# TRICARE East Beneficiary FAQs: Claims and Appeal Submissions

## GENERAL CLAIMS

### What is an EOB, and how can I view mine?

A TRICARE EOB is an itemized statement that shows what action TRICARE has taken on your claims. It is not a bill. They are available in beneficiary self-service or the TRICARE East mobile app.

### How long does it take to process a claim?

Claims processing may take up to 90 days from the date of receipt.

### Where can I view the claim's status?

Use beneficiary self-service and the mobile app to view claim status. See tutorials, beneficiary self-service guide and mobile app FAQ.

### Why is there limited access to some claims?

Access is limited based on these situations:

- If the dependent is 18 or older
- If there is no completed PHI
- Sensitive claims for dependents ages 12-18 will not be shown

### How do I grant access for another person to be able to discuss these claims by phone?

Complete and return the TRICARE East Region authorization for general information form or the TRICARE East region authorization for release of sensitive information form.

Return completed form to TRICARE East:

TRICARE East Privacy Office
P.O. Box 740062
Louisville, Kentucky 40201-7462

Fax: 877-489-0041

TRICARE East will follow all federal and state laws and regulations that are more stringent.

### Why would the TRICARE claims reimbursement amount differ from the total bill charges?

All TRICARE claims are subject to CHAMPUS Maximum Allowable Charge (CMAC). CMAC is the maximum amount TRICARE will pay a doctor or other provider for a procedure, service, or equipment. This is connected to Medicare's allowable charges by law.

### When can a provider bill for services above TMAC?

Non-participating providers can charge you up to 15% more than TMAC, known as balance billing. Make sure to review your TRICARE EOB to verify allowed amounts. Learn more about costs.

### How is OHI information updated?

1. Complete the OHI questionnaire.
2. Fax: 877-489-0038 (Preferred method)

   **or mail to:**

   TRICARE East Region
   P.O. Box 202151
   Florence, SC 29502

**Note:** Failure to update OHI details with your provider(s) or contractor may result in TRICARE denying claims.

### Why is a Third Party Liability (TPL) form (DD2527) requested/required?

The Federal Medical Recovery Act allows TRICARE to be reimbursed for its costs of treating you if you are injured in an accident that was caused by someone else.

- TRICARE East will send you the statement of personal injury-possible third party liability form (DD Form 2527) if a claim is received that appears to have TPL.
- You must complete and sign this form within 35 calendar days. The claim cannot be processed until the form is returned to TRICARE East.

Return completed form to:

TRICARE East Region
Attn: Third Party Liability (TPL)
P.O. Box 202152
Florence, SC 29502

Fax: 877-489-0041

### How do you determine if I utilized my point of service POS option?

If you have TRICARE Prime, you are using POS when:

- Receives care from a network or non-network TRICARE-authorized provider without a referral from their PCM.
- Receives care for clinical preventive services from a non-network provider.
- Self-refers to a civilian specialty care provider after a referral has been authorized to a military hospital or clinic specialty care provider.

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- Self-refers to a non-network specialty care provider after a referral has been authorized to a network specialty care provider.

**What are non-covered services?**

- Exclusions

**What are fraud and abuse?**

Fraud is when a person or organization deliberately deceives others to gain some sort of unauthorized benefit.

Abuse is when providers supply services or products that are medically unnecessary or that do not meet professional standards.

Learn how to report fraud or abuse.

## SELF-FILING CLAIMS

**How do I submit a claim for services or supplies provided by medical care personnel?**

To process a beneficiary-submitted claim (claim form), you must include the following required information. Missing information will delay the processing of the claim:

- Beneficiary's first and last name (include on all attachments)
- Beneficiary's address
- Relationship to the sponsor
- Beneficiary's date of birth
- Beneficiary's sex
- Sponsor's name and ID (included on all attachments)
- OHI EOB
- Beneficiary or authorized person's signature
- Itemized bills with the provider information. This includes the provider's name, address, and NPI number if available.
- A description of the condition or diagnosis codes. If this information is not on the billing statement, it can be obtained from the provider.
- Procedures performed or CPT codes. If this is not on the billing statement, the information can be obtained from the provider.
- Proof of payment if you have already made a payment to the provider.
- Signature of beneficiary or authorized party (Box 12a) is required for the claim to be processed. Please date all signatures on documentation to make sure that we can process claims in a timely manner.

Check out this step-by step guide on completing the claim form.

To submit the claim form and supporting documentation:

TRICARE East Region: New Claims
P.O. Box 202146
Florence, SC 29502-2146

Fax: 877-489-0007

**How do I submit a claim for a physical, occupational, or speech therapy?**

Follow the steps listed above. Please date all signatures on documentation to make sure that we can process claims in a timely manner. These claims require the following additional documents for the claim to process:

- A valid physician's order and signed treatment plan covering the dates of service submitted on the claim must be on file. Frequency of submission depends on the length of treatment included on the physician's order. This information can be obtained from the provider performing the services. If this information is not on file, the claim must be returned to the provider for the missing information which will create a delay in the processing of the claim.
- Therapy progress notes are required every three months. This information can be obtained from the provider performing the services. If this information is not on file, the claim must be returned to the provider for the missing information which will create a delay in the processing of the claim.
- For beneficiaries ages 3-21, a current Individualized Education Program (IEP) Public Facility Use Certification Form (PFCF) or documentation from the public school system that the beneficiary (ages 3 to 21) is not enrolled in a public school and is not receiving speech services is required. We can also accept a signed written statement from the parents stating that the beneficiary is in a private or home school and is not receiving any special education from a public agency. If this information is not on file, the claim must be returned to the provider for the missing information which will create a delay in the processing of the claim.
- The beneficiary's first and last name and the sponsor's name and ID should be included on all pages of the documents to ensure the documents are correctly attached to the claim.

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### How long do I have to file a claim?

All claims must be filed within one year after the service took place.

### How long do I have to resubmit a claim that was returned to me?

If a claim submission is returned for additional information, the re-submission of the claim must be received within the filing deadline or within 90 days of notice.

### Where can I get more information on specific claim types?

- Banked Donor Milk (BDM) claims
- Breastfeeding supplies
- Durable Medical Equipment (DME)
- TRICARE East Region Authorization of Release for General Information
- TRICARE East Region Authorization for Release of Sensitive Information

## APPEAL SUBMISSION PROCESS

### Do I have the right to appeal a denied claim?

Yes, you do, if you receive an appealable denial and do not agree with a decision made about your benefit. Please see directions for appeals on your EOB.

### How long do I have to submit a TRICARE claims appeal?

Claim appeal submission receipt is no later than 90 calendar days after the date of the initial denial determination letter or EOB.

### Where do I submit a claim appeal?

Coming soon, Appeal Self-Service, an online tool for appeal submission.

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