

Medical Review And Allowable Charge Review Under the Outpatient Prospective Payment System (OPPS)

Issue Date: July 27, 2005

Authority: 10 USC 1079(j)(2) and 10 USC 1079(h)

1.0 APPLICABILITY

This policy is mandatory for the reimbursement of services provided either by network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

2.0 ISSUE

To describe the medical review and allowable charge review of hospital outpatient claims.

3.0 POLICY

3.1 Medical review under the hospital Outpatient Prospective Payment System (OPPS).

3.1.1 The methodology of review for outpatient claims does not change under the OPPS.

3.1.2 The goal of medical review is to identify inappropriate billing and to ensure that payment is not made for noncovered services. Contractors may review any claim at any time, including requesting medical records, to ensure that payment is appropriate.

3.2 All OPPS review of claims processing with the exception of the Inpatient Only Procedures List, would be considered allowable review.

4.0 EFFECTIVE DATE

May 1, 2009.

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