

New! Call the TRICARE Service Line for Hospital Notifications

Online or Service Line? Now you have a choice when reporting hospital admissions and discharges.

The Hospital Notification and Discharge Line is a new feature on Humana Military's TRICARE Service Line. Like the service that's available through www.humana-military.com, the Service Line feature lets you enter information via easy-to-follow telephone prompts.

Either way, both services—online and phone—are available seven days a week, 24 hours a day.

How to Use It

When you're not near a computer, simply call the TRICARE Service Line at 1-800-444-5445 and follow the prompts to enter the interactive voice response (IVR) system. (Tip: Don't use a speaker phone. Pick up the receiver to avoid background noise, and be prepared to use the keypad options.)

Have the following information ready:

- Sponsor's ID (**not** the patient's ID)
- Patient's date of birth
- Hospital tax ID number (preferred) or ZIP code

Once you enter the above information, you're ready to select the Hospital Notification and Discharge Line.

Admission Date

To notify of an admission date, the following information is required:

- Hospital ID number
- *Actual* admission date
- ICD-9 diagnosis code
- Contact information: name, phone and extension in case it's necessary to call you back

Discharge Date

Submitting a patient discharge notification is necessary to close a patient's authorized period and make sure the claim is processed properly.

To notify of a discharge date, have the following information ready:

- Discharge date
- Discharge status—example: discharged to home or to a skilled nursing facility

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Avoid Claims Processing Problems

Follow these simple steps to ensure TRICARE claims are processed correctly the first time.

1. Use the Correct Social Security Number

Incorrect Social Security numbers (SSNs) frequently cause claims to be denied. Providers and staff should use the TRICARE sponsor's SSN when

filing a claim, unless the TRICARE eligible beneficiary is the former spouse of a TRICARE sponsor. In that case, use the former spouse's SSN.

2. Verify Patient's Address

Service members move or are in transit often. It's common for providers to have an old or temporary address on

file. Ask beneficiaries to update their information during each visit.

3. Apply Accurate Coding

When filing claims, you and your staff should use the [Physician's] Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes that most

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Other Capabilities

The hospital notification feature also enables you to do the following:

- Review the status of the information you entered.
- Update existing notifications—such as entering the actual date if an expected date was entered.

- Provide additional clinical information, like the admitting diagnosis, at a later date.

Providers are finding that the TRICARE Service Line is easy to use and convenient when a computer isn't handy. For more information, call 1-800-444-5445. ■

Avoid Claims Processing Problems

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accurately describe the procedure or service involved. You should not select codes that approximate the service involved, and you should avoid using unlisted or miscellaneous codes. When no code exists, it is likely the procedure or service is not covered.

4. Assign Primary and Supporting Codes

You can avoid claim line denials by assigning primary and supporting codes that denote the reason for the procedure, as well as any diagnosis that affects treatment.

5. Use Proper V Codes

It is especially important to use the proper V codes for claims reimbursement. A V code designates a primary diagnosis for an outpatient claim that explains

the reason for a patient's visit to your office. Be sure to use the correct V code diagnosis to indicate the reason for the visit. The V code must match the CPT code to indicate the procedure that you are performing as it correlates to the V code diagnosis.

6. Submit Supporting Documentation

Submit all supporting documentation, as necessary, for the care rendered. You should also ensure the following information is accurate when you are submitting a claim on behalf of your TRICARE patient:

- The date of service
- The patient's date of birth
- The total amount billed

- The rendering provider's ID number [As of Jan. 1, 2006, this can include the National Provider Identifier (NPI).] in Box 24K (CMS-1500) for each service line or in the appropriate segment element in the 837 file. The appropriate ID number can also include the Unique Physician Identification Number (UPIN) or TRICARE provider number, or the name (last name, first name) of the provider.

Claims Resolution Assistance

Humana Military assists providers with claims questions and problems through its toll-free number, 1-800-444-5445. Call this number before initiating any collection action against a TRICARE beneficiary.

More information on claims submission requirements can be found in your *TRICARE Provider Handbook* or online at www.humana-military.com. ■

Where do I send claims for services provided to beneficiaries displaced by the recent hurricanes?

You should submit claims the same way that you normally do. Be certain to use the beneficiary's permanent address rather than their temporary address.

If you are a network provider, please submit your claims electronically. If you are a non-network provider, we encourage you to submit your claims electronically. However, if you are unable to do so, please mail your claims to:

TRICARE South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

For more information, call the South Region's claims contractor, PGBA, at 1-800-403-3950. ■

Identifying PTSD in Hurricane Survivors

Recent articles in this bulletin have discussed how to identify and treat post-traumatic stress disorder (PTSD) in combat personnel returning from the Persian Gulf. In the aftermath of Hurricane Katrina—which damaged the Keesler Air Force Base in Biloxi and several military facilities in the New Orleans area—and Hurricanes Rita and Wilma, TRICARE providers also need to be vigilant about spotting PTSD symptoms in these survivors. PTSD is a behavioral health problem that develops after exposure to extreme psychological trauma—events that produce fear or helplessness, such as a threat to life. Seeing another person in a life-threatening situation also can trigger PTSD. The trauma is persistently re-experienced as intrusive recollections, images, thoughts, dreams, dissociative flashbacks or intense reactions to situations that resemble an aspect of the traumatic event.

