

## Humana Military Introduces New Heart Failure Disease Management Program

On July 1, 2005, Humana Military launched a new Heart Failure Disease Management Program. This program is available to TRICARE beneficiaries in the South Region who have heart failure and are at risk for further medical complications as a result of this chronic condition.

Humana Military encourages providers to refer patients to this program so they may benefit from the nursing support and expertise it offers.

Primary care managers (PCMs) and military treatment facility (MTF) providers

may refer candidates to the program (see “Program Review Criteria” for details) via the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com). Web referrals are delivered to a central mailbox that is reviewed on a daily basis.

Acceptance into the program is based on Humana Military’s review of beneficiary claims data (e.g., diagnosis and procedure codes). TRICARE beneficiaries who meet certain diagnosis criteria and who are not entitled to Medicare are eligible for the program.

The program is designed to minimize the impact of having long-term compromised health. According to Rose Mary Royalty, Humana Military’s director of case management, “A beneficiary could benefit greatly from the disease management program because they would have a dedicated registered nurse knowledgeable about complications and treatments of heart failure. The program also supports and complements the MTFs’ and civilian providers’ plan of care through teaching and compliance monitoring.”

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### From the Desk of the CMO

*John E. Crum, M.D.  
Chief Medical Officer  
Humana Military Healthcare Services, Inc.*

Humana Military has launched a new disease management program for beneficiaries with heart failure. I’m very excited about the program and would like to share some details about it with you.

The program offers a telephone nurse support service to help TRICARE South Region beneficiaries and their physicians manage heart failure. The following is a case study that details how this program can assist you and our beneficiaries.

A Humana Military disease management nurse received a phone call one morning from a beneficiary who had a comprehensive assessment earlier in the week. During the assessment, the beneficiary had explained that she gains weight quite frequently and that she is not successful with losing weight. The disease management nurse explained the signs and symptoms of heart failure, as well as the importance of checking her weight daily.

The beneficiary was calling again because she noted swelling in her ankles and legs, and a weight gain of 2 pounds overnight. Our disease management nurse urged the beneficiary to contact her physician and to relay the symptoms of swelling and weight

gain. The beneficiary was able to schedule a same-day appointment at which the physician informed her that she was in the beginning phase of a heart failure episode. Speedy follow up and a same-day appointment may have prevented her from being admitted to the hospital. The physician prescribed Lasix along with potassium and instructed the beneficiary to elevate her legs for the next few days.

During a follow-up call, the beneficiary expressed her thanks for our service. She said she had already lost 3 pounds and was grateful her condition was quickly identified, allowing her to remain at home to take care of herself.

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The protocols for the Heart Failure Disease Management Program are based on the recognized guidelines and recommendations from the following organizations:

- American Heart Association
- The Centers for Disease Control and Prevention
- The National Institutes of Health and the Department of Defense/U.S. Department of Veterans Affairs Guidelines for the Evaluation and Management of Heart Failure

Each beneficiary accepted into the program receives interventions, including educational materials and support tools. Beneficiaries are assigned a primary nurse who contacts the patient on a regular basis. Those in higher risk categories receive more frequent calls from their nurse as their condition indicates.

The Heart Failure Disease Management Program nurses target compliance issues, pursue educational opportunities and promote healthy lifestyle behaviors with beneficiaries.

Success in the program is measured by clinical outcomes, such as changes in functional status and compliance with the medical management plan. Humana Military also coaches and measures improvement in the beneficiaries' lifestyle habits.

Humana Military's Heart Failure Disease Management Program offers beneficial support for TRICARE patients who have chronic heart failure. For additional information about this program, call 1-800-881-9227.

### Program Review Criteria

Referrals to the disease management program will be reviewed based on the following heart failure identification criteria:

- One or more inpatient admission(s) or emergency room visits with the following ICD-9 codes in the first, second or third position.
- Two or more non-inpatient visit claims (excluding radiology and laboratory claim) with the following ICD-9 codes in the first, second or third position.
- Direct referrals from the MTF, beneficiaries or attending physicians for persons with an established diagnosis of heart failure.

