

PROVIDERS OF CARE

1.0. CIVILIAN PROVIDERS

The Supplemental Health Care Program (SHCP) payment structure applies to inpatient and outpatient medical claims submitted by civilian institutions, individual professional providers, resource sharing providers, Military Treatment Facilities (MTFs), suppliers, pharmacies and uniformed service members for civilian health care received within the 50 United States and the District of Columbia. The Managed Care Support Contractor (MCSC) will make referrals to network providers as required by contract. No dental services rendered to Active Duty Service Members (ADSMs), including adjunctive dental care, are covered under the SHCP (except adjunctive dental care under the National Department of Defense (DoD)/Department of Veterans Affairs (DVA) Memorandum of Agreement (MOA) as described in [paragraph 3.1.](#) [Chapter 18, Addendum B](#) provides guidelines for dental claims for ADSMs. All other claims received for dental services rendered to patients other than ADSMs shall be adjudicated in accordance with existing TRICARE policy.

2.0. UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP) (FORMERLY UNIFORMED SERVICES TREATMENT FACILITIES [USTFs])

2.1. In addition to receiving claims from civilian providers, the contractor may also receive SHCP claims from certain USFHP *Designated Providers (DPs)*, formerly referred to as USTFs. The provisions of the SHCP will not apply to services furnished by a USFHP *DP* if the services are included as covered services under the current negotiated agreement between the USFHP *DP* and Office of the Assistant Secretary of Defense, Health Affairs (OASD(HA)). However, any services not included in the USFHP *DP* agreement shall be paid by the contractor in accordance with the requirements in this chapter.

2.2. The USFHP, administered by the *DPs* listed below currently have negotiated agreements which provide the Prime benefit (inpatient and outpatient care). Since these facilities have the capability for inpatient services, they can submit claims which will be paid in accordance with applicable TRICARE reimbursement rules under the SHCP:

- CHRISTUS Health, Houston, TX (which also includes):
 - St. Mary's Hospital, Port Arthur, TX
 - St. John Hospital, Nassau Bay, TX
 - St. Joseph Hospital, Houston, TX
- Martin's Point Health Care, Portland, ME
- Johns Hopkins Health Care Corporation, Baltimore, MD

- Brighton Marine Health Center, Boston, MA
- St. Vincent's Catholic Medical Centers of New York, New York City, NY
- Pacific Medical Clinics, Seattle, WA

3.0. DEPARTMENT OF VETERANS AFFAIRS (DVA)

3.1. *For processing and payment of DoD/DVA MOA claims for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, or Polytrauma, see Chapter 19, Section 2.*

3.2. Claims for Care Provided Under the National DoD/DVA MOA for Payment for Processing Disability Compensation and Pension Examinations (DCPE) in the Integrated Disability Evaluation System (IDES)

The contractor shall reimburse the DVA for services provided under the current national DoD/DVA MOA for "Processing Payment for Disability Compensation and Pension Examinations in the Integrated Disability Evaluation System" (IDES MOA; see [Addendum D](#) for a full text copy of the MOA for references purposes only). The contractor shall begin processing these claims with dates of care January 1, 2011 and forward. Claims under the IDES MOA shall be processed in accordance with this chapter and the following:

3.2.1. Claims submitted by the DVA on a Centers for Medicare and Medicaid Services (CMS) 1500 (08/05) for a service member's care with the Current Procedural Terminology (CPT¹) code of 99456 (principal or secondary) shall be processed as a IDES MOA claim.

3.2.2. The contractor shall verify whether services provided under the IDES MOA have been referred and authorized by the MTF. The MTF will generate a single referral request in the Armed Forces Health Longitudinal Technology Application (AHLTA) and submit the referral to the contractor. The referral will specify the total number of Compensation and Pension (C&P) examinations authorized for payment by the contractor. It is not necessary for the referral to identify the various specialists who will render the different C&P examinations. The reason for referral will be entered by the MTF as "DVA only: Disability Evaluation System (DES) C&P exams for fitness for duty determination - total ___." The MTF will complete the referral as described in [Chapter 8, Section 5, paragraph 7.2.1.](#) including Note 4.

3.2.3. The DVA will list one C&P examination (CPT¹ code 99456) per line in block 24 of the CMS 1500 (08/05) and indicate one unit such that there is a separate line item for each C&P examination. The DVA can list related ancillary services separately in block 24 of the CMS 1500 (08/05) using the appropriate CPT codes.

3.2.4. If an authorization is on file, the contractor shall process the claim to payment (see [paragraph 2.2.](#)). One C&P examination fee will be paid for each referred and authorized C&P examination up to the total number of C&P examinations authorized. The contractor shall not deny claims for lack of authorization. Rather, if a required authorization is not on file, the contractor shall place the claim in a pending status and shall forward appropriate

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documentation to the MTF for determination (following the procedures in [Section 3, paragraph 1.2.1.](#)).

3.2.5. Claims for C&P exams shall be paid SHCP using the pricing provisions agreed upon in the IDES MOA. CPT² procedure code 99456 shall be used and will be considered to include all parts of each C&P examination, except ancillary services. Claims for related ancillary services shall be paid at the appropriate TRICARE allowable rate (e.g., CMAC) with a 10% discount applied.

FIGURE 18-2-1 DISABILITY PAY SCHEDULE

EFFECTIVE DATE	C&P DISABILITY EXAM (99456 ¹)	ANCILLARY SERVICES
01/01/2011	\$515.00	CMAC - 10%

3.2.6. All TED records for this care shall include Special Processing Code **DC** - Disability Compensation and Pension Examinations-DVA, Special Processing Code **17** - VA Medical Provider Claim, and Enrollment Health Plan Code **SR** - SHCP-Referred Care.

3.2.7. Claims for care provided prior to January 1, 2011 will be paid by TMA. The contractor shall pay all claims with dates of services on or after January 1, 2011. The contractor shall NOT be responsible for processing adjustments for any claims previously paid by TMA.

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