

Fraud and Abuse: A Drain on TRICARE Resources

Americans spend more than \$1 trillion every year on health care and an estimated 7 to 10 percent of this money is lost due to fraud and abuse schemes.

Fraud and abuse is an intentional deception or misrepresentation by an individual or entity that could result in an unauthorized TRICARE benefit or payment. Abuse is any practice that is inconsistent with sound fiscal, business or professional practice resulting in a claim, unnecessary costs or payment for services or supplies that are not medically necessary and appropriate and does not meet recognized professional standards for health care providers.

Depending on the circumstances, fraud and abuse can compromise the safety of your patients and the quality of care you provide. As a health care provider, you should be on the alert for situations where fraud and abuse can take place.

The following are common types of fraud and abuse:

- **Up coding** is billing for a higher level procedure than what was actually performed in order to obtain a higher benefit.
- **Unbundling** is billing with individual procedure codes instead of a single global code that clearly states an incidental procedure is included. For example: CPT code 71551 is an MRI of the chest including contrast material. Billing an additional supply code for the contrast material would be considered unbundling.

- **Creative billing** includes substituting covered diagnosis or procedure codes for a non-covered TRICARE procedure. For example: a patient undergoes a rhinoplasty, which is a non-covered cosmetic procedure, but TRICARE is billed for a septoplasty, which is a covered medical procedure for correction of a deviated septum.
- **Medically unnecessary or inappropriate treatment** applies when “extra” services are rendered and billed and there is no medical need for the service.
- **Misrepresentation of provider information** occurs when a non-authorized provider and non-authorized types of providers (for example, chiropractors) render services, but submit the claim under the identity of an authorized provider.
- **Misrepresentation of clinical information** involves manipulation of medical information about a patient in order to secure authorization for a surgical procedure or medical supply that would not have otherwise been covered.

If you suspect fraud or abuse, please contact the Humana Military Program Integrity Office at:

Humana Military Healthcare Services, Inc.
 Attn: Program Integrity
 500 W. Main Street, 19th floor
 Louisville, KY 40202
 Phone: 1-800-333-1620
 Online: <https://infocenter.humanamilitary.com/South/bene/progintegreferral.asp>. ■

Quick Q & A—Marriage Counseling and TRICARE

Q: Is marriage counseling (or marital therapy) covered by TRICARE?

A: Counseling services that **are not** medically necessary in the treatment of a diagnosed medical condition are excluded from TRICARE coverage. For example, educational counseling, vocational counseling and counseling for socioeconomic purposes, stress management and life-style modification.

In all cases, therapy services provided by pastoral counselors and licensed mental health counselors, which include family and child counselors and marital counselors (other than certified marriage and family therapist), require physician referral and supervision.

Services provided by alcoholism rehabilitation counselors are covered only when rendered in a TRICARE-authorized treatment facility and only when the cost of those services is included in the facility’s TRICARE-determined allowable charge. ■



Cancer Clinical Trials

Every year, about 12,000 TRICARE beneficiaries are diagnosed with cancer and most of these patients receive proven, standard treatments to fight their diseases.

However, about 1 percent of TRICARE beneficiaries with cancer—approximately 120 to 150 per year—choose clinical trials to treat their diseases. “Some individuals are presenting in later stages or have aggressive forms of cancer, and if eligible, they could potentially benefit from treatments offered in clinical trials,” noted Army Col. John Kugler, M.D., deputy medical director, Office of the Chief Medical Officer, TRICARE Management Activity.

The seven-year partnership between the National Cancer Institute (NCI) and the Department of Defense (DoD) gives TRICARE beneficiaries more options for cancer care as well as access to the latest advances in cancer treatment. Through the DoD/NCI Cancer Clinical Trials Demonstration Project, TRICARE beneficiaries can participate in Phase II and Phase III NCI-sponsored trials.

Phase II trials focus on and study a particular type of cancer and provide information on a particular treatment. Phase III trials compare a new agent or treatment, or the new use of a standard treatment, with a current standard therapy.

“Trials exist to see if something is truly effective and safe,” Kugler said. “It’s the only scientific way to effectively prove a treatment works.”

By providing your patients the opportunity to enroll in an NCI-sponsored cancer clinical trial, you’re giving them access to the latest and most promising advances in cancer research.

Patients have several important rights throughout a cancer clinical trial, including the right to know the facts about the study they are participating in, the right to leave the study at any time and the right not to be harmed by the study’s activities.

“In addition, no patient will receive placebos or go without treatment when a standard cancer therapy is available,” Kugler said.

More than 2,000 health care facilities around the country, including military hospitals, participate in NCI-sponsored

clinical trials. Costs for screening tests to determine clinical trial eligibility, as well as associated costs of participation in the clinical trials, are covered by the DoD and NCI interagency agreement.

To learn more about DoD/NCI cancer clinical trials:

Call the NCI’s Cancer Information Service at 1-800-4-CANCER (1-800-422-6237) Monday through Friday, 9 a.m. to 4:30 p.m. local time.

