

TRICARE'S "Hold Harmless" Policy Two Steps to Ensure Payment

TRICARE offers comprehensive medical and behavioral health benefits to military and retired service members and their families. But like all health care plans, certain services are not covered benefits.

If a beneficiary promises to pay for a non-covered service, network providers must follow the proper procedure to ensure payment. Otherwise, the beneficiary is absolved of any liability under TRICARE's hold harmless policy. There are two steps to ensure payment under the policy:

1. First, inform the beneficiary verbally, by phone or in person that the desired service or procedure is **not** covered. **Document** this process in your records.
2. Then, have the beneficiary sign a TRICARE-specific Request for Non-Covered Services Form **before** the service or procedure is rendered. **Please note:** A waiver signed after care is rendered is **not** valid.

This two-step procedure ensures that the beneficiary is "fully informed," which is defined as being informed both verbally and in writing.

The Request for Non-Covered Services Form documents the specific treatment, date of service and billed amounts in advance of the service or procedure. This form specifies that the beneficiary will have to pay for services not covered by TRICARE, and it protects the network provider from having to pay for the cost of care. By signing the form, the beneficiary agrees in advance to be financially responsible for a specific non-covered service. A general waiver, like that signed by a patient when entering a hospital, for example, **does not** meet the requirement.

The form is easy to access online. Go to the Provider section of the Humana Military Web site at www.humana-military.com.

Not Sure? Request Authorization

The "Medical Coverage" chapter of the *TRICARE Provider Handbook* offers a listing of excluded and limited services under TRICARE. You can also refer to the TRICARE Policy Manual on the TRICARE Web site at www.tricare.osd.mil for additional exclusion and limitation information.

In cases where you are unsure of TRICARE coverage, you and/or the beneficiary can file an authorization request with Humana Military. If denied, the provider and the beneficiary will receive a letter from the regional contractor that explains the denial and step-by-step appeal procedures. If all appeals are denied and the patient chooses to pay for a non-covered service, then the hold harmless policy and two-step process applies.

For more information, call Humana Military at 1-800-444-5445 or visit the Humana Military Web site. ■

From the Desk of the CMO

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

In this newsletter message, I want to share with you the latest information about injectable specialty medications and TRICARE.

What Is Specialty Pharmacy?

New drugs like Xolair® for asthma, recombinant hemophilia factors, Avonex® for MS, and Enbrel® for rheumatoid arthritis are rapidly transforming medicine. These new high cost biotechnology drugs and injectable antineoplastic drugs are known as "specialty pharmacy" products.

These drugs are a breakthrough in the treatment of many chronic diseases. We expect to see 30 or more new products every year. This progress comes with a high price as most of these medicines cost more than a thousand dollars each month, some over \$100,000 per year.

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Has Your Demographic Information Changed?

Update It Now on the Humana Military Web Site

Why update? Keeping your demographic information up to date with Humana Military benefits you in several ways:

- You receive information in a timely manner from Humana Military.
- You ensure that claims payments are sent to the correct address.
- You provide accurate information to beneficiaries who use the online Provider Directory to choose a new provider. Key information includes not only your phone number and address, but also whether you're accepting new patients.

Humana Military strives to keep its Web site as comprehensive as possible, including updating it every 24 hours. Some physicians, such as emergency room physicians and urgent care physicians, may not be available in the directory. Information is subject to change without notice. ■

From the Desk of the CMO

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Specialty pharmacy is the fastest growing segment of drug costs in the U.S., rising 27 percent in 2003 according to *Medco's 2004 Drug Trend Report*. Americans spent almost \$30 billion on such specialty drugs in 2002, or 18 percent of U.S. spending on all prescription drugs. According to Express Scripts, the TRICARE Retail Pharmacy contractor, rheumatoid arthritis, multiple sclerosis, hepatitis C, asthma and growth hormone deficiency account for 76 percent of spending for specialty drugs other than antineoplastic drugs.

How Does TRICARE Cover These Drugs?

