

Chapter 17

Section 2

Providers Of Care

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1.0 GENERAL

1.1 The Supplemental Health Care Program (SHCP) payment structure applies to inpatient and outpatient medical claims submitted by civilian institutions, individual professional providers, suppliers, pharmacies, and other TRICARE authorized providers for Civilian Health Care (CHC) rendered to Uniformed Service members and other SHCP-eligible individuals. For **Market/Military Treatment Facility (MTF)**-referred care, the contractor **shall** make referrals to network providers as required by contract.

1.2 For care that is not **Market/MTF** referred (including care for **Market/MTF** enrollees), most patients covered by this chapter will have undergone medical care prior to any contact with the Specified Authorization Staff (SAS) (**Addendum A**) or the contractor. However, when the patient initiates contact prior to treatment and the SAS has authorized the care being sought, the contractor **shall** issue authorizations and assist in finding network providers; if a network provider is not available, the **contractor shall refer** to a TRICARE authorized provider.

1.3 For **Uniformed Service** determined eligible patients other than active duty (e.g., Reserve Officer Training Corps (ROTC), Reserve Component (RC)), foreign military, etc.), the contractor, upon receiving an authorization from the SAS, **shall** record and enter the authorization to enable appropriate claims processing, and, if necessary, **shall** assist the patient with a network provider or TRICARE-authorized provider (if available).

1.4 **The active duty dental program contractor shall process and pay claims for active duty dental services in the 50 United States (U.S.), the District of Columbia, and U.S. territories and commonwealths. The contractor (or TRICARE Overseas Program (TOP) contractor for overseas care) shall process and pay claims for adjunctive dental care.**

2.0 UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP)

2.1 In addition to receiving claims from civilian providers, the contractor **shall** also receive SHCP claims from certain USFHP Designated Providers (DPs). 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 the Defense Health Agency (DHA) (this includes care for a USFHP enrollee). However, **the contractor shall pay for** any services not included in the USFHP DP agreement 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 TRICARE Prime benefit (inpatient and outpatient care). Since these facilities have the capability for inpatient services, the contractor shall pay claims submitted by USFHP 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)/VETERANS HEALTH ADMINISTRATION (VHA)

In addition to receiving claims from civilian providers, the contractor will also receive SHCP claims from the DVA/VHA. The contractor shall not apply provisions of the SHCP to services provided under any Memorandum of Agreement (MOA) for sharing between the Department of Defense (DoD) (including the Army, Air Force, Navy/Marine Corps, Space Force, and Coast Guard facilities) and the DVA/VHA. The Uniformed Services will continue to process claims for these services. However, the contractor shall pay for any services not included in any MOA described below in accordance with the TRICARE Reimbursement Manual (TRM) to include claims referred for beneficiaries on the Temporary Disability Retirement List (TDRL).

3.1 Claims for Care Provided Under the National DoD/DVA MOA for Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blind Rehabilitation, and Polytrauma

3.1.1 Effective August 4, 2009, the contractor shall process DVA/VHA submitted claims for Service members' treated under the MOA in accordance with this chapter and the following (SCI, TBI MOA; see Addendum D for a full text copy of the MOA for references purposes only).

3.1.2 The contractor shall process claims received from a DVA/VHA health care facility for Service member care as an MOA claim based upon the Defense Health Agency-Great Lakes (DHA-GL) Specified Authorization Staff (SAS) authorization number. As determined by SAS, the contractor shall authorize and pay for all medical conditions under this MOA if a condition of TBI, SCI, Blindness, or Polytrauma exists for the patient. The contractor shall ensure the authorization clearly indicates that the care has been authorized under the SCI, TBI, Blindness, and Polytrauma MOA. The contractor shall ensure authorization specifies type of care (inpatient, outpatient, etc.) to be given under the referenced MOA and limits of the authorization (inpatient days, outpatient visits, expiration date, etc.). Suggested

authorization language to possibly include “all care authorized under the SCI, TBI, Blindness, and Polytrauma MOA” for inpatient, outpatient and rehabilitative care. SAS shall send authorizations to the contractor either by fax or by other mutually agreed upon modality.

3.1.3 The contractor shall verify whether the DVA/VHA-provided care has been authorized by the SAS. If an authorization is on file, the contractor shall process the claim to payment. The contractor shall not deny claims for lack of authorization. If a required authorization is not on file, the contractor shall place the claim in a pending status and forward the appropriate documentation to the SAS identifying the claim as a possible MOA claim for determination (following the procedures in [Addendum B](#) for the SAS referral and review procedures). Additionally, any DVA/VHA submitted claim for a Service member with a TBI, SCI, blindness, or polytrauma condition that does not have a matching authorization number shall be pended to the SAS for payment determination.

3.1.4 The contractor shall reimburse MOA claims as follows:

3.1.4.1 The contractor shall pay claims for inpatient care using DVA/VHA interagency rates, published in the **Federal Register**. The interagency rate is a daily per diem to cover inpatient stays and includes room and board, nursing, physician, and ancillary care. These rates will be provided to the contractor by DHA (including periodic updates as needed). There are three different interagency rates to be paid for rehabilitation care under the MOA. The contractor shall apply the Rehabilitation Medicine rate to TBI care. Blind rehabilitation and SCI care each have their own separate interagency rate. Additionally, it is possible that two or more separate rates will apply to one inpatient stay. All interagency rates except the outpatient interagency rate in the Office of Management and Budget (OMB) Federal Register Notice provided by DHA will be applicable. If the DVA/VHA-submitted claim identifies more than one rate (with the appropriate number of days identified for each separate rate), the contractor shall pay the claim using the separate rates. (For example, a stay for SCI may include days paid with the SCI rate and days billed at a surgery rate.) Contractors shall verify the DVA/VHA billed rate on inpatient claims matches one of the interagency rates provided by DHA. The contractor shall not develop DVA/VHA claims for inpatient care submitted with an applicable interagency rate any further (i.e., for revenue codes, diagnosis, etc.) if care has been approved by the DHA/SAS. The contractor shall deny claims without an applicable interagency rate and the contractor shall issue an Explanation of Benefits (EOB) to the DVA/VHA, but not the beneficiary. The claim will need to be resubmitted for payment.