For the latest news in cancer research and general information on clinical trials, visit www.cancer.gov/clinicaltrials. You also can search for trials using specific criteria, including the trial’s location.

TRICARE’s guide to cancer clinical trials is available at www.tricare.osd.mil/cancertrials. ■



Global Authorization Coverage for OB Care

Your pregnant patients have enough to think about, and TRICARE coverage of their obstetric care shouldn't be one of their concerns. The TRICARE Prime Global Maternity Benefit makes pregnancy coverage easy to understand and manage.

If the beneficiary has TRICARE Prime and you are not going to manage the care during her pregnancy, a referral is required to the obstetrician (OB) to confirm the pregnancy and cover prenatal and postnatal office visits. The referral covers an initial visit and all subsequent routine maternity care visits as long as the date of service is prior to the referral expiration date. Non-related maternity care within the OB provider's office during pregnancy is allowed without another referral from the primary care manager (PCM).

An inpatient authorization is required for the delivery for beneficiaries with TRICARE Prime or TRICARE Standard benefits. This authorization covers the facility charge and all professional charges associated with the delivery.

For any other pregnancy-related inpatient admission or services other than delivery, a separate referral or admission

authorization is required. An example of this type of situation would be a maternity patient presenting to the emergency room with a broken arm: a separate referral from her PCM for follow-up care with an orthopedic provider would be required.

Although it is not required, if Humana Military is notified of an observation stay, the referral will be entered. ■



ValueOptions' Peer-Review Process

Ensuring Patient Treatment Goals are Achieved

Keeping patients on the path to recovery is the goal of every behavioral health provider, and one of the tools used to keep that path as straight as possible is the peer-review process.

Through the peer-review process, Humana Military's behavioral health partner ValueOptions gives you, the provider, an opportunity to have others look at your work and provide feedback that can help your patients. Peer reviews are used when additional clinical information is required to support medical necessity for the continuation of outpatient care. Peer reviews help determine if a patient is making progress and the treatment they are receiving is appropriate and meeting their needs. It also ensures a patient's benefits are being utilized properly.

During the past two years, approximately five to 10 cases per week have been referred to the peer-review process. ValueOptions uses licensed professional social workers, marriage and family therapists, nurses, psychologists and physicians in the peer-review process. Peer reviews are done by staff with similar licensure, whose goal is to

ensure that beneficiaries receive care that is individualized and goal-oriented. This allows both providers and beneficiaries to determine how they are progressing and where they need to focus additional attention.

It's imperative in a cost-driven economy to remember that as a provider, you are guiding a patient's treatment. Therapy should address an individual patient's behavioral health needs so he or she can apply the skills they learn to everyday life experiences. Even chronic patients need the opportunity to put new coping skills into practice to better manage their lives—with a variety of support systems that you can help facilitate.

"The goal of any therapy is to give the beneficiary tools to cope with their current stressors and get them back on their feet," said Debbie Del Rosario, outpatient supervisor with ValueOptions. "Granted, some may need continuing care, but we want to make sure they're making progress in their treatment goals."

If you have questions regarding the peer review process, you may contact ValueOptions at 1-800-700-8646. ■

Humana Military Healthcare Services, Inc.
P.O. Box 740044
Louisville, KY 40201-7444

CONTACTS

Humana Military
1-800-444-5445
www.humana-military.com

PGBA (claims)
1-800-403-3950

ValueOptions (behavioral health)
1-800-700-8646

Pharmacy Customer Service
1-866-DoD-TRRx (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Sites
www.tricare.osd.mil
www.tricareonline.com

Update DEERS
1-800-538-9552
www.tricare.osd.mil/deers/default.cfm



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Policy Update: Maternity Ultrasounds

Effective April 1, 2006, TRICARE issued a change to the Ultrasound Policy, Chapter 5, Section 2.1, Paragraph III, B. Maternity Related Ultrasound.

New Policy Language

Professional and technical components of medically necessary fetal ultrasounds are covered outside the maternity global fee. The medically necessary indications include (but are not limited to) clinical circumstances that require obstetric ultrasounds to:

- Estimate gestational age
- Evaluate fetal growth
- Conduct a biophysical evaluation for fetal well-being
- Evaluate a suspected ectopic pregnancy
- Define the cause of vaginal bleeding
- Diagnose or evaluate multiple births
- Confirm cardiac activity
- Evaluate maternal pelvic masses or uterine abnormalities
- Evaluate suspected hydatidiform mole
- Evaluate fetal condition in late registrants for prenatal care

The CPT procedure code ranges affected by this change include Maternity Ultrasound: 76801-76817

It's important to note that determining the sex of a child is not considered medically necessary.

What does this mean for you?

Now TRICARE covers maternity ultrasounds outside of the normal prenatal charges, so you can bill separately for these types of ultrasounds and receive reimbursement from TRICARE. Prior to this change, TRICARE covered an ultrasound as medically necessary only within the global fee. These additions are based on the ultrasound being medically necessary, and documentation of medical necessity may be needed for reimbursement.

For more information, please contact Humana Military at 1-800-444-5445. ■