Please see the table on the next page for more information on ICD-9 codes. ■

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## From the Desk of the CMO

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The Humana Military disease management team is made up of registered nurses with cardiac care experience. These nurses focus on improving compliance with physician recommendations in medications, diet, activity and follow-up care. Each program participant can telephone his or her assigned nurse to ask questions and to report problems.

Nurses also encourage preventive services and promote healthy lifestyle choices through educational resources. Each participant establishes specific goals to help improve and maintain good health. When changes in condition warrant, the Humana Military nurse will encourage beneficiaries to contact their physicians, and with the patient's permission, the nurse will contact the physician directly to help coordinate care.

Physicians may refer patients with heart failure to the Humana Military disease management program via the Internet using the Online Provider Services option at [www.humana-military.com](http://www.humana-military.com) or by calling 1-800-881-9227.

For more information about this new program, be sure to read the cover story in this edition of *TRICARE Provider News* for more detailed information. ■

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ICD-9 Dx	Description
398.91	Rheumatic heart failure (congestive)
402	Hypertensive heart failure
402.01	Malignant hypertensive heart disease with congestive heart failure
402.11	Benign hypertensive heart disease with congestive heart failure
402.91	Unspecified hypertensive heart disease with congestive heart failure
404.01	Malignant hypertensive heart and renal disease with congestive heart failure
404.03	Malignant hypertensive heart and renal disease with congestive heart failure and renal failure
404.11	Benign hypertensive heart and renal disease with congestive heart failure
404.13	Benign hypertensive heart and renal disease with congestive heart failure and renal failure
404.91	Unspecified hypertensive heart and renal disease with congestive heart failure
404.93	Unspecified hypertensive heart and renal disease with congestive heart failure and renal failure
428	Heart failure
428.0	Congestive heart failure
428.1	Left heart failure
428.2	Systolic heart failure
428.20	Systolic heart failure, unspecified
428.21	Systolic heart failure, acute
428.22	Systolic heart failure, chronic
428.23	Systolic heart failure, acute or chronic
428.3	Diastolic heart failure
428.30	Diastolic heart failure, unspecified
428.31	Diastolic heart failure, acute
428.32	Diastolic heart failure, chronic
428.33	Diastolic heart failure, acute or chronic
428.4	Combined systolic and diastolic heart failure
428.40	Combined systolic and diastolic heart failure, unspecified
428.41	Combined systolic and diastolic heart failure, acute
428.42	Combined systolic and diastolic heart failure, chronic
428.43	Combined systolic and diastolic heart failure acute/chronic
428.9	Heart failure unspecified

## Medications Added to Uniform Formulary

**D**r. William Winkenwerder, Jr., assistant secretary of defense for Health Affairs and director of TRICARE Management Activity, approved the addition of 11 new medications to the TRICARE Uniform Formulary. Additionally, he approved moving seven medications to non-formulary status.

The following medications have been added to the Uniform Formulary: Levitra® (PDE-5 Inhibitor); nystatin, clotrimazole, ketoconazole, miconazole, Mentax®, Naftin® (Topical Antifungals); and Rebif®, Avonex®, Copaxone®, Betaseron® (Multiple Sclerosis Disease Modifying Drugs).

Medications moved to non-formulary status include Viagra®, Cialis® (PDE-5 Inhibitors); and ciclopirox, econazole, Oxistat®, Ertaczo®, Exelderm® (Topical Antifungals). Formulary alternatives are available for these medications at a copayment of either \$3 or \$9.

Because these medications were moved from formulary to non-formulary



status, beneficiaries will now pay a \$22 copayment for these medications. The implementation date of the \$22 copayment for the topical antifungal medications was August 17, 2005, and the implementation date for PDE-5 Inhibitors was October 12, 2005.

For more information about formulary medications, their availability and cost, visit the TRICARE Formulary Search Tool at [www.tricareformularysearch.org](http://www.tricareformularysearch.org). ■

## When Patients Ask about Medicare Part D ...

**S**tarting January 1, 2006, the new Medicare prescription drug coverage becomes available to everyone eligible for Medicare, including TRICARE For Life (TFL) beneficiaries.

TRICARE Medicare-eligible beneficiaries, entitled to the TRICARE Pharmacy benefit, need to consider a number of factors when deciding whether or not to enroll in a Medicare drug plan. They should consider monthly premiums, deductibles, copayments and drug coverage under the different prescription drug plan options offered (also known as a formulary), including the TRICARE Pharmacy Program. The Medicare Part D drug plan options will vary by location.

For more information, visit the TRICARE Web site at [www.tricare.osd.mil/medicarepartd](http://www.tricare.osd.mil/medicarepartd) or visit the Medicare Web sites at [www.cms.hhs.gov/partnerships](http://www.cms.hhs.gov/partnerships) or [www.medicare.gov](http://www.medicare.gov). ■



## Got Questions? Customer Service Has Answers

**W**hen you have a claims question, it's helpful to know which customer service number (see box) to call first to get the answers you need.

For questions regarding claims status, eligibility, other health insurance, third-party liability, and explanation of benefits, your best option is to start by calling the South Region claims processor, PGBA, LLC (PGBA). PGBA has an Automated Response Unit that can handle many of your questions effectively and efficiently. Customer service associates are also available to assist you with your claims questions.

If you have a claims issue involving Medicare, you should call Wisconsin Physicians Service (WPS), the claims processor for all claims dealing with both Medicare and TRICARE.

For behavioral health claims questions relating to authorization issues, your best option is to start by calling ValueOptions, Humana Military's behavioral health subcontractor for the TRICARE South Region. If the question is more complicated and cannot be resolved during that initial call, it will be forwarded to a claims specialist who will research the issue and return your call within two business days.

Any claims question that involves authorization issues for medical or surgical services, including physical therapy, speech therapy and occupational therapy, should be directed to Humana Military.

Knowing who to contact first when you have a claims question can help ensure you receive quality customer service and a timely resolution to your claims issues without a lot of delay and difficulty. ■

### Claims Assistance Contact Numbers

PGBA, LLC	1-800-403-3950
WPS	1-866-773-0404
ValueOptions	1-800-700-8646
Humana Military	1-800-444-5445



## Electronic Claims Filing Assistance

**T**RICARE requires all network providers to file claims electronically.

For assistance with any issues related to electronic media claims (EMC) submission for the TRICARE South Region, you can contact the PGBA EMC Help Desk at 1-800-325-5920, option 2.

You may also visit [www.humana-military.com](http://www.humana-military.com) or [www.mytricare.com](http://www.mytricare.com) for more information regarding electronic claims submission. ■

# Unmanaged Visits Renew with Fiscal Year

## What Behavioral Health Providers Need to Know

**T**he new fiscal year began October 1, which means TRICARE beneficiaries' eight unmanaged psychotherapy visits renewed. It is important to know when these benefits renew so you can plan to continue care accordingly for your TRICARE patients.

The eight unmanaged visits allow TRICARE beneficiaries, except active duty service members (ADSMs), to self-refer to a TRICARE network provider for behavioral health care. When a beneficiary self-refers for care, it is recommended that you verify with ValueOptions that the beneficiary is within the first eight visits and has not used the sessions with another provider.

Each provider will be allowed one outpatient psychiatric diagnostic interview session (90801) per beneficiary per year without authorization; however, if you are a Licensed Mental Health Counselor (LMHC), a Licensed Professional Counselor (LPC) or a Pastoral Counselor, a letter of referral will be required. If a provider needs more than one 90801 session within the same benefit period, authorization must be requested using the "Outpatient Treatment Request (OTR)" form.

Keep in mind that any psychotherapy sessions beyond the eight unmanaged visits will require prior authorization from ValueOptions. You are responsible for obtaining prior authorization on behalf of your patients for all care beyond the unmanaged eight visits. Failure to obtain authorization could result in claims being denied and the beneficiary would be held harmless.

To request continued outpatient care, complete the OTR, which is located on the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) under "Provider Resources." (Click on "Behavioral Health" and then on "ValueOptions Forms.") Fax the completed OTR to ValueOptions at 1-866-811-4422.