3.1.4.2 The contractor shall pay claims for outpatient and ambulatory surgery professional services at the appropriate TRICARE allowable rate (e.g., CHAMPUS Maximum Allowable Charge (CMAC)) and apply a 10% discount. For those services without a TRICARE allowable rate, the contractor shall reimburse the DVA/VHA at billed charges.

3.1.4.3 The following care services, irrespective of health care delivery setting require authorization from SAS and are reimbursed at billed charges (actual DVA/VHA cost) separately from DVA/VHA inpatient interagency rates, if one exists:

- Transportation
- Prosthetics
- Non-medical rehabilitative items
- Durable Equipment (DE) and Durable Medical Equipment (DME)
- Orthotics (including cognitive devices)
- Routine and adjunctive dental services

- Optometry
- Lens prescriptions
- Inpatient/outpatient TBI evaluations
- Special diagnostic procedures
- Inpatient/outpatient polytrauma transitional rehabilitation program
- Home care
- Personal care attendants
- Conjoint family therapy
- Ambulatory surgeries
- Cognitive rehabilitation
- Extended care/nursing home care

3.1.4.4 Effective August 4, 2009, the contractor shall process all claims received on or after this date using the guidelines established under the updated MOA regardless of the date of service. **The contractor shall include Special Processing Code (SPC) 17 - DVA/VHA medical provider claim, in all TRICARE Encounter Data (TED) records for this care.**

3.1.4.5 If paid at per diem rates, the contractor shall apply the provisions of Chapter 8, Section 2, paragraph 7.2, when enrollment changes in the middle of an inpatient stay. If enrollment changes retroactively, **the contractor shall not recoup** prior payments.

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/VHA 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 C for a full text copy of the MOA for reference purposes only). The contractor shall process claims with dates of service October 1, 2014, and forward. **The contractor shall process** claims under the IDES MOA in accordance with this chapter and the following:

3.2.1 **The contractor shall process** claims submitted by any DVA/VHA facility/provider for a Service member's care with the Current Procedural Terminology (CPT) code of 99456, International Classification of Diseases, 9th Revision, **Clinical Modification (ICD-9-CM)** diagnostic code of V68.01, or International Classification of Diseases, 10th Revision, **Clinical Modification (ICD-10-CM)** diagnostic code of Z02.71 (Disability Examination) as a IDES MOA claim. IDES MOA claims are SHCP claims.

3.2.2 The Market/MTF will generate a single referral and submit the referral to the contractor. Although the Market/MTF referral **will** specify a particular DVA/VHA facility/provider to provide the IDES MOA services, the contractor shall consider the referral as a blanket authorization to process claims from any billing DVA/VHA facility/provider for authorized/DCPE exams and associated ancillary services under the IDES MOA. The Market/MTF will complete the referral as described in Chapter 8, Section 5, paragraph 6.1 including Note 4. 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 Market/MTF **will enter the referral reason** as **"DVA/VHA only: Disability Evaluation System (DES) C&P exams for fitness for duty determination - total ____."**

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3.2.3 The DVA/VHA will list one C&P examination (CPT code 99456) per the appropriate field of the claim form and indicate one unit such that there is a separate line item for each C&P examination. **The DVA/VHA may bill** related ancillary services on the same claim form or on a separate claim form identified by the single diagnosis of ICD-9-CM/ICD-10-CM diagnostic code, V68.01/Z02.71 (Disability Examination).

3.2.4 If **the contractor receives** an IDES MOA claim from the DVA/VHA ([paragraph 3.2.1](#)) and an authorization to any DVA/VHA provider is on file, the contractor shall process the claim to payment (see [paragraph 2.2](#)). **The contractor shall pay** one C&P examination fee for each referred and authorized C&P examination up to the total number of C&P examinations authorized by the referring **Market/MTF**.

3.2.5 If **the contractor receives** an IDES MOA claim from the DVA/VHA ([paragraph 3.2.1](#)) and no authorization is on file, the contractor shall verify that the claim contains CPT procedure code 99456 or ICD-9-CM code V68.01 **or** ICD-10-CM Z02.71, and process the claim to payment. The contractor shall provide a monthly report of the number of IDES MOA claims received without authorization. Details for reporting are identified by DD Form 1423, Contract Data Requirement List (CDRL), located in Section J of the applicable contract.

3.2.6 **The contractor shall pay** claims for C&P exams as SHCP using the pricing provisions agreed upon in the IDES MOA. **The contractor shall use** CPT procedure code 99456 and **shall** consider **the code** to include all parts of each C&P examination, except ancillary services. **The contractor shall pay** claims for related ancillary services at the appropriate TRICARE allowable rate (e.g., CMAC) **and apply** a 10% discount.

FIGURE 17.2-1 DISABILITY PAY SCHEDULE

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

3.2.7 **The contractor** shall include SPC **DC** - Compensation and Pension Examinations-DVA/VHA, SPC **17** - DVA/VHA Medical Provider Claim, and Enrollment Health Plan Code **SR** - SHCP-Referred Care, **for all TRICARE Encounter Data (TED) records for this care.**

- END -

