-4](#) for suggested wording.) (See Chapters [21](#) and [22](#) for additional details.)

5.4.2. Services On Or After Implementation Of The Revised Supplemental Health Care Program

5.4.2.1. See [Chapter 21](#) for requirements for processing active duty and other SHCP claims which are for civilian services pursuant to an MTF referral.

5.4.2.2. See [Chapter 22](#) for requirements for processing active duty and any other supplemental health care claims which are for civilian services but not pursuant to an MTF referral.

5.4.2.3. See [Chapter 20](#) for requirements for processing claims for civilian care provided to active duty service members enrolled in the TRICARE Prime Remote (TPR) Program.

5.5. **Veterans Claims**

If a claim is received for care of a veteran and there is evidence the care was ordered by a VA physician, the claim, with a letter of explanation, shall be sent to the VA institution from which the order came. The claimant must also be sent a copy of the letter of explanation. If there is no clear indication that the VA ordered the care, return the claim to the sender with an explanation that the veteran is not eligible under TRICARE and that the care ordered by the VA should be billed to the VA.

5.6. **Claims For Parents, Parents-In-Law, Grandchildren, And Others**

On occasion, a claim may be received for care of a parent or parent-in-law, a grandchild, or other ineligible relative of a TRICARE sponsor. Return the claim to the claimant with a brief explanation that such persons are not eligible for TRICARE benefits. EXCEPTION: For TRICARE Senior Pharmacy, dependent parents and parents-in-laws are eligible if they meet the eligibility requirements listed in [Policy Manual, Chapter 7, Section 7.2](#), and their claims will be paid as any other TRICARE Senior Pharmacy beneficiary.