TRICARE covers outpatient specialty pharmacy products in three ways:

- Administered and billed by the provider
- Administered by the provider and billed by a specialty pharmacy
- Administered by the patient and billed by a specialty pharmacy

Humana Military Healthcare Services processes claims for specialty drugs administered by providers, such as physicians and home health agencies. Allowable charges for these drugs are set by the government in the CMAC fee schedule.

Express Scripts processes claims for specialty products dispensed to beneficiaries for self-administration.

Can TRICARE Provide Injectable Drugs to My Office?

Humana Military now has a network specialty pharmacy that can dispense prescriptions for TRICARE beneficiaries to provider offices. PrecisionRx Specialty Solutions can furnish essentially all specialty pharmacy products to providers and bills Humana Military directly. In this way providers can obtain these costly products without paying in advance and waiting for reimbursement.

To order specialty drugs for administration by a provider ...

The preferred method is to request a fax order form by calling PrecisionRx Specialty Solutions at 1-800-870-6419. You may also download a fax order form from www.anthem.com by clicking the following: Providers, Anthem Prescription Management, Products & Services, PrecisionRx Specialty Solutions.

To help beneficiaries obtain self-administered specialty drugs ...

Beneficiaries may obtain self-administered specialty drugs through the TRICARE Retail Pharmacy Program (TRRx) by calling Express Scripts at 1-866-363-8779.

To check the CMAC fee schedule ...

You can access the CMAC fee schedule at www.tricare.osd.mil/cmac/. ■

Tips to Resolve Claims Issues and Avoid Debt Collection

Involving a debt collection agency to resolve a claim issue is stressful for both providers and beneficiaries. Fortunately, TRICARE offers assistance that you can take advantage of prior to sending a bill to a collection agency.

“It is never TRICARE’s intent not to pay the provider or send someone to collection,” says Francine Forestell, director of TRICARE beneficiary services and staff training. “It’s about following up and finding out what, if anything, went wrong, and then taking steps to resolve it.”

Most rejected claims are due to a simple error. Do the following first to determine what might have gone wrong:

- Read the TRICARE Summary Payment Voucher, otherwise known as the remittance advice. If the claim is rejected, the remittance advice denial codes will explain why.
- Make sure all beneficiary information is up to date. If patient or sponsor information is incorrect, contact the beneficiary and get the information needed. Then find out if it’s an eligibility issue. If so, call your regional contractor, Humana Military, to get eligibility information.

Even if you are a provider who is unwilling to accept assignment, it is a good practice to submit claims for TRICARE patients. Few beneficiaries understand the claims submission process and long delays in payment may occur as the beneficiary attempts to get adequate information to submit a claim.

It also helps to ask your staff to double-check for errors before submitting claims. The following are the most common mistakes:

- Incorrect beneficiary address
- Incorrect Social Security number (SSN)—Do **not** submit under the beneficiary’s SSN **unless** that person is the military ‘sponsor’ or the person is an eligible former spouse.
- Wrong procedure and diagnosis codes (For example, V70.0 is not an appropriate diagnosis code; V72.6 is not appropriate for a lab test. If the care was preventive, use a preventive diagnosis code. Unclassified [Physician’s] Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes should be used **only** with a clear description of what is being billed.)
- Unpaid copayment

When to Call TRICARE for Help

If you discover a problem, take quick action to resolve it within the TRICARE system rather than sending the issue to collections. Humana Military is your first point of

contact for resolving claims issues. In most instances, Humana Military will be able to resolve your issue or concern. Call 1-800-444-5445.

If the problem cannot be resolved at the regional contractor level, TRICARE providers can refer beneficiaries to beneficiary counseling and assistance coordinators (BCACs) first, then to debt collection assistance officers (DCAOs) if necessary. Both will help the beneficiary understand what’s going on with the claims issue and try to resolve it.

DCAOs help beneficiaries evaluate the validity of collection agent claims and/or the negative credit reports that sometimes result from them. DCAOs are well equipped to deal with these situations and, in the process, help ease the stress on service members and their families. For example, it’s the DCAO’s job to initiate contact with the collection agency and assure the agency that action is being taken to resolve the issue.

