

Recognizing the Signs of Post-Traumatic Stress Disorder

Anyone who has gone through a life-threatening or traumatic event can develop post-traumatic stress disorder (PTSD). The National Center for PTSD reports that most individuals report PTSD symptoms to their primary care physician first. Therefore, it's important that you're familiar with the disorder, its symptoms and treatment options.

After a trauma, some people will become agitated, depressed or have a difficult time functioning regularly for a few weeks. If the feelings of agitation or depression continue for more than a month or get worse, the person may be experiencing PTSD and could benefit from treatment.

The National Center for PTSD categorizes acute PTSD as symptoms that last for more than a month and chronic PTSD as symptoms that last for more than three months. Both forms of PTSD can affect a person's physical health and mortality. In addition, people with PTSD can develop problems with severe depression or substance abuse. So, it's important to refer patients who have symptoms of PTSD to a behavioral health provider.

PTSD symptoms usually manifest themselves in three sets of symptoms:

- Persistent reexperiencing of the traumatic event: e.g., intrusive thoughts of the event, flashbacks or nightmares
- Avoidance of stimuli associated with the trauma: e.g., avoidance of places or people that trigger associations about the trauma, or a sense of detachment from others
- Increased psychological or physiological arousal: e.g., hypervigilance, heightened startle response, insomnia or outbursts of anger

Behavioral health providers will formally evaluate patients for PTSD. PTSD is usually treated with certain types of psychotherapy, such as cognitive behavioral and exposure therapy, and medication in some cases.

TRICARE Referral/Authorization Requirements:

- In the event of a behavioral health emergency, beneficiaries should go to the nearest emergency room for assistance. Beneficiaries are directed to contact their primary care manager or Humana Military as soon as possible following the emergency to coordinate continued care.
- In non-emergency situations:
 - Active duty service members must seek care at a military treatment facility or, if enrolled in TRICARE Prime Remote, have authorization from the Military Medical Support Office (1-888-647-6676) before receiving any behavioral health treatment.
 - All other beneficiaries may seek outpatient behavioral health services without referral or authorization for the first eight visits during a fiscal year (October 1-September 30). TRICARE Prime patients must seek care from a network behavioral health provider; otherwise, higher point-of-service fees will apply. Additional visits after the initial eight require an authorization from Humana Military for the continuation of behavioral health care services. ■



Fraud and Abuse: A Drain on TRICARE Resources

Of the more than \$1 trillion Americans spend every year on health care, the federal government estimates more than \$100 billion—about 10 percent—is lost to fraud and abuse.

Depending on the circumstances, fraud and abuse can also compromise the safety of your patients and the quality of care you provide. Fraud is an intentional deception or misrepresentation of fact resulting in unauthorized benefits or payments. Examples of fraud include:

- Billing for services at a higher level than provided or necessary
- Failure to disclose coverage under other health insurance
- Falsifying claims or medical records
- Falsifying eligibility
- Misrepresentation of the dates, frequency, duration or description of services rendered
- Misrepresentation of who provided the services
- Submitting claims for services not rendered/used

Abuse consists of actions that are improper, inappropriate, outside acceptable standards of professional conduct or medically unnecessary. Examples of abuse include:

- A pattern of claims for services not medically necessary
- A pattern of waiving cost-shares and/or deductibles
- Failure to maintain adequate medical or financial records
- Improper billing practices

- Refusal to furnish or allow access to medical records

If you suspect fraud or abuse by another provider or a beneficiary, contact the TRICARE Program Integrity Office at:

TRICARE Management Activity
 Attn: Program Integrity
 16401 East Centretech Parkway
 Aurora, CO 80011-9066
 Fax: 1-303-676-3981
 E-mail: fraudline@tma.osd.mil

Or you can contact:

Humana Military Healthcare Services, Inc.
 Attn: Program Integrity
 500 W. Main Street, 19th floor
 Louisville, KY 40202
 Phone: 1-800-333-1620
 Online: www.humanamilitary.com/south/bene/TRICAREPrograms/fraudandabuse.htm

If everyone works together to prevent fraud and abuse and detect it early, it can be addressed quickly, leading to more affordable health care for all TRICARE beneficiaries. ■



Help for Injectable Drug Claims

The next time you file a claim form after giving a TRICARE beneficiary a vaccine or immunization (or other injectable), remember to include the National Drug Code (NDC) as well as the Level II Healthcare Common Procedure Coding System (HCPCS) J-code.

The 11-digit NDC number, drug quantity and package unit (P/U) indicators are necessary on all of your injectables claims filings in order to ensure accurate pricing and payment for all injectables. This information is required in addition to the HCPCS/Current Procedural Terminology (CPT) drug code and quantity, which can be different than the NDC drug quantity.

