

CLAIMS SUBMISSION, REVIEW, AND PAYMENT

(a) General..... 1

(1) CHAMPUS identification card required..... 1

(2) Claim required. 1

(3) Responsibility for perfecting claim. 1

(4) Obtaining appropriate claim form..... 1

(5) Prepayment not required. 1

(6) Deductible certificate..... 1

(7) Nonavailability Statement (DD Form 1251)..... 2

(i) Rules applicable to issuance of Nonavailability Statement. 2

(ii) Beneficiary responsibility. 2

(iii) Rules in effect at time civilian care is provided apply. 2

(iv) Nonavailability Statement must be filed with applicable claim. 2

(b) Information required to adjudicate a CHAMPUS claim. 2

(1) Patient’s identification information..... 2

(2) Patient treatment information. 3

(i) Diagnosis. 3

(ii) Source of care. 3

(iii) Full address of source of care..... 3

(iv) Attending physician..... 3

(v) Referring physician. 3

(vi) Status of patient. 3

(vii) Dates of service..... 3

(viii) Inpatient stay..... 3

(ix) Physicians or other authorized individual professional providers. 3

(x) Hospitals or other authorized institutional providers. 4

(xi) Prescription drugs and medicines (and insulin). 5

(xii) Other authorized providers. 5

(xiii) Nonparticipating providers. 5

(3) Medical records/medical documentation. 5

(4) Double coverage information..... 7

(i) Name of other coverage..... 7

(ii) Source of double coverage. 7

(iii) Employer information. 7

(iv) Identification number. 7

(5) Right to additional information. 7

(c) Signature on CHAMPUS Claim Form--..... 8

(1) Beneficiary signature..... 8

(i) Certification of identity. 8

(ii) Certification of medical care provided. 8

(iii) Authorization to obtain or release information. 8

(iv) Certification of accuracy and authorization to release double coverage information. 8

(v) Exceptions to beneficiary signature requirement. 8

DHA Version - April 2005

DHA Version - April 2005

- (2) Provider’s signature. 9
 - (i) Certification. 9
 - (ii) Physician or other authorized individual professional provider. 9
 - (iii) Hospital or other authorized institutional provider. 9
- (d) Claims filing deadline. 9**
 - (1) Claims returned for additional information. 10
 - (2) Exception to claims filing deadline. 10
 - (i) Types of exception. 10
 - (A) Retroactive eligibility. 10
 - (B) Administrative error. 10
 - (C) Mental incompetency. 10
 - (D) Delays by other health insurance. 10
 - (E) Other waiver authority. 10
 - (ii) Request for exception to claims filing deadline. 10
- (e) Other claims filing requirements. 10**
 - (1) Continuing care. 11
 - (2) **Reserved** 11
 - (3) Claims involving the services of marriage and family counselors,
 pastoral counselors, and supervised mental health counselors. 11
- (f) Preauthorization. 11**
 - (1) Preauthorization must be granted before benefits can be extended. 11
 - (i) Specifically preauthorized services. 11
 - (ii) Time limit on preauthorization. 11
 - (2) Treatment plan. 12
 - (3) Claims for services and supplies that have been preauthorized. 12
 - (4) Advance payment prohibited. 12
- (g) Claims review. 12**
- (h) Benefit payments. 12**
 - (1) Benefit payments made to beneficiary or sponsor. 12
 - (2) Benefit payments made to participating provider. 12
 - (3) CEOB. 12
 - (4) Benefit under \$1. 13
- (i) Extension of the Active Duty Dependents Dental Plan to areas outside the
 United States. 13**
- (j) General assignment of benefits not recognized. 13**