Sometimes, when acting as the beneficiary representative, the DCAO may even contact you. “Then any information you as a provider can give to help resolve an outstanding claim issue is greatly appreciated,” notes Forestell.

Where to Find BCACs and DCAOs

BCACs and DCAOs are located at TRICARE Regional Offices and at military treatment facilities (MTFs). To find a BCAC or DCAO near you, call your local MTF or go online to the BCAC/DCAO Locator directory at www.tricare.osd.mil/bcacdcao. ■



Reference Room: Behavioral Health Tips

As a behavioral health care provider, you have an important responsibility to meet the emotional and behavioral health care needs of your TRICARE patients. Here are some helpful reminders to follow when billing and submitting authorization requests to ensure proper coverage for your patients and timely reimbursement for your services.

When Is a Crisis Really a Crisis?

You may be familiar with a variety of procedure codes. However, it is especially important to know the guidelines for billing crisis intervention, which TRICARE policy defines as [Physician's] Current Procedural Terminology (CPT) codes 90808, 90809, 90814 and 90815.

Crisis intervention involves a 75 to 80 minute face-to-face session in an outpatient setting. These sessions must be medically necessary and authorized. Further information can be found in the *TRICARE Policy Manual Chapter 7 Section 3.13 Psychotherapy* and in the *TRICARE Provider Handbook*.

Crisis intervention procedure codes should only be used when there is a clinical need for the intervention and not when a routine therapy session has failed to terminate timely. Not all sessions are a crisis; therefore, authorization is required to determine medical necessity.

To obtain authorization for outpatient crisis intervention, you must supply clinical justification defining the crisis to ValueOptions, Humana Military's subcontractor for behavioral health. You can fax your request in writing to 1-866-811-4422 or call ValueOptions at 1-800-700-8646 and ask to speak with a clinician.

Outpatient Treatment Reports

When ValueOptions receives your outpatient treatment report (OTR), a clinician reviews and approves units based on medical necessity. If units are approved, an autofax is sent to your office notifying you of the number of units approved and an expiration date for the services.

ValueOptions has noticed an increase in OTR requests when an adequate number of unused units are still available. It is important to remember to thoroughly read the information that is autofaxed to you regarding your authorizations for continued care and note this information in the patient's chart. This will prevent unnecessary paperwork for your office staff.

Prior Authorization for Higher Level Care

In addition to crisis intervention treatment, all inpatient behavioral health services require authorization. Specifically, higher levels of care (HLOC) require prior authorization, such as those provided in a Partial Hospitalization Program (PHP) or a Residential Treatment Center (RTC), which requires the submission of a full and complete RTC application form.

It is important to inform your patient that while these types of treatment may be recommended, they are not considered an emergent level of care and may therefore require a few days to obtain prior authorization. ValueOptions generally processes authorization requests within two business days, and all requests are processed within five business days following receipt of the request and all required information.

Therefore, be sure that you allow sufficient lead-time when you submit your prior authorization requests to ensure that ValueOptions has the opportunity to properly review and authorize the care if deemed medically necessary. Failure to obtain prior authorization or submit your requests in a timely manner could result in disappointed patients, uncovered days or late penalties.

Patients Admitted on the Weekend

If your patient is admitted after business hours on Friday, over the weekend or on a holiday, fax the TRICARE Higher Level of Care Treatment Report form to ValueOptions promptly to avoid potential late notification penalties. Forward the HLOC form to ValueOptions within 24 hours of the admission. The request will be distributed to clinicians and reviewed early on the next business day for a medical necessity determination.

The HLOC form can be found on the Humana Military Web site at www.humana-military.com; select "Behavioral Health" under "Provider Resources" and then "ValueOptions Forms." ■

Humana Military Offers Providers Robust, Timesaving Online Tools

The provider online services found on Humana Military's Web site at www.humana-military.com are a robust set of tools specifically designed to maximize efficiency in your office. Here's an overview of some of the many online tools that can help you do more in less time.