If you have questions, contact ValueOptions at 1-800-700-8646, and a provider relations representative will assist you. ■

## A Few Reminders about Consult Returns

**R**eturning consult reports in a timely manner is very important to providing the best quality health care possible to TRICARE beneficiaries. This is especially true for those assigned to local military treatment facilities (MTFs) who are referred out to our network provider community for evaluation and treatment.

To help providers meet this requirement and expedite the consult return process, autofax confirmations are issued at the time a referral/authorization has been

established. The autofax confirmation includes the referral/authorization number and the consult return fax number when applicable.

Also, remember:

- If you are using a transcription service for your medical reports and you rely on them to return consults to Humana Military, be sure that they have the appropriate consult return fax number that is identified on the referral confirmation fax sheet for the patient.

- Consult reports should be returned within 10 days following the patient's appointment.
- For urgent consults that need to get back to the primary care manager (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.
- For reports to be accurate and useful, please submit complete and legible documentation. ■

# PTSD on the Rise

## Recognize the Symptoms and Recommend Treatment for Your TRICARE Patients

**A**s troops return from Iraq and Afghanistan, an increasing number of TRICARE beneficiaries are experiencing symptoms of Post-Traumatic Stress Disorder (PTSD). Military research shows that 17 percent of troops, including active duty and reserve, returning from the war show signs of behavioral health problems, which include PTSD.

### What Is PTSD?

PTSD develops after exposure to extreme psychological trauma—events that produce fear, helplessness or horror, such as a threat to life or physical integrity. Indirect trauma, i.e., seeing another person in a life-threatening situation, can trigger PTSD, as well. Not all trauma related to deployment is due to combat situations. Motor vehicle or other accidents can also lead to PTSD.

Not everyone exposed to such trauma develops PTSD. Those who do, however, may re-experience the traumatic event as intrusive recollections, images, thoughts, dreams, flashbacks or intense reactions to situations that resemble an aspect of the traumatic event. Other less specific symptoms may also be present, such as increased arousal and startle response, difficulty sleeping, irritability and poor concentration. Many times there is guilt, coexisting depression and panic disorder.

### Diagnosis and Treatment of PTSD

Of those who have behavioral health problems returning from war, more than 65 percent say that they hesitate asking for help because it makes them feel like they are weak. Therefore, communication with your military patients about their symptoms is often somewhat challenging.

For your assistance in approaching your military patients, recognizing symptoms and identifying treatment for their condition, the Veterans Health Affairs (VHA) and the Department of Defense (DoD) have created clinical practice guidelines. These clinical practice guidelines are available to you online at [www.oqp.med.va.gov/cpg/PTSD/PTSD\\_GOL.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_GOL.htm).

### Getting PTSD Care For Your Patients

Active duty service members (ADSMs) must always get a referral from their primary care manager (PCM), as it is critical for their care to be coordinated. All other beneficiaries, such as retirees and dependents, can access coverage for PTSD or other behavioral health problems without a referral through their eight unmanaged behavioral health care visits (see page 6).

Patients diagnosed with PTSD are eligible for typical behavioral health outpatient services, such as individual psychotherapy, group therapy, crisis intervention, collateral visits and family therapy. Other benefits may include psychological testing, medication management, inpatient treatment, substance abuse treatment and more. ■

### Online Resources for PTSD

- Veterans Health Affairs (VHA) and Department of Defense (DoD) clinical practice guidelines: [www.oqp.med.va.gov/cpg/PTSD/PTSD\\_GOL.htm](http://www.oqp.med.va.gov/cpg/PTSD/PTSD_GOL.htm)
- National Center for PTSD: [www.ncptsd.org](http://www.ncptsd.org)
- National Institute of Mental Health: [www.nimh.nih.gov/healthinformation/ptsdmenu.cfm](http://www.nimh.nih.gov/healthinformation/ptsdmenu.cfm)
- PTSD Alliance: [www.ptsdalliance.org/home2.html](http://www.ptsdalliance.org/home2.html)
- Veterans Administration: [www.va.gov/health\\_benefits/](http://www.va.gov/health_benefits/)
- Military OneSource: [www.militaryonesource.com](http://www.militaryonesource.com)
- Hooah4 Health: [www.hooah4health.com](http://www.hooah4health.com)
- Courage to Care: [www.usuhs.mil/psy/courage.html](http://www.usuhs.mil/psy/courage.html)
- Lifeline Services Network: [www.lifelines.navy.mil/dav/lsnmedia/LSN/CombatStress/](http://www.lifelines.navy.mil/dav/lsnmedia/LSN/CombatStress/)

