

## Good Work! Keep the Consult Reports Coming!

**H**umana Military continues to be impressed with the rate of return and the accuracy of your consult reports—and we'd like to see the pace and compliance of these reports remain strong.

As you know, the more smoothly the consult report return process runs, the better follow up and continuity of care your beneficiaries will receive. This is especially true for TRICARE beneficiaries assigned to local military treatment facilities (MTFs), because they are referred to network providers for evaluation and treatment.

The following serves as a quick consult reports recap—complete with information on where and when to send consult reports and how to contact Humana Military should you have questions.

### Where to Fax Your Reports

You will find the return fax number on the referral or authorization confirmation fax sheet itself and on any consult report reminder sent to you by us. We urge you to remember to use the correct fax number, which is where you need to send the consult report (**not** to the MTF). It is also your responsibility to ensure that your transcription service knows where to send the faxed reports.

In addition to using the correct number, you **must** use a cover sheet.

### When to Fax Your Reports

Consult reports must be returned to the primary care manager (PCM) or initiating provider within **10 days** following the patient's appointment unless an urgent situation exists. For urgent consults that need to get back to the PCM within 24 hours, contact the PCM by phone and follow up by sending the formal consult report to Humana Military within the next 10 days. Obviously, the reports must be complete and legible in order to be compliant with Humana Military standards.

To serve as a reminder, we also send an auto-fax confirmation when the patient's referral or authorization has been established. This confirmation contains the fax number where you should send your consult report.

If you receive an auto-fax confirmation for a new or existing patient, you need to keep that confirmation until the TRICARE beneficiary makes an appointment and then include it in the patient's chart.

### Where to Get Help, If You Need It

You can visit the Provider Resources portion of the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) or call 1-800-444-5445. ■

### Special Consideration: BHC Consult Reports

**B**ehavioral health care (BHC) providers must submit behavioral health care consult return reports to PCMs within 10 working days following the patient's initial date of service. (If inpatient care is provided, the BHC provider must send a discharge summary to the PCM as well.) If treatment was provided on an emergency basis, you must submit a report within **24 hours**. Consult reports (and discharge summaries, if applicable) must be submitted to Humana Military.

For your convenience, the consult report form is available on the Humana Military Web site (click on Provider Resources, then Behavioral Health, then ValueOptions Forms).

Behavioral health consult reports should contain information ranging from the beneficiary's name and identification number to the chief complaint, history of problem, clinical assessment, diagnosis, discharge planning, treatment plan goals, and legible provider names and signatures. When receiving behavioral health care treatment, some patients may be worried about their privacy. Should one of your patients not wish to disclose specific information related to their treatment, you must document the patient's refusal and fax that documentation to Humana Military.

If you have any BHC-specific questions, please contact ValueOptions, the BHC subcontractor for Humana Military, directly at 1-800-700-8646. ■



# Reference Room: TRICARE Adjunctive Dental Q&A

The **only** dental coverage in the TRICARE medical health care benefit is adjunctive dental care. TRICARE offers separate dental benefit programs for non-adjunctive dental services.

*“TRICARE’s adjunctive dental coverage provides a benefit that can enhance the outcomes associated with the medical treatment and improve the quality of life of our beneficiaries—and your role is key.”*

*~ Gary C. Martin, Col., USAF, DDS, MPH Director, Dental Care Division TRICARE Management Activity*

It is important that providers understand the difference between adjunctive and non-adjunctive dental services. The following questions and answers should provide a quick reference.

## What is adjunctive dental care?

Adjunctive dental care is dental care that is medically necessary in the treatment of an otherwise covered medical condition, is an integral part of the treatment of such medical condition, or is required in preparation for, or as the result of, dental trauma that may be or is caused by medically necessary treatment of an injury or disease. Some examples include:

- Removal of teeth and tooth fragments to treat and repair facial trauma resulting from an accidental injury
- Total or complete ankyloglossia (tongue-tie) to alleviate difficulty swallowing or speaking (Partial ankyloglossia is not covered.)
- Dental or orthodontic care that is directly related to the medical and surgical correction of a severe congenital anomaly
- Dental care in preparation for, or as a result of, in-line radiation therapy for oral or facial cancer

For a more detailed list of adjunctive dental procedures that TRICARE covers, access Chapter 8, Section 13.1 of the *TRICARE Policy Manual* at <http://manuals.tricare.osd.mil>.

## Does adjunctive dental care require a referral?

Beneficiaries enrolled in TRICARE Prime or TRICARE Prime Remote (TPR) need a referral for adjunctive dental care unless the care is received in an emergency situation. A referral is not required for all other TRICARE beneficiaries.

## Who can refer a patient for adjunctive dental care?

While adjunctive dental care is usually provided in an emergency situation, in non-emergency situations, TRICARE Prime or TPR enrollees would require a referral from their primary care manager (PCM). If you are a PCM and feel that adjunctive dental care is needed, follow the same procedures as you would for any specialty care referral.

## Does adjunctive dental care require prior authorization?

For all TRICARE beneficiary types, all adjunctive dental care requires prior authorization to determine if the condition requires adjunctive or non-adjunctive dental care. The prior authorization requirement is waived only when essential adjunctive dental care involves a medical emergency, such as facial injuries resulting from a car accident. Follow the same process to obtain a prior authorization for adjunctive dental care as you would for any other type of care requiring prior authorization.

## What is non-adjunctive dental care?

Non-adjunctive dental care refers to any routine, preventive, restorative, prosthodontic, periodontic or emergency dental care that is not related to a medical condition. TRICARE beneficiaries may receive these dental services through one of two TRICARE dental programs—the TRICARE Dental Program or the TRICARE Retiree Dental Program—but must be enrolled to receive TRICARE coverage. Please direct beneficiaries to their regular dentist for non-adjunctive dental services.

Hospital services and supplies are covered for a patient who requires a hospital setting for non-covered, non-adjunctive dental care when medically necessary to safeguard the life of the patient from the effects of dentistry on an underlying non-dental organic condition. Professional services related to the non-covered dental care are not covered; professional services related to the medical condition (excluding the dentist and anesthesiologist) are covered.

## Where can I find more information?

For more information about adjunctive dental care, including how to process prior authorizations or referrals, contact Humana Military by visiting [www.humana-military.com](http://www.humana-military.com) or calling 1-800-444-5445. ■

# Promote Wellness through Preventive Care

TRICARE coverage includes a robust preventive benefit that can detect health risks before they become serious health problems. Encourage your patients to take advantage of their clinical preventive health care services offered through TRICARE, and become familiar with the differences in coverage between TRICARE Prime, TRICARE Standard and TRICARE Extra. TRICARE clinical preventive services include immunizations; patient and parent education/counseling services; infectious disease screening; cardiovascular screenings; hearing (exams, evaluations, screenings); well-child care; and cancer screenings, including mammograms, routine Pap Smears, colonoscopy, fecal occult blood testing,

proctosigmoidoscopy or sigmoidoscopy, and skin cancer. **Note:** Annual sports physicals are not a covered benefit under TRICARE.

## TRICARE Prime Coverage

TRICARE Prime offers enhanced vision coverage and TRICARE Prime enrollees\* do not require a referral or prior authorization for clinical preventive services. Additionally, they do not pay a copayment when care is received from a TRICARE network provider.

*\*Active duty service members (ADSMs) must have a referral and prior authorization before receiving clinical preventive services.*

## TRICARE Standard Coverage

While TRICARE Standard and TRICARE Extra beneficiaries can enjoy many of the same services as TRICARE Prime beneficiaries, vision coverage is not included. TRICARE Standard beneficiaries may have clinical preventive services performed by a network or certified non-network provider and are required to pay the applicable cost-share and deductible for the care provided. You have the power to identify potential health risks before they become serious health problems, enabling beneficiaries to live longer, healthier lives. For more information about covered clinical preventive services, please visit [www.humana-military.com](http://www.humana-military.com) or call Humana Military at 1-800-444-5445.