PCM Central

You and your staff can go online to "PCM Central," which is located under "Provider Resources" from the home page. Once registered, you can:

- Browse fee schedules.
- Check your patient's eligibility and the status of a referral, authorization, or claim.
- Request a referral or authorization.
- Look up diagnosis and procedure codes.
- Examine your patient list and a list of their current claims.
- Review your Provider Locator information.

File Claims Electronically

All TRICARE providers are required to submit claims electronically, which results in more efficient and error-free submissions. It is free to submit claims electronically, and the result is that your claims will be paid faster. You can also immediately find out what's covered by TRICARE.

Referrals/Authorizations

You can go online to request new referrals or authorizations, to check existing referrals/authorizations or to look up codes to assist in determining if a referral or authorization is necessary. Online resources also provide assistance in locating preferred specialists/hospitals for referral purposes.

TRICARE Seminars

Whether you are a TRICARE network or non-network provider or staff member, you can view and register for TRICARE seminars online.

Under "Provider Resources," click on "Online Provider Services" and go to the "View the Local Provider Seminar Schedule" located under "Headlines." Once there, you can scroll through to learn about each seminar, including:

- Who should attend
- The location, date, time and directions
- The number of available seats
- A brief description of the seminar and agenda

While online, you can register for the seminar that best suits your needs after sorting by date, location or other criteria.

Web Site Tutorials

Although Humana Military has programmed its online provider

services section to be easy to use, you can also access tutorials to hone your skills, once you are a registered site user. Quick Start Guides are also available on referrals/authorizations, eligibility and code look-ups. The tutorial is located under "Provider Resources," "Online Provider Resources" and "PCM Central."

Search Engine

By clicking on "The Answer Place" under "Provider Services" on the main page or by typing in a search on the site search tool (located at the upper right-hand corner of the home page), you can get answers to all of your Humana Military and TRICARE questions. The best way to ensure a narrow search is to type in an actual question. Humana Military developed artificial intelligence to recognize the content of your question to provide more specific answers than if you merely performed a key word search. ■



Still Rebuilding After Hurricane Katrina

Hurricane Katrina affected the lives of many TRICARE beneficiaries and providers in Alabama, Louisiana and Mississippi. After Hurricane Katrina, more than 136,000 beneficiaries moved to new locations across the country for safe haven and, in some cases, to start over.

What we've achieved to date could not have been accomplished without the help of the soldiers, airmen, sailors and countless other volunteers who answered the call to help restore order and hope to the Gulf Coast. But we also owe a debt of gratitude to you, our TRICARE providers, for once again supporting our troops and their families in such a time of need.

Answering the Call

As recovery and relocation efforts were underway in the aftermath of Hurricane Katrina, the Department of Defense (DoD) launched an aggressive outreach to nearly 360,000 active duty military personnel, retirees and their families who were affected by the storm.

From the South Region, beneficiaries were relocated to approximately 474 evacuee sites across the United States. TRICARE dispatched staff to a number of sites to provide face-to-face counseling, to advise beneficiaries on how to access care, and to answer their questions about their health benefit options. Humana Military Healthcare Services, the TRICARE South Region contractor, completed a five-day outreach campaign to 586 American Red Cross shelters throughout the southern United States to assist displaced beneficiaries.

Health Net Federal Services, Inc., the North Region contractor, and TriWest Healthcare Alliance, the West Region contractor, also visited numerous shelters in their regions to locate and assist beneficiaries.

What Lies Ahead

While progress continues daily, a couple of South Region facilities were devastated and are still waiting to reopen.

For the latest information about access to health care during the aftermath, facility closures and re-openings, and much more, visit the Humana Military Web site at www.humana-military.com/South/katrinaupdates.htm. ■

Q&A

Where do I send my claim if I provide services to a beneficiary displaced by Hurricane Katrina?

Providers in all regions should submit claims for displaced beneficiaries from the South to the South Region. Use the beneficiary's permanent address (where they used to live prior to being displaced) rather than a temporary address.

Be aware that some beneficiaries may have made their temporary address permanent since they cannot return home and have transferred their TRICARE eligibility information to the new address. In those situations, be sure to verify with the patient what their **permanent** address was at the time of care and send your claim to the appropriate regional contractor based on that 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 for South Region beneficiaries to:

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

Questions can be directed to the South Region's claims contractor, PGBA, at 1-800-403-3950.

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Still Rebuilding After Hurricane Katrina—Q&A

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How is Humana Military handling referrals and authorizations for displaced beneficiaries needing routine and urgent care services that normally require a referral?

From Sept. 1 through Nov. 30, Humana Military waived referral/authorization requirements for routine and urgent care for beneficiaries who resided in specific ZIP codes impacted by Hurricane Katrina. Now that the authorization for blanket referrals has expired, providers will need to verify with their patients their permanent address at the time of care in order to request a referral or authorization from the appropriate source.

If the beneficiary's eligibility is still linked to the South Region, med/surg providers should contact Humana Military at 1-800-444-5445 to request prior authorization; behavioral health providers should call 1-800-700-8646; or all providers can fax their requests to 1-877-548-1547.

What should I do if displaced beneficiaries contact me for guidance on their TRICARE benefits?

Direct beneficiaries to contact the Humana Military call center at 1-800-444-5445. Customer service representatives will assist them.

What do I tell beneficiaries who have decided to permanently move to the North or West Region?

Direct beneficiaries to contact the appropriate regional contractor. In the North Region, they should contact Health Net at 1-877-TRICARE. In the West Region, they should contact TriWest Healthcare Alliance at 1-888-TRIWEST. They can also contact Humana Military at 1-800-444-5445 if they have questions. ■

Web Site Established to Assist Service Members

Military officials established a Web site to help provide service members with information about loved ones who may have been displaced by the hurricanes that hit the Gulf Coast this season.

Anyone providing shelter to a military family is encouraged to visit

www.militaryfamilylocator.org or www.guardfamilylocator.org.

Through the Web site, an initiative of the military Family Programs offices, military officials are able to help deployed service members learn the whereabouts and condition of family members affected by the hurricane.

Affected individuals may also call the following numbers:

| | |
|----------------|------------------|
| National Guard | 1-888-777-7731 |
| Active Army | 1-800-833-6622 |
| Reservists | 1-877-464-9330 |
| Marines | 1-888-777-7731 |
| Navy | 1-877-414-5358 |
| Air Force | 1-800-435-9941 ■ |



Clinical Studies:

Antimicrobial Prophylaxis in TRICARE Patient Gastric Bypass Surgery

Humana Military is committed to promoting excellent quality of clinical care and treatment for TRICARE beneficiaries. We demonstrate our commitment by measuring our efforts and performance against industry best practices and working to exceed those standards.

As part of our Clinical Quality Management Program, Humana Military conducts clinical studies to encourage improvement in the care and treatment of our beneficiaries. Recently, a retrospective study was accomplished on antimicrobial prophylaxis in gastric bypass surgery performed on TRICARE patients in Tennessee, South Carolina, Georgia, Florida, Alabama and Mississippi.

This study topic was selected to determine how TRICARE providers were meeting the recommendations from the 2002 National Surgical Infection Prevention (SIP) project. This project was implemented by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) with the goal of decreasing morbidity and mortality associated with postoperative Surgical Site Infections (SSIs) and to promote appropriate selection and timing of the administration of prophylactic antimicrobials. It is noted that, while approximately 80 percent to 90 percent of surgical patients receive some type of antibiotic prophylaxis, recent studies have shown that choice of regimen, timing of administration or duration of prophylaxis is inappropriate in 25 percent to 50 percent of cases.

In addition to the CMS and CDC recommendations, Humana Military expanded the study to include outcome, process and balance measures as defined by the Institute of Healthcare Improvement (reprinted from www.IHI.org with permission of the Institute for Healthcare Improvement (IHI), (c) 2005).

