

CLAIMS PROCESSING PROCEDURES

SECTION	SUBJECT
1	GENERAL 1.0. Purpose 2.0. Who May File A Claim 3.0. TRICARE Claim Forms 4.0. Claims Receipt And Control
2	JURISDICTION 1.0. Prime Enrollees 2.0. All Other TRICARE Beneficiaries 3.0. Supplying Out-Of-Area Provider Information 4.0. Out-of-Jurisdiction Claims 5.0. Non-TRICARE Claims
3	CLAIMS FILING DEADLINE 1.0. Time Limitations on Filing TRICARE Claims 2.0. Exceptions To Filing Deadline 3.0. Time Limitations For Exceptions
4	SIGNATURE REQUIREMENTS 1.0. Beneficiary, Spouse, Parent Or Guardian Signature 2.0. Privacy Act Requirements Custodial/Noncustodial Parent 3.0. Beneficiary Is Under 18 Years Of Age 4.0. Beneficiary Is 18 Years Of Age Or Older (Incompetent Or Incapable) 5.0. Beneficiary Deceased 6.0. Beneficiary Signature On File 7.0. Unacceptable Signatures 8.0. Beneficiary Signature Waiver 9.0. Network Provider Signature 10.0. Non-Network Provider signature
5	REFERRALS/PREAUTHORIZATIONS/AUTHORIZATIONS 1.0. Referrals 2.0. <i>Preauthorizations</i> /Authorizations 3.0. Failure To Comply With Preauthorization - Payment Reduction 4.0. Psychiatric Residential Treatment Centers 5.0. Former Spouse With Pre-Existing Condition 6.0. Grandfathered Custodial Care Cases

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002
CHAPTER 8 - CLAIMS PROCESSING PROCEDURES

SECTION	SUBJECT
6	CLAIM DEVELOPMENT <ul style="list-style-type: none">1.0. General2.0. Agreement To Participate3.0. Claims For Certain Ancillary Services4.0. V Codes5.0. Individual Provider Services6.0. Undeliverable/Returned Mail7.0. TRICARE Encounter Data Detail Line Item - Combined Charges8.0. Claims Splitting9.0. Provider Numbers
7	APPLICATION OF DEDUCTIBLE AND COST-SHARING <ul style="list-style-type: none">1.0. DEERS Catastrophic Cap <i>And Deductible</i> Data (CCDD)2.0. Claim Order For Applying Deductible3.0. Deductible Documentation4.0. Audit Trail And History File5.0. Adjustments And Recoupments
8	EXPLANATION OF BENEFITS (EOBs) <ul style="list-style-type: none">1.0. Beneficiary, Parent/Guardian2.0. Non-Participating Provider3.0. Participating Providers4.0. State Medicaid Agency5.0. EOB Issuance Exceptions6.0. Procedures For Informing The Beneficiary Of Claim Action7.0. Payment To The Provider Or Beneficiary Is 99 Cents Or Less8.0. EOB Format9.0. Reverse Of The EOB Form
9	DUPLICATE PAYMENT PREVENTION <ul style="list-style-type: none">1.0. Automated Duplicate Checking - Individual Providers2.0. Automated Duplicate Checking - Institutional Providers3.0. Manual Duplicate Checking (Clerical Review)4.0. Place Of Service/Type Of Service Categories
ADDENDUM A	FIGURES <ul style="list-style-type: none">FIGURE 8-A-1 DD Form 2642FIGURE 8-A-2 Provider's Notarized Facsimile Or Stamp Signature AuthorizationFIGURE 8-A-3 Provider's Notarized Signature AuthorizationFIGURE 8-A-4 Abortion Denial Notice To The Beneficiary And Participating Provider