Clinical Preventive Services* Health Promotion and Disease Prevention Examination CPT Codes	
45300–45339	Proctosigmoidoscopy or sigmoidoscopy
45355–45385	Colonoscopy; colonoscopy with removal of polyps, tumors etc.
76092	Screening mammography; bilateral two view film study of each breast
80061	Lipid panel including the following: cholesterol, serum, total (82465); lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718); triglycerides (84478)
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
84153	Prostate specific antigen (PSA)
86580	Skin test; tuberculosis, intradermal
86585	Skin test; tuberculosis, tine test
86762	Antibody, rubella
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; hepatitis B surface antigen (HBsAg)
88141–88155	Cytopathology lab procedure for screening Pap tests
88160–88162	Cytopathology, smears and any other source; screening and interpretation
88164–88167	Cytopathology lab procedure for screening Pap tests
90281–90396	Immune globulin
99172	Visual function screening; automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates and field of vision
99173	Screening test for visual acuity, quantitative, bilateral
99201–99215	Office or other outpatient visit of new or established patient which requires three key components: problem focused history; problem focused examination; medical decision making, counseling and coordination of care
99381–99387	Comprehensive health promotion and disease prevention exam office visit
99391–99397	Comprehensive health promotion and disease prevention exam office visit

\* For a complete listing of clinical preventive services, see the Medical Coverage chapter of your TRICARE Provider Handbook. ■

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## CONTACTS

**Humana Military**  
1-800-444-5445  
[www.humana-military.com](http://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](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Sites**  
[www.tricare.osd.mil](http://www.tricare.osd.mil)  
[www.tricareonline.com](http://www.tricareonline.com)

**Update DEERS**  
1-800-538-9552  
[www.tricare.osd.mil/DEERSAddress](http://www.tricare.osd.mil/DEERSAddress)

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## TRICARE Extended Care Health Option (ECHO)—A Program Recap

On Sept. 1, 2005, TRICARE's Extended Care Health Option (ECHO) replaced the TRICARE Program for Persons with Disabilities (PFPWD). The new ECHO program expands upon the financial assistance delivered to active duty family member beneficiaries who have a qualifying condition as defined by the law. It also continues to offer—and in some instances expands—services and supplies that supplement the basic TRICARE Prime, TRICARE Standard and TRICARE Extra program options. While there are many similarities between PFPWD and ECHO, the government's monthly cost-share has increased from \$1,000 to \$2,500. Depending on the circumstances, ECHO benefits may include medical and rehabilitative services; training to use adaptive technology devices; special education; institutional care; transportation; services, such as those from a qualified interpreter or translator; durable equipment; expanded in-home medical service through TRICARE ECHO Home Health Care (EHHC); in-home respite care services, including ECHO and EHHC; and Applied Behavioral Analysis (ABA).

### TRICARE ECHO Eligibility

TRICARE ECHO is only available to active duty family members who have a qualifying condition. The following are qualifying conditions under ECHO: moderate or severe

mental retardation; a serious physical disability; an extraordinary physical or psychological condition of such complexity that the beneficiary is homebound; a diagnosis of a neuromuscular developmental condition or other condition in an infant or toddler that is expected to precede a diagnosis of moderate or severe mental retardation or a serious physical disability; and multiple disabilities, which may qualify if there are two or more disabilities affecting separate body systems.

Additionally, participants must register in the Exceptional Family Member Program (EFMP) to be eligible for ECHO. To learn about EFMP, visit [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil).

### Find More Information

Additional information about the new TRICARE ECHO program is available on the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil) or the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com). Prior to Sept. 1, PFPWD participants should have received letters explaining the change from PFPWD to ECHO. If you believe that one of your patients has a condition that may qualify for services under TRICARE ECHO, contact Humana Military at 1-800-444-5445 or visit the Web site for assistance. ■