

JURISDICTION

1.0. REGIONAL BOUNDARIES

1.1. For claims processing jurisdiction purposes, TRICARE regional boundaries do not apply under the TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC). The TDEFIC contractor is responsible for processing all claims for services rendered to TRICARE/Medicare dual eligible individuals within the fifty United States and the District of Columbia.

1.2. Medicare claims processing jurisdiction is based on place of service. The TDEFIC contractor shall contract with the all of the Medicare FI/Carriers to ensure that Medicare claims for all dual eligible beneficiaries receiving care within the respective carrier's/FI's state(s) are electronically forwarded to the TDEFIC contractor. The cross-over claims agreement shall include all dual-eligible beneficiaries regardless of the beneficiary's status (ADD, Retiree, survivor, etc.).

2.0. OUT OF JURISDICTION CLAIMS

2.1. The contractor shall forward all claims for treatment of beneficiaries who have eligibility for both Medicare and TRICARE, but which have not yet been submitted to Medicare, to the Medicare contractor within 72 hours of receipt. Claims which the TDEFIC contractor knows would be denied by Medicare are exempt from this requirement.

2.2. Similarly, all other claims for which the TDEFIC contractor does not have immediate responsibility for adjudication shall be forwarded to the appropriate carrier/FI (if identifiable) or returned to the submitter, within 72 hours of receipt.