“Left untreated, PTSD frequently gets worse,” explains Dr. Gary Proctor, chief medical officer for ValueOptions, the South Region’s behavioral health care subcontractor. “Patients may experience guilt, depression and panic disorder, and many develop substance abuse problems.”

Asking the Right Questions

Proctor recommends asking the following questions of individuals who have been affected by the hurricanes:

- How did you experience trauma? (There will likely be a significant difference in the severity of symptoms between a patient who evacuated early and someone who suffered prolonged exposure to flooding, hunger, crime and the like.)
- Are you having intrusive memories, dreams or trouble sleeping?
- Are you feeling unusually anxious or irritable/numb?
- Have you lost interest in activities that you once enjoyed?
- Do rain or storms elicit an extreme response?
- Are you more easily startled than before?
- Are you experiencing depression or general anxiety?
- Are you drinking or taking drugs in an attempt to feel better?

“Many people have relocated, so providers might not know that a patient has been displaced by the hurricane,” Proctor adds. “If you suspect your patient is from the Gulf Coast area, ask questions.”

Diagnosing PTSD

Some people are at increased risk for PTSD, including patients who lack an adequate support system, those with a history of psychiatric disorders, and low-income individuals who tend to have fewer support systems. Females carry a slightly higher risk, and children are especially vulnerable. In fact, it

is sometimes difficult to diagnose PTSD in children because they are not adept at voicing their symptoms. Providers should look for signs of behavior problems, aggression, nightmares, violent play and unexplained physical symptoms, such as stomach pain. For PTSD to be diagnosed, the symptoms must be present for at least one month and be accompanied by significant impairment in functioning. PTSD is considered acute if the symptoms last fewer than three months and chronic if they last longer. In addition, onset can occur more than six months after the trauma.

Treating PTSD

Medications used to treat PTSD include selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, monoamine oxidase inhibitors, clonidine, lithium, carbamazepine, valproic acid, lamotrigine, buspirone and trazodone.

Proctor says the most effective treatment usually involves a combination of psychotherapy and medication. Patients diagnosed with PTSD are eligible for such outpatient services as individual or group psychotherapy, crisis intervention, collateral visits and family therapy. Other benefits may include psychological testing, medication management, substance abuse treatment and more.

Active duty service members must get a referral from their primary care manager (PCM) so care can be coordinated. All other beneficiaries can access coverage for PTSD or other behavioral health problems without a referral through their eight unmanaged outpatient behavioral health care visits.

Learning More Online

The following Web sites focus primarily on national services, but many have links to local community services:

- Veterans Health Administration/Department of Defense Clinical Practice Guideline for Management of PTSD: www.oqp.med.va.gov/cpg/PTSD/PTSD_GOL.htm
- National Center for PTSD: www.ncptsd.va.gov
- National Institute of Mental Health: www.nimh.nih.gov/healthinformation/ptsdmenu.cfm
- PTSD Alliance: www.ptsdalliance.org/home2.html
- Veterans Administration: www.va.gov/health_benefits/
- Military OneSource: www.militaryonesource.com
- Hooah 4 Health: www.hooah4health.com
- Courage to Care: www.usuhs.mil/psy/courage.html
- Lifeline Services Network: www.lifelines.navy.mil/dav/lsnmedia/LSN/CombatStress/ ■

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/DEERSAddress

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Rebuilding Medical Records for Displaced Patients

Last year proved to be a very active and devastating hurricane season. Hurricanes Katrina, Rita and Wilma affected both TRICARE beneficiaries and providers. For those beneficiaries and providers affected by Hurricane Katrina in particular, many were displaced by the disaster. Before health care providers think about restoring bricks and mortar, however, it is important for them to rebuild patients' medical records as quickly as possible. For medical clinics and hospitals in the TRICARE family, help with this critical task may be available from the Humana Military Corporate Office in Louisville, Ky.

"We are a central repository for a narrow range of medical records, so we may have certain records from affected facilities scanned into our system," explains Sandy McClish, R.N., manager of Review Services, Medical Affairs. "If a hospital in New Orleans, for instance, is trying

to find specific data on a beneficiary from before the hurricane, we will check our archived data to see if we have what they need."

McClish urges health care providers who have suffered hurricane damage to be proactive about contacting her group. "We don't necessarily know which facilities were affected, so it is important for providers to contact us directly to inquire about any records we might be able to restore for them."

Unfortunately, since the type of data the office is required to archive tends to be narrow, McClish's team will only be able to restore records in a limited number of cases. Humana Military asks providers seeking pre-hurricane records to establish a new address, as well as designate a contact person to help maintain beneficiary privacy. **Sandy McClish can be reached at 502-580-3973. ■**