This study was designed to review gastric bypass cases from 2000 to 2004, and the measures, goals and results of the study are listed in the chart below.

(It was assumed the patients in this study had no infection prior to surgery.)

Overall, our network providers in the TRICARE South Region are doing an excellent job of administering prophylactic antibiotics, but timing and documentation need improvement. The balance (fourth) measure is in the data collection phase.

Opportunity for Education

As noted by the CDC Guideline for Prevention of Surgical Site Infection, 1999 (retrieved online from www.cdc.gov/ncidod/hip/ssi/ssi.pdf), simple protocols of antimicrobial prophylaxis (AMP) timing and oversight responsibility should be locally designed to be practical and effective. The AMP should be administered only when indicated, and selected based upon its efficacy against the most common pathogens causing SSI for a specific operation and published recommendations. The CDC recommendation for administration is 30 minutes to 1 hour for most commonly used AMP agents; however, there are some exceptions. For this study, this was defined as the number of patients with AMP administration 1 hour prior to surgical incision compared to the number who received AMP (at any time) prior to surgical incision.

In conclusion, the documentation of AMP administration is not only good clinical practice but also critical to

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| Measure | Performance Goal | Overall Results |
|---|---------------------------------|-----------------------------|
| Rate of Gastric Bypass Cases with SSIs* | < 20% (as estimated by the CDC) | 5% |
| Percent of Surgical Gastric Bypass Cases with On-Time Prophylactic Antibiotic Administration** (IHI outcome measure) | 100% | 65% |
| Percent of Gastric Bypass Cases with timing documented (IHI process measure) | 100% | 75% |
| Percent of Gastric Bypass Patients who received prophylactic antibiotics after antibiotics were discontinued within 24 hours of surgery (IHI balance measure) | 100% | Data Collection in progress |

*As defined by the CDC as superficial incisional, deep incisional or organ or space infection

**Adapted from original source material on the Institute for Healthcare Improvement (IHI) Web site www.IHI.org

Consult Reports Are Required within 10 Working Days

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

Returning consult reports, op 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 (MTF) may receive a faxed reminder to return a consult report for a recent visit/service. Your office should return the consult report, op report or discharge summary requested and use the designated fax reminder as the cover sheet. Please use the fax number listed in the upper right corner of the reminder page. This fax number is shown only on the reminder fax to providers for each beneficiary consult return request. This is to avoid having providers send documentation on all other TRICARE beneficiaries. ■

Electronic Claims Filing Assistance

TRICARE 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 or www.mytricare.com for more information regarding electronic claims submission. ■

Fast Referrals and Authorizations

Take just a few minutes to become a registered user of the Online Provider Services on the Humana Military Web site at www.humana-military.com. Click on the “Sign Up” link on the right-hand side of the Online Provider Services page to get started. Within just a few minutes, you’ll be ready to set-up new referrals and authorizations,

check on existing referrals and authorizations, and quickly locate specialists and hospitals that meet your referral needs—all online and with the ease that electronic secure access to vital information offers. You, your staff and your patients will be glad when you become a registered user of Online Provider Services. ■

Clinical Studies:

Antimicrobial Prophylaxis in TRICARE Patient Gastric Bypass Surgery

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determining compliance with the CDC guidelines. Timing is defined by IHI as when both times (AMP and incision) are documented for the case. This is compared to the number of patients identified as having received AMP.

Both on-time administration and timing documentation improved over the four-year study period, but have not achieved the desired performance goal. Humana Military

plans to reassess these measures in 2006. With your help, we can continue to improve the care and treatment our TRICARE beneficiaries receive. We encourage you to visit the IHI (www.ihl.org) and CDC (www.cdc.gov) Web sites to learn more about the prevention of SSIs and how your organization can evaluate these same measures for improvement. ■

PCM Central Offers Unique Tools for Primary Care Managers

Wouldn't it be nice if there were one online repository of information and resources that you could reference as you perform your duties as a TRICARE primary care manager (PCM)?

