

## Part 199.7

### Claims Submission, Review, And Payment

Revision:

Rule:

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**(a) General.**

- (1) CHAMPUS identification card required.
- (2) Claim required.
- (3) Responsibility for perfecting claim.
- (4) Obtaining appropriate claim form.
- (5) Prepayment not required.
- (6) Deductible certificate.
- (7) Nonavailability Statement (DD Form 1251).
  - (i) Rules applicable to issuance of Nonavailability Statement.
  - (ii) Beneficiary responsibility.
  - (iii) Rules in effect at time civilian care is provided apply.
  - (iv) Nonavailability Statement must be filed with applicable claim.

**(b) Information required to adjudicate a CHAMPUS claim.**

- (1) Patient's identification information.
- (2) Patient treatment information.
  - (i) Diagnosis.
  - (ii) Source of care.
  - (iii) Full address of source of care.
  - (iv) Attending physician.
  - (v) Referring physician.
  - (vi) Status of patient.
  - (vii) Dates of service.
  - (viii) Inpatient stay.
  - (ix) Physicians or other authorized individual professional providers.
  - (x) Hospitals or other authorized institutional providers.
  - (xi) Prescription drugs and medicines (and insulin).
  - (xii) Other authorized providers.
  - (xiii) Nonparticipating providers.
- (3) Medical records/medical documentation.
- (4) Double coverage information.
  - (i) Name of other coverage.
  - (ii) Source of double coverage.
  - (iii) Employer information.
  - (iv) Identification number.
- (5) Right to additional information.

**(c) Signature on CHAMPUS Claim Form--**

- (1) Beneficiary signature.
  - (i) Certification of identity.
  - (ii) Certification of medical care provided.
  - (iii) Authorization to obtain or release information.
  - (iv) Certification of accuracy and authorization to release double coverage information.
  - (v) Exceptions to beneficiary signature requirement.
- (2) Provider's signature.
  - (i) Certification.
  - (ii) Physician or other authorized individual professional provider.
  - (iii) Hospital or other authorized institutional provider.

**(d) Claims filing deadline.**

- (1) Claims returned for additional information.
- (2) Exception to claims filing deadline.
  - (i) Types of exception.
    - (A) Retroactive eligibility.
    - (B) Administrative error.
    - (C) Mental incompetency.
    - (D) Delays by other health insurance.
    - (E) Other waiver authority.
  - (ii) Request for exception to claims filing deadline.

**(e) Other claims filing requirements.**

- (1) Continuing care.
- (2) [Reserved]
- (3) Claims involving the services of marriage and family counselors, pastoral counselors, and supervised mental health counselors.

**(f) Preauthorization.**

- (1) Preauthorization must be granted before benefits can be extended.
  - (i) Specifically preauthorized services.
  - (ii) Time limit on preauthorization.
- (2) Treatment plan.
- (3) Claims for services and supplies that have been preauthorized.
- (4) Advance payment prohibited.

**(g) Claims review.**

**(h) Benefit payments.**

- (1) Benefit payments made to beneficiary or sponsor.
- (2) Benefit payments made to participating provider.
- (3) CEOB.
- (4) Benefit under \$1.

**(i) Extension of the Active Duty Dependents Dental Plan to areas outside the United States.**

**(j) General assignment of benefits not recognized.**