

TRICARE Expands Breast Cancer Screening Options

Because the best way to contain breast cancer is to detect it early, TRICARE has expanded the screening options available for women at high risk of developing the disease.

A change in TRICARE policy has added coverage for magnetic resonance imaging (MRI) screening for breast cancer as a clinical preventive service for women in high-risk groups.

“An MRI is a clearly superior tool for screening the highest risk women for breast cancer,” said Army Maj. Gen. Elder Granger, deputy director of the TRICARE Management Activity. “We want these women to have every chance to detect any cancer at the earliest possible stages.”

Breast cancer is the third most common cancer among TRICARE beneficiaries and the second most common cause of cancer death for women in the United States.

Asymptomatic TRICARE Prime beneficiaries age 30 or older, and asymptomatic TRICARE Standard beneficiaries age 35 or older, can now receive breast MRIs as an annual screening procedure if they are considered at high risk of developing breast cancer by American Cancer Society® guidelines. The guidelines include women with a:

- BRCA1 or BRCA2 gene mutation
- First-degree relative (parent, child or sibling) with a BRCA1 or BRCA2 gene mutation
- Lifetime risk approximately 20 percent to 25 percent or greater as defined by BRCAPRO or other models that are largely dependent on family history
- History of chest radiation between age 10 and age 30
- History of Li-Fraumeni, Cowden or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with one of these syndromes

“The availability of MRI screenings does not reduce the importance of regular examinations,” Maj. Gen. Granger stressed. “All women over 39 years old need to get those annual mammograms. The key to dealing with cancer is early detection.”

TRICARE coverage of breast MRIs is retroactive to March 1, 2007. Anyone who meets the criteria for a breast MRI is covered. If a qualified beneficiary received a breast MRI on or after March 1, 2007, and the claim was denied, the claim may be resubmitted for reimbursement.

TRICARE Prime enrollees may receive TRICARE-covered clinical preventive services from any network provider without a referral or prior authorization. If a service is not available from a network provider, an enrollee may receive that service from a non-network provider with a referral from their primary care manager and prior authorization from Humana Military.

For clinical preventive services, TRICARE Prime enrollees have no copayment, while TRICARE Standard beneficiaries are responsible for a deductible and cost-share.

For more information on TRICARE coverage for clinical preventive services, including MRIs for breast cancer screening, refer to the *TRICARE Policy Manual*, Chapter 7, Section 2.1 (for TRICARE Standard) and Section 2.2 (for TRICARE Prime). The manual can be accessed online at <http://manuals.tricare.osd.mil>. ■



National Patient Safety Goals Updated for 2008

The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations, or JCAHO, annually approves and updates the National Patient Safety Goals, which help health care organizations address specific areas of concern regarding patient safety.

For 2008, The Joint Commission added three new goals, revised two goals and retired one goal.

New Goals for 2008

- **New Goal 3E** specifies that health care organizations must reduce the likelihood of patient harm associated with the use of anticoagulation therapy. The new 3E requirement applies to ambulatory facilities, critical access hospitals (CAH), home care, hospitals, long-term care facilities and office-based surgery. This requirement supports Goal 3, which is to improve the safety of using medication by reducing drug-related medical errors.
- **New Goal 16** states that health care organizations must improve recognition and response to changes in a patient's condition.
- **New Goal 16A** specifies that organizations select a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when a patient's condition appears to be worsening. The new 16A requirement applies to CAHs and hospitals.

The new 3E, 16 and 16A requirements have a one-year phase-in period that includes defined expectations for planning, development and testing ("milestones") at regular intervals of 3, 6 and 9 months during 2008. The Joint Commission expects full compliance with and implementation of Goals 3E, 16 and 16A by January 2009.

Goals Revised for 2008

- **Goal 2C** now also applies to long-term care facilities. Goal 2C requires applicable health care organizations to measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- **Goal 7A** previously mandated that health care organizations comply with the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines (www.cdc.gov/handhygiene) in an effort to reduce and prevent the spread of infections in hospitals. With the update to Goal 7A, health care organizations may now comply with either CDC or current World Health Organization hand hygiene guidelines. (Go to www.who.int/patientsafety and search "hand hygiene.")

One Goal Retired in 2008

- **Goal 3B**, which required a health care organization to standardize and limit the number of drug concentrations used by the organization, has been "retired." The retired status indicates that the requirement was formally integrated into the official accreditation standards of The Joint Commission.

For a complete list of the 2008 National Patient Safety Goals, visit www.jointcommission.org/PatientSafety. For more information or to submit a question, call the Standards Interpretation Group at 1-630-792-5900 between 8:30 a.m. and 5:30 p.m. Central Time. All telephone inquiries will be responded to within eight business hours, not including weekends and holidays. Or, submit your question online at www.jointcommission.org/Standards/OnlineQuestionForm. ■

Take the Humana Military Online Provider Survey

Humana Military Healthcare Services, Inc., (Humana Military) invites you to offer feedback and provide us with valuable insight based on your answers to a short 10-question survey available online at www.humana-military.com.

This anonymous questionnaire is part of a Humana Military initiative to ensure that we are effectively communicating TRICARE policies and information to providers in the South Region.

Simply log on to our secure provider Web site at www.humana-military.com and use the free-text box at the end of the survey to:

- Ask questions
- Offer suggestions
- Express concerns
- Enter comments or compliments

Although the survey is anonymous, you can enter your contact information and receive a direct response from Humana Military by phone or e-mail. The provider relations department closely monitors your feedback and attempts to improve our Web site and our communications based on your suggestions.