# Inpatient Cost-Shares Increase Slightly for Fiscal Year 2006

**New Rates Effective Oct. 1, 2005, through Sept. 30, 2006**

Each fiscal year (Oct. 1–Sept. 30), some TRICARE inpatient cost-share rates increase slightly. The following tables highlight the new inpatient rates for Fiscal Year 2006.\*

For additional information about cost-shares for TRICARE-covered services, visit the TRICARE Web site at [www.tricare.osd.mil/tricarecost](http://www.tricare.osd.mil/tricarecost). You can also contact Humana Military at 1-800-444-5445 for more information.

Inpatient Cost-Shares for Civilian Hospital Admissions			Inpatient Cost-Shares for Behavioral Health		
Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries	Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries
TRICARE Prime	No increase \$0 per admission	No increase \$11 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	TRICARE Prime	No increase \$0 per admission	No increase \$40 per day. No charge for separately billed professional services.
TRICARE Extra	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	No increase \$250 per day or 25% of total charge, whichever is less. Plus, 20% of the allowable charge for separately billed professional services.	TRICARE Extra	No increase \$20 per day or \$25 per admission, whichever is greater.	No increase 20% of total charge. Plus, 20% of the allowable charge for separately billed professional services.
TRICARE Standard	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	Increases from \$512 to \$535 per day or 25% of the total charge, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.	TRICARE Standard	No increase \$20 per day or \$25 per admission, whichever is greater.	High Volume Hospitals: No increase  Low Volume Hospitals: Increases from \$169 to \$175 per day or 25% of the billed charges, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.

\*While the inpatient cost-share increases are technically effective Oct. 1, 2005, there may be some delay between the effective date and the time Humana Military receives direction from TRICARE Management Activity (TMA) and is able to implement the change. ■

## NEW Fee Schedule Pricing for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

As of September 1, 2005, the implementation of the new durable medical equipment prosthetics, orthotics and supplies (DMEPOS) fee schedule went into effect.

The policy indicates a revised definition of durable medical equipment (DME) and adopts the same pricing methods for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). The new fee schedule replaces the existing state prevailing

pricing for codes available on the DMEPOS schedule.

DMEPOS prices are established by using fee schedules, reasonable charges or average wholesale pricing. Most payments of DME are based on a fee schedule established for each DMEPOS item by state. The services and/or supplies are coded using HCPC Level II codes that begin with the letters A (medical and surgical supplies), B (enteral and parenteral therapy), E (durable medical

equipment), K (temporary codes), L (orthotics and prosthetic procedures) and V (vision services).

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any TRICARE coverage.

In addition to the DMEPOS schedule, Parenteral and Enteral Nutrition Items and Services (PEN) and fees are also included. DMEPOS pricing information is available at [www.cms.hhs.gov/suppliers/dmepos](http://www.cms.hhs.gov/suppliers/dmepos). ■

# Third-Party Liability

## Knowing the Process Can Shorten Processing Time

The Federal Medical Recovery Act allows the government to be reimbursed for costs associated with treating a TRICARE beneficiary who has been injured in an accident caused by someone else. When a claim appears to have possible third-party involvement, certain actions must be taken that can affect total processing time.

Knowing the third-party liability process can help providers take steps that can ensure more timely payment of such claims.

Humana Military is responsible for identifying and investigating all potential third-party recovery claims. Inpatient claims submitted with diagnosis codes between 800 and 999 (with some exceptions), regardless of the billed amount, and claims for professional services that exceed a TRICARE liability of \$500, which indicate an accidental injury or illness will be pended for research.

