

Three Simple Ways to Eliminate Claim Denials

Humana Military and claims contractor PGBA LLC understand that claim denials are frustrating, costly and time-consuming. With that in mind, here are three simple ways to avoid the hassle:

1. Use the Correct Social Security Number

One of the most common reasons for claims denials is an incorrect Social Security number (SSN) for a patient. Providers and staff should use the TRICARE sponsor's SSN when filing a claim and not necessarily the patient's SSN. If the patient is not the sponsor, the patient's SSN will not be on file and the claim will be rejected.

2. Assign Primary and Supporting Codes

PGBA uses the ClaimCheck® system to review claims. ClaimCheck edits for

inconsistencies with TRICARE-covered services. PGBA also uses ClaimReview®, an automated module in ClaimCheck designed to check claims for consistency in specified diagnostic and procedure codes. You can avoid claim line denials by assigning primary and supporting codes that denote the reason for the procedure, as well as any diagnosis that affects treatment.

3. Apply Accurate Coding

When filing claims, you and your staff should use the current procedural terminology (CPT) or health care procedural coding system (HCPCS) 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. When no code exists, it is likely the procedure or service is not covered.

ClaimCheck edits are explained on the remittance advice. You may request verification that the edit was applied correctly by asking for an explanation of ClaimCheck auditing logic. You may also request a medical review to reconsider ClaimCheck edits by writing to:

TRICARE South Correspondence
P.O. Box 7032
Camden, SC 29020-7032

After medical review, Humana Military/PGBA may override the ClaimCheck edit and allow an additional amount to be paid. Remember, network providers are not permitted to bill TRICARE beneficiaries for amounts considered unbundled or incidental by ClaimCheck.

If you have further questions regarding claims editing, contact PGBA directly at 1-800-403-3950 or visit the PGBA Web site at www.myTRICARE.com. ■

XPressClaim Minimizes Errors That Lead to Denials

TRICARE network providers must file beneficiary TRICARE claims, and all claims must be filed electronically. PGBA recommends XPressClaimSM as an electronic filing option that minimizes the errors that can lead to claim denials.

Available at www.myTRICARE.com, the XPressClaim system requires only a computer with Internet access. It is a secure, fast way to submit CMS-1500 claims and to file institutional UB-92 claims.

XPressClaim helps to eliminate denials because edits are made online in real time, that is, while the claim is being filed. If the system recognizes an error when the provider or staff member files the electronic claim, the information in question will be highlighted.

The person filing the claim can then get more information on the edit in question by hitting the F1 key, revising the information and resubmitting. In this way, claims are filed correctly, eliminating the delays involved when claims are rejected and sent back to providers by mail.

With XPressClaim, you also can print a Patient Summary Receipt while the patient is still in the office. The system will adjudicate most TRICARE claims upon submission and provide a clear explanation of what TRICARE allows and what the patient owes.

To sign up for XPressClaim, go to the provider section of www.myTRICARE.com. If you have questions about which electronic claims processing option is best for your office, call PGBA's Electronic Media Claims Help Desk at 1-800-325-5920, select option 2 and identify yourself as a TRICARE provider. ■



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CONTACTS

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

PGBA (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 Sites
www.tricare.osd.mil
www.tricareonline.com

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



Prime Travel Benefit Offsets Travel Costs to Distant Specialists

When referring TRICARE patients to specialists for treatment when care is not available through your office or the local military treatment facility (MTF), there are times when the nearest available specialist provider is located a considerable distance away.

The TRICARE Prime Travel Benefit program can ease the financial burden on beneficiaries when this happens.

Who's Eligible?

The entitlement is available to **non-active duty beneficiaries** enrolled in TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members when they are referred more than 100 miles from their PCM.

For beneficiaries to be eligible for the Prime Travel Benefit, PCMs must first refer them to the specialist, and Humana Military must authorize their specialty care. Long-distance referrals

will only be authorized when there are no network, