

## Helpful Claims Processing Tips

**F**ollowing these simple steps can help ensure your TRICARE claims are processed correctly the first time.

### Use the Correct TRICARE Sponsor's Social Security Number

Incorrect sponsors' 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.

### Verify Patient's Address

Service members move often. It's common for providers to have an old or temporary address on file, so please ask beneficiaries to update their information during each visit. If their information has changed, also instruct them to update their information in the Defense Enrollment Eligibility Reporting System (DEERS) by calling 1-800-538-9552.

### Apply Accurate Coding

When filing claims, you and your staff should use the [Physician's] Current Procedural Terminology or Healthcare Common Procedure Coding System codes that most 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. All unclassified codes for services valued at more than \$100 must have an authorization for payment to be made.

### Use Proper "V" Codes

"V" codes are used to describe reasons other than disease or injury for seeing a health care provider. They are sometimes acceptable as the primary diagnosis for outpatient claims but rarely for inpatient claims. A "V" code can be submitted as the only diagnosis on a claim when it explains the reason

for the visit, e.g., a routine infant or child health checkup or a preventive service.

TRICARE cannot accept a vague diagnosis such as V72-V82 for outpatient testing. Submit the referring physician's working diagnosis if a diagnosis has not been confirmed. TRICARE can accept V22.2 for routine maternity testing.

If you are a behavioral health provider, please submit claims for behavioral health services using appropriate DSM-IV/ICD-9 diagnostic codes as the primary diagnosis. You may also include "V" codes as a modifying code to further explain the treatment provided.

### Other Health Insurance Claims

If the TRICARE beneficiary has other health insurance (OHI), remember to submit the claim first to the OHI plan, and then submit to TRICARE. Be sure to include the explanation of benefits (EOB) from the primary insurer with your claim. The primary EOB must contain the following:

- Amount paid by the primary insurer
- Definition of any "reason codes" used by the primary insurer describing how the claim was processed
- Information on the action taken by the primary payer for each specific date of service and charges

Claims submitted without this information will be denied.

Find more information on claims submission requirements online at [www.humana-military.com](http://www.humana-military.com) and in your TRICARE provider materials. ■



## Maintaining Patient Privacy

**M**aintaining privacy of Protected Health Information (PHI) is an important part of providing quality health care to TRICARE beneficiaries. Understanding the rules that govern the release of PHI is essential in maintaining the security and confidentiality of PHI and will reduce the risk of unauthorized disclosure.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the release of PHI without an authorization for purposes of treatment, payment and health care operations. However, the HIPAA Privacy Rule requires providers to reasonably limit the amount of information disclosed for payment and health care operations to the minimum necessary.

PHI is any individually identifiable health information that relates to a

patient's past, present or future physical or mental health and related health care services. PHI may include demographics, documentation of symptoms, examination and test results, diagnoses and treatments.

**Do I need a patient's written authorization to send a copy of the patient's medical record to a specialist or other health care provider who will treat the patient?**

No. Providers may disclose PHI to another health care provider for treatment purposes. However, treatment information may not be disclosed in cases of substance abuse, mental health treatment or other specifically protected health conditions.

**If a patient is a minor or is not competent to make health care decisions, may I release information to the parent or guardian?**

Depending upon state laws, providers may or may not release a minor's information to parents or guardians without a minor's consent. If the patient is unconscious or incompetent, whether a minor or not, the provider may use their professional discretion; or in the case of minors, the guardian or other person authorized to act on the patient's behalf may give the consent.

TRICARE offers training in HIPAA compliance. For more information about PHI and other HIPAA issues, visit [www.tricare.mil/tmaprivacy](http://www.tricare.mil/tmaprivacy). ■

## New Tool for Updating Providers Office Information

**H**umana Military's Web site now offers a new way to get the word out to your TRICARE beneficiaries.

This new Web feature, the "Provider Direct Entry for Updates and Changes," was launched in the closing months of 2006. This new tool is currently not available to behavioral health providers.

"We created this option so providers can view and update their locator information," said Humana Military's Provider Relations manager. "This is a much faster method for providers to identify old information and provide us with new information if their street address or phone/fax number changes, or if they move offices."

This new Web-based change service gives **you** the ability to update your

locator information and removes several steps from old processes. And without having to relay information from person to person, there are fewer chances for errors to seep into the process.

The online update tool is currently available for individual provider updates—excluding behavioral health providers. In the future, Humana Military hopes to make it available for hospitals, clinics and group settings including physical therapy, outpatient rehab and ambulatory surgical centers.

Another reason it's important for you to keep your location and contact information current is TRICARE's access to care standards. Your TRICARE beneficiaries should not have to travel more than 30 minutes to an appointment with their primary care manager, or more than one hour to a referred specialty care appointment.