Such claims are not processed further until the beneficiary completes and submits a Statement of Personal Injury—Possible Third-Party Liability form (DD Form 2527). When a claim is suspected to have third-party liability, the following steps occur:

- The DD Form 2527 is mailed to the beneficiary.
- The claim is pended for up to 35 calendar days awaiting receipt of the form from the beneficiary.
- If the form is not received, the claim may be denied.
- Once the beneficiary completes and returns the form, the claim will be reprocessed.

If the illness or injury was not caused by a third party, but the diagnosis code(s) still falls within 800–999, the beneficiary may still be responsible for filling out the form.

Claims with the following 800–999 diagnosis codes are not automatically pended for possible third-party liability review.

- 910.2–910.7
- 911.2–911.7
- 912.2–912.7
- 913.2–913.7
- 914.2–914.7
- 915.2–915.7
- 916.2–916.7
- 917.2–917.7
- 918.0
- 918.2
- 919.2–919.7



If you believe a patient may need to complete the DD Form 2527 based on the information above, it is appropriate for you to have copies of the form on hand for the patient to complete. Taking this precautionary step can help expedite the claim through the process and ensure timely payment for your services.

To obtain copies of the DD Form 2527, visit [www.humana-military.com](http://www.humana-military.com), choose “Beneficiary Resources” and click on “TRICARE forms.” Scroll through the list and click on “Third-Party Liability Claim form.” ■

# A Closer Look: Submitting TRICARE For Life Claims

Claims submission and patient authorization processes for TRICARE For Life (TFL) patients are different than for other TRICARE patients. Here's a closer look at what you need to know.

TFL is wraparound coverage available to TRICARE beneficiaries who also have Medicare Part A and Part B. *(Note: A beneficiary may be eligible for Medicare, but has not signed up or paid their Part B premiums. In this instance, they would **not** be eligible for TFL.)* TRICARE pays second to Medicare for services covered by both Medicare and TRICARE. TRICARE has partnered with Wisconsin Physicians Service (WPS) for TFL claims processing and customer service.

WPS has signed agreements with each state's Medicare fiscal intermediary and Part B carrier, which allows Medicare to pay its portion and then submit claims directly to WPS TFL for processing. Be sure to submit your claims to Medicare first. WPS TFL will then send its payment for the

remaining beneficiary liability directly to you.

If a beneficiary has other health insurance (OHI), then Medicare pays first and forwards the claim to the OHI, which pays second. In these instances, the beneficiary must file a paper claim (DD Form 2642—available online at [www.tricare.osd.mil/claims](http://www.tricare.osd.mil/claims)) with WPS TRICARE For Life (P.O. Box 7890, Madison, WI 53707-7890).

If you do not participate in Medicare, or if the services you've provided are not Medicare-covered benefits, paper claims must be submitted to WPS TFL.

## Authorizations for Care

Because TFL beneficiaries obtain care through Medicare first, there is usually not a requirement for providers to obtain referrals or prior authorizations from Humana Military. If Medicare benefits are exhausted, or if the patient is seeking care covered by TRICARE

but not Medicare, you may need to get prior authorization from Humana Military.

To learn more about Humana Military's prior authorization requirements, visit [www.humana-military.com](http://www.humana-military.com).

## Customer Service

You can register with WPS at [www.tricare4u.com](http://www.tricare4u.com) for secure services, including:

- Verifying eligibility
- Submitting claims online
- Checking claim status
- Contacting customer service
- Viewing explanation of benefits statements

If you have additional questions about TFL, contact WPS at 1-866-773-0404 or visit the WPS Web site at [www.tricare4u.com](http://www.tricare4u.com). ■



## TFL and USFHP: Different Programs

Please note: TRICARE For Life (TFL) is **not** the same as the Uniformed Services Family Health Plan (USFHP). If you are a TRICARE-designated provider with USFHP, please visit [www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org) for more information about submitting claims for beneficiaries enrolled in this program. ■

# CMAC Pricing at Your Fingertips

## As Simple as 1-2-3

**C**HAMPUS maximum allowable charge (CMAC) information can be accessed directly from your Web browser through the CMAC National Pricing System. No special software is required. You can easily retrieve pricing and prevailing fees for a particular procedure code within a selected locality.