Please take a few moments to let us know how we're doing. Log on to www.humana-military.com. We look forward to hearing from you! ■

ClaimCheck® and ClaimReview™: Important Updates

Humana Military remains dedicated to ensuring the accuracy, timely processing and proper reimbursement of claims. To that end, the TRICARE South Region applies an automated product, ClaimCheck, and its sub-module, ClaimReview, to evaluate physician and outpatient hospital surgical claims.

ClaimCheck and ClaimReview have been updated recently to include the evaluation of physical therapy claims. (**Note:** Pharmacy and inpatient institutional claims remain excluded.)

Other recent updates to both ClaimCheck and ClaimReview software allow providers to incorporate a greater number of diagnoses per claim, as well as more than one modifier per line. As a result of this system change, providers are encouraged to include complete information on claims, which may subsequently produce fewer rejects during the initial claims evaluation process and eliminate the need to submit reconsideration requests.

ClaimCheck

Reviewing claims on a prepayment basis, ClaimCheck contains specific auditing logic designed to evaluate provider billing for [Physician's] Current Procedural Terminology (CPT) coding appropriateness and to eliminate overpayment on professional and outpatient hospital service claims. Providers should follow CPT coding guidelines to prevent claim rejects due to ClaimCheck editing. ClaimCheck includes, but is not limited to, the following edit categories:

- Age conflicts
- Alternate code replacements
- Assistant surgeon requirements
- Cosmetic procedures
- Duplicate and bilateral procedures
- Duplicate services

- Gender conflicts
- Incidental procedure
- Modifier auditing
- Mutually exclusive procedure
- Preoperative (preop) and postoperative (postop) auditing billed
- Procedure unbundling
- Unlisted procedures

Humana Military updates ClaimCheck periodically with new coding based on current industry standards. In the event ClaimCheck revises a claim, any edits will be explained by a message code on the remittance advice.

ClaimReview

ClaimReview, an automated module within the ClaimCheck product, checks claims for consistency, intensity of service, and revisit frequency through the codes specified. To avoid unnecessary claim line rejects, be sure to assign a diagnosis code that represents the reason the procedure is performed, as well as any diagnosis that will impact the treatment.

Reconsiderations

Regardless of a ClaimCheck or ClaimReview edit and subsequent claim line rejection, participating providers may have claims reconsidered through medical review. Participating providers interested in a medical review via reconsideration should provide additional information, such as medical record documentation, if necessary to explain the modifier.

A *Reconsideration Coversheet/Tipsheet*, which can assist you in putting together your request, can be found online at www.humana-military.com. Under Provider Resources, click on "Materials/Resources," then "Provider Forms." Information on where to fax or mail your request is included on the cover sheet.

When submitting a reconsideration request, remember to include:

- The corrected claim with additional or supporting diagnoses
- Medical documentation supporting the corrected claim or an explanation supporting the codes originally supplied
- A copy of the remittance page with the reject line and the PGBA-assigned claim number

For more information about ClaimCheck, ClaimReview or reconsiderations, please refer to the *TRICARE Provider Handbook*, available on the Provider portal of the Humana Military Web site at www.humana-military.com. ■

Other Claims News

For TRICARE providers, Q1 of a calendar year is the time for many important updates, including:

- CHAMPUS maximum allowable charges (CMACs) for CPT codes are updated annually during Q1.
- New CPT codes are published, effective January 1.
- CMAC/TRICARE-allowable charge reimbursement rates are updated.

TRICARE OPPS

At press time, the TRICARE Outpatient Prospective Payment System (OPPS) was awaiting Final Rule and was not yet in effect. Once the Final Rule passes, outpatient service claims may no longer go through ClaimCheck/ClaimReview evaluation. Humana Military encourages TRICARE South Region providers to check www.humana-military.com regularly for important OPSS updates.

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PGBA, LLC (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 Site
www.tricare.mil

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

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TRICARE Provider News is published by the TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



Recognizing Seasonal Affective Disorder

Each year as the weather turns cold and the skies turn gray, so does the mood of many people who suffer from Seasonal Affective Disorder (SAD). SAD is a form of depression that is brought on by seasonal conditions, most commonly during the winter months.

SAD can affect anyone—adult or adolescent, man or woman—but like other forms of depression, it occurs more often in women than in men.

Symptoms of SAD include:

- Depressive symptoms that coincide with a seasonal change (usually the beginning of fall or winter)
- Full remissions that also occur at a characteristic time of year (e.g., depression disappears in the spring)
- Loss of interest in work or everyday activities

- Withdrawal from social activities
- Cravings for carbohydrates
- Weight gain resulting from heartier appetite
- Decreased energy level
- The need for more sleep, particularly during the day

Some experts believe that a variety of factors, including hormone levels, body temperatures and light (or the lack of it), contribute to the disorder. Others attribute SAD solely to the shorter days and decreased daylight in fall and winter, which can cause a drop in serotonin levels, resulting in mood and behavioral changes.

For most people with SAD, symptoms become less severe and eventually disappear with the arrival of spring. In severe cases, however, treatment may be recommended.

If you have a TRICARE beneficiary who exhibits symptoms of SAD, or any other type of depression, and you believe the symptoms would be alleviated by seeing a behavioral health provider, you are encouraged to contact ValueOptions at 1-800-700-8646 to request a referral.

For more information on depression, visit the Web site of the National Institute of Mental Health at www.nimh.nih.gov. ■