Beneficiaries and providers frequently utilize Humana Military's Web locator so it's important that they be pointed in the right direction. ■



## Prevention is the Key to Good Health

The TRICARE Policy Manual defines preventive care as care that is “not directly related to specific illness, injury, a definitive set of symptoms or obstetrical care.”

TRICARE covers clinical preventive services differently, depending on the service and the TRICARE option beneficiaries choose. Health promotion and disease prevention examinations include immunizations, school physicals and screenings for breast cancer, cancer of the female reproductive organs, prostate cancer and colorectal cancer.

TRICARE also covers disease prevention exams for testicular, thyroid, oral cavity and pharyngeal cancers, and tuberculosis and rubella screenings.

All active duty family members, regardless of enrollment status, are eligible for one comprehensive eye exam by an ophthalmologist per year.

### TRICARE Prime Coverage

In addition to these covered clinical preventive services, all TRICARE Prime beneficiaries, including retired services members and their families, are eligible for one comprehensive eye exam by an ophthalmologist or optometrist every two years.

TRICARE Prime beneficiaries (including TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members) do not require a referral or prior authorization for clinical preventive services received from network providers.\* There is no copayment

for clinical preventive services when care is received from TRICARE network providers (or, when approved, non-network providers).

*\*Active duty service members (ADSMs) must have a referral and prior authorization before receiving clinical preventive services from a civilian provider. TRICARE Prime Remote ADSMs can receive these services from their assigned civilian primary care manager without a referral or prior authorization.*

### TRICARE Standard Coverage

The clinical preventive services covered for TRICARE Standard and TRICARE Extra beneficiaries are very similar to those covered for TRICARE Prime beneficiaries. However, except for vision services covered for infants and children up to age 6 under the well-child benefit, preventive eye exams are

not covered for non-active duty (retirees and their family members) TRICARE Standard or TRICARE Extra beneficiaries.

TRICARE Standard beneficiaries may have clinical preventive services performed by a network or TRICARE-authorized non-network provider and are required to pay the applicable cost-share and deductible for the care provided. ■

## Reminder: Consult Reports are Required within 10 Working Days

Consult reports are required to be returned to the primary care manager or initiating provider within 10 working days of the patient encounter. For routine specialty referrals for initial office visits and all outpatient and inpatient services, you must provide complete and legible documentation for these reports to be accurate and useful.

Returning consult reports, operative reports and discharge summaries to the initiating provider is important for timely follow up and continuity of care. Please be responsive to the request when asked to return a consult report for TRICARE beneficiaries.

Providers who treat TRICARE beneficiaries coming from the local military treatment facility may receive a faxed reminder or a call to return a consult report for a recent visit and service. Your office should return the consult report, operative report or discharge summary as requested.

Please use the fax reminder as the cover sheet and dial the fax number listed on the reminder page. ■



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## CONTACTS

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

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

**Update DEERS**  
1-800-538-9552  
[www.tricare.mil/deers/default.cfm](http://www.tricare.mil/deers/default.cfm)

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## Helping Patients Manage Post-Holiday Stress

**A**lthough the holiday season has come and gone and the frenetic pace of life has slowed, some of your TRICARE beneficiaries may still be dealing with lingering holiday stress.

For some of your patients, the weeks and months after the holiday season can be a time of stress and depression. Perhaps it comes from spending the season with a loved one deployed overseas, or maybe it's the holiday bills that have started piling up in the mailbox.

According to Dr. Jason Schmotzer, a psychologist with ValueOptions Federal Division, most cases of post-holiday depression or anxiety seem to occur during the month of January.

TRICARE is here to help you assist patients who may be experiencing difficulties at this time.

Your patients who use TRICARE Prime may “self-refer” to a network provider for outpatient behavioral health care. They are entitled to the first eight visits per fiscal year without an authorization. For help with finding a behavioral health care provider, they can call Humana Military’s behavioral health services subcontractor, ValueOptions, at 1-800-700-8646. Active duty service members must have referrals—even for the first eight visits.

“There are several reasons for the post-holiday blues, but the most common reason seems to be high expectations from the holiday season,” said Schmotzer. “If the reality doesn’t meet their expectations, they feel disappointed.”

Many families have ongoing problems that sometimes create tension. This

tension can be heightened during the holidays and ruin an otherwise happy celebration. This is especially true when heavy alcohol use is a factor.

The holidays can also heighten feelings of loss because of the death of a family member or a divorce. It’s important to help patients acknowledge their feelings of hurt or loss and discuss them.

As a TRICARE provider, you should be on the lookout for these signs of post-holiday stress and depression. Along with high expectations, other holiday stressors include financial burdens, spreading oneself too thin, increased alcohol consumption, changed routines and time to reflect on what took place during the holidays.

“Even sitting down with your patients to chat for five minutes can be helpful,” said Schmotzer. ■