1. Visit [www.tricare.osd.mil/cmac](http://www.tricare.osd.mil/cmac).
2. Accept the “End User Point and Click Agreement.”
3. Submit your query.

Click on **CMAC Procedural Pricing**, fill in the blanks and click “Search.”

Procedure pricing is calculated based on the **Locality Code**. Select a Locality Code for the geographic region you are querying, or you may look up locality codes by selecting a **State**, entering a **Catchment Area Code**, or entering a **Zip Code**

Locality Code:

State:

Catchment Area:

Zip Code:

Click on **Anesthesia Pricing**, fill in the blanks and click “Search.”

Procedure pricing is calculated based on the **Locality Code**. Select a Locality Code for the geographic region you are querying, or you may look up locality codes by selecting a **State**, entering a **Catchment Area Code**, or entering a **Zip Code**

Zip Code:

State:

Locality Code:

Catchment Area:

Be sure to note the “**Web Posting Date**” on each page, which indicates the date when the information was last updated.

The site also offers CMAC cross-reference utilities. The chart below highlights the features you can use by clicking on **CMAC Cross Reference Utilities**.

Utility	Description
<b>Cross Code Lookup</b>	View all associated geographic codes (State Codes, Catchment Area Codes and Locality Codes) based on State Code, Catchment Area Code, Locality Code or ZIP Code.
<b>Download All CMAC Pricing</b>	Download all pricing information for all procedures.
<b>List All ZIP Codes for a Locality Code</b>	List and/or download all ZIP Codes for a particular Locality Code.
<b>Pricing Range for Procedures</b>	View and download pricing information for a range of procedures within a ZIP Code.
<b>Download Individual Pricing Files</b>	Download pricing information for a range of procedures within a ZIP Code.
<b>Download Injectables Pricing File</b>	Download pricing information for all injectables. (Note: this does not include J3490 codes.)
<b>Download J3490 Injectables Pricing File</b>	Use this function to download pricing information for all J3490 injectables.

Be sure to note that each year the Department of Defense (DoD) updates the CMAC National Pricing system. The diagnosis-related group (DRG) rates are usually adjusted in October, while CMAC Procedural Pricing updates occur in early spring. If you are looking for reimbursement rates for the Healthcare Common Procedure Coding System (HCPCS), this information is available on [www.myTRICARE.com](http://www.myTRICARE.com).

Questions and comments about [www.tricare.osd.mil/cmac](http://www.tricare.osd.mil/cmac) can be sent to [Webmaster-CMAC@tma.osd.mil](mailto:Webmaster-CMAC@tma.osd.mil). ■

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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

**Wisconsin Physicians Service (WPS)  
 (TRICARE For Life claims)**  
 1-866-733-0404  
[www.tricare4u.com](http://www.tricare4u.com)

**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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## Caring for Activated Reserve Component Members and Their Families

**M**embers of the Reserve Component who are called to active duty for more than 30 consecutive days are eligible for TRICARE, as are their family members. During their activation, they are considered active duty service members (ADSMs) and their families are considered active duty family members (ADFMs).

### Verify Eligibility

As you would for any TRICARE beneficiary, ensure that they have a valid uniformed services (military) identification (ID) card or authorization letter of eligibility. Check the expiration date and make a copy of both sides of the ID card for your files. Contact Humana Military at 1-800-444-5445 if you have any questions about verifying their eligibility for TRICARE.

### Questions or Concerns

Depending on the beneficiary's program (TRICARE Prime, TRICARE Standard or TRICARE Extra), you should

follow the same rules, benefits, costs, referral and prior authorization requirements, and billing guidelines for Reserve Component members and their families as you would for any other TRICARE beneficiaries.

Call Humana Military or visit [www.humana-military.com](http://www.humana-military.com) if you have any questions about caring for members of the Reserve Component. ■

#### Sponsor Card



#### Back of Cards