If you're a network or a non-network provider filing electronic claims, the following instructions provide the loops or segments where you should send J-codes and NDC numbers in the Health Insurance Portability and Accountability Act (HIPAA)-standard ASC X12 837P electronic claims format:

- 2400/SV101 = J-code
- 2400/SV103 = "UN" (unit) for Package, or "F2" (International unit) for Unit
- 2410/LIN03 = NDC number (11 digits with no dashes or spaces)

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Help for Injectable Drug Claims

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If you are a non-network provider filing a CMS-1500 paper claim, use the shaded area above each line in the “Lines” field to enter the additional information. Some things to remember:

- Make sure the NDC number is listed above the J-code.
- Enter the NDC number without using spaces or dashes.
- Some NDC numbers have a package or unit price, so make sure to put a “P” or a “U” after the NDC number, if necessary.

Where a HCPCS code is entered on the CMS-1500, the units should match the HCPCS units. In the box above the HCPCS box, you can enter the following NDC information: NDC number, a slash and either a “U” or “P” (for unit or package), a slash and the drug units corresponding to the

NDC. For example, the drug unit may be “one vial,” but the HCPCS unit may be “250mg.”

Specialty Suppliers

For TRICARE providers in the South Region, Humana Military offers specialty pharmacy services where providers in the region can order their specialty drugs. The two specialty pharmacies are:

- CuraScripts—for Synagis (immune globulin) only
- PrecisionRx—for all other specialty drugs

Two of the benefits of using these specialty pharmacies are that they will deliver directly to your office and, because they are network providers, they bill directly to PGBA, which eliminates the provider’s billing paperwork for specialty drugs. ■

Duplicate Claims ... A Reason for Concern

Surprisingly, a great number of providers file “duplicate” TRICARE claims each month. Thousands of duplicate claims are identified each quarter of the year and many are reviewed for potential fraud.

Why does this occur?

There are several scenarios that lead to duplicate claims submissions, if not closely monitored. Here are some things to remember to help you avoid the costly mistake of submitting duplicate claims:

- The higher your claims volume, the more likely duplicates are to occur.
- Duplicate claim submissions tend to happen more often with professional claims than with institutional ones.
- Following laboratory and radiology claims, mid-size provider offices and groups tend to submit the largest number of duplicates.
- Duplicates appear in both electronic files and paper submissions.

- Many providers’ offices re-file without allowing time for the first claim to be adequately processed.

Why are duplicates a problem for the provider?

At face value, a duplicate claim may not appear to be a major issue. However, if the claim is being filed electronically, it may overlap with the previously submitted claim and cause a delay in processing. In addition, paper duplicates may be entered before the original, making it more difficult to track the claims. Furthermore, there may be times when you intend to file a “corrected claim;” however, if the claim is not flagged as a “corrected claim,” it will be denied as a duplicate.

Duplicate claims submissions can also be a bookkeeper’s nightmare. If your office’s patient accounting system were to track the duplicate as a separate claim, it could mistakenly duplicate the patient’s copayments and expected reimbursement. Duplicate

claims should also be a reason for concern if your office uses a billing service or a clearinghouse to file its claims—particularly if you are being charged per claim!

As the claims processor for TRICARE in the South Region, PGBA must assign an internal claim number to every incoming claim, whether electronically or on paper. This can make it very difficult for PGBA to discern which claim is correct, especially if it has been submitted several times in the same month.

Remember ... a duplicate is not recognized as a “corrected claim” unless it is flagged as such. Please allow adequate time for your claim to be processed. ■

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Louisville, KY 40201-7444

CONTACTS

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

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/default.cfm

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Cancer Clinical Trials Offer Treatment Opportunities

Each year, about 12,000 TRICARE beneficiaries are diagnosed with cancer.

Some of these patients, about one percent each year, take part in clinical trials offered through a partnership between the National Cancer Institute (NCI) and the Department of Defense (DoD). These patients may benefit from the latest in medical treatments offered in the clinical trials.

“Clinical trials give providers the chance to offer cutting-edge treatments for serious cancers,” said Army Col. John Kugler, M.D., Deputy Medical Director, Office of the Chief Medical Officer, TRICARE Management Activity.

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 specific treatment. Phase III trials compare promising new treatments against standard treatments.

Your patients have several important rights throughout a 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 clinical trials sponsored by the NCI. Costs for screening tests to determine clinical trial eligibility, as well as associated

costs of participation in the clinical trials, are covered by an interagency agreement.

To learn more about clinical trials, call the DoD Cancer Trials Demonstration Coordinator for the South Region at 1-800-779-3060. Or, you can 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. Dual-eligible beneficiaries (eligible for both TRICARE and Medicare) should call 1-608-301-3243.

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