Now there is. Humana Military has created "PCM Central" to provide you and your staff members with the tools you need to manage TRICARE Prime beneficiaries' care effectively.

PCM Central is easy to access. Simply go to the home page of www.humana-military.com, click on "PCM Central" under "Provider Resources." Once there, you will find PCM tools that are not available anywhere else on the Humana Military site.

To access most of these tools, however, you need to establish an online services account. If you haven't already done so, you can register for an account by clicking the "Sign Up" link on the right-hand side of the page. Once registered, you or your staff members can do the following through PCM Central:

- Check on the status of a referral, authorization or claim.
- Enter a new referral or authorization.
- Check a patient's eligibility.
- Check fee schedules.
- Look up diagnosis or procedure codes.

Two other important PCM Central features include "My TRICARE Patient List" and "Review Your Provider Locator Information."

By clicking the My TRICARE Patient List link, you can view a list of your patients and even see all current patient claims.

It is important for providers to keep their demographic information current. So please take a moment to visit the Review Your Provider Locator Information section and update your demographic information (if necessary).

You'll also find the latest headlines, local provider seminar schedules, a link to the *TRICARE Provider Handbook* and more. For a guide on what else PCM Central offers, click the Site Demo link on the right-hand side of the page. ■

Humana Military and PGBA Offer Claims Processing Resources

Humana Military and PGBA want to help all TRICARE providers have a better understanding of claims processing procedures. To reach that goal, we've developed the following resources:

Web Sites

You can obtain the latest information about claims processing, check the status of claims and more, in the Online Provider Services section. Registered users of either the Humana Military Web site or the PGBA Web site (www.myTRICARE.com) can also submit claims electronically.

Since TRICARE network providers are required to submit claims electronically, they get paid faster and have less paper work. Humana Military encourages all providers to take advantage of the benefits of this online claims submission tool.

IVR System

When calling is more convenient, you can use Humana Military's interactive voice response (IVR) system by calling 1-800-444-5445, or you can call PGBA at 1-800-403-3950 and speak to a provider representative to check on the status of claims, confirm the eligibility of a beneficiary, get an explanation of benefits and obtain pricing.

Remit Forms

Another way to ensure a smooth claims processing experience is to review all provider remits closely. The remit form is now easier to read, and it explains how to get a claim reconsidered satisfactorily.

ClaimCheck

During claims processing, PGBA uses the ClaimCheck® system to review claims and ClaimReview®, an automated module in ClaimCheck®, to check for inconsistencies with TRICARE-covered services. For example, the system will compare the procedure code with the diagnosis code. If the codes are inappropriate for each other, the claim will be denied and the remit will say, "Diagnosis Code and Procedure Code combination non-specific or unrelated." To avoid such denials and improve claims submission accuracy, your staff should review the Claims Processing and Billing chapter of the *TRICARE Provider Handbook*. ■

Physicians Shortage Areas Eligible for Bonus Payments

Since June 2003, network and non-network physicians (M.D.'s and D.O.'s) who qualify for Medicare Bonus Payments in Health Professional Shortage Areas (HPSAs) may be eligible for a 10 percent bonus payment for claims submitted to TRICARE. Moreover, since September 2003, podiatrists, oral surgeons and optometrists also have been able to qualify for bonus payments.

Recently, TRICARE determined that network and non-network primary care physicians who qualify for Medicare Bonus Payments in Physician Scarcity Areas (PSAs) may be eligible for a five percent bonus payment for claims submitted on or after Jan. 1, 2005. The five percent bonus payment does not apply to podiatrists, oral surgeons or optometrists.

Providers can determine if they are in an HPSA by accessing the U.S. Department of Health and Human Services, Bureau of Primary Health Care Web site at www.bphc.hrsa.gov, locating the Data Sources section and clicking on the HPSA Database link. There is also bonus payment information, including HPSA and Physician Scarcity Area designations, on the CMS Web site at www.cms.hhs.gov/providers/bonuspayment/.

How Bonus Payments Are Calculated

For those providers who are eligible and located in an HPSA, Humana Military's claims administrator, PGBA, LLC (PGBA), will calculate a *quarterly* 10 percent bonus payment from the total paid amount for TRICARE claims that contain modifier AQ (HPSA) in Box 24d of the CMS-1500 claim form.

For those providers in a Physician Scarcity Area, PGBA will calculate a *quarterly* five percent bonus payment from the total paid amount for TRICARE claims that contains the modifier AR (Physician Scarcity Area) in Box 24d of the CMS-1500 claim form.

Bonus payments will be calculated on TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TRICARE Extra, TRICARE Standard and TRICARE Reserve Select claims and the amount paid by the government on other health insurance (OHI) claims. There can be only one HPSA and one PSA bonus paid for one service. The provider may receive both bonuses for a total of 15 percent on the same service.



When submitting a TRICARE claim for the bonus payment, providers **must** include the AQ or AR CPT modifier in Box 24d of the CMS-1500 claim form. For CPT codes with multiple modifiers, place the AQ or AR modifier last. Only the professional component will be used in the calculation of the bonus payment for services that contain

both a professional and technical component. Those providers who are eligible and do not submit claims with the appropriate modifier will not receive the bonus payment from TRICARE. There are no retroactive payments, adjustments or appeals for obtaining a bonus payment, so be sure to include the bonus payment modifier with your initial claims submission if you are eligible. ■

Got Claims Questions? Here's Where You Can Find the Answers

PGBA, LLC:

1-800-403-3950
For questions regarding claims status, eligibility, OHI, TPL and explanation of benefits

Wisconsin Physicians Service (WPS):

1-866-773-0404
For claims issues involving Medicare

ValueOptions:

1-800-700-8646
For behavioral health claims issues

Humana Military:

1-800-444-5445
For any claims question that involves authorizations issues for medical or surgical services ■

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Humana Military
1-800-444-5445
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

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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TRICARE Reference Room: Eye Examinations

It's important for optometrist, ophthalmologist and primary care manager (PCM) offices to remember the details of TRICARE vision benefits. Here's a quick refresher:

Routine Eye Examinations

CPT Codes: 92002, 92004, 92012, 92014, 92015, 99172, 99173

A routine eye exam is an evaluation of the eyes (including, but not limited to, refractive services) that is not related to a medical or surgical condition or to the medical or surgical treatment of a covered illness or injury. Routine exams are covered annually for active duty service members (ADSMs) and active duty family members (ADFMs) at no cost.

A PCM referral or authorization from Humana Military is not required for TRICARE Prime beneficiaries in most cases unless care is received from a

non-network provider. ADSMs must always have a referral.

The frequency of routine eye exams is tracked on a yearly basis. For example, if an ADFM received an exam on April 1, 2005, the next exam can be scheduled on or after April 1, 2006.

Clinical Preventive Eye Examinations

CPT Codes: 92002, 92004, 92012, 92014, 92015, 99172, 99173

A clinical preventive eye exam is a comprehensive screening for determination of vision on visual acuity, ocular alignment and red reflex, along with external examination for ocular abnormalities. Preventive eye exams are covered every two years for all TRICARE Prime enrollees at no cost. A PCM referral or authorization from Humana Military is not required for TRICARE Prime

beneficiaries in most cases unless care is received from a non-network provider. ADSMs must always have a referral.

The frequency of clinical preventive eye exams is tracked annually by calendar year. If a TRICARE Prime beneficiary received an exam on April 1, 2005, for example, the next exam can be scheduled on or after April 1, 2007.

Well-Child Vision Screenings

CPT Codes: 92002, 92004, 92012, 92015, 99172, 99173

The well-child benefit is available to all TRICARE beneficiaries from birth to age 6 and includes eye and vision screening by a PCM during a routine examination at birth and at approximately 6 months of age. Comprehensive eye examinations are authorized once every two years between ages 3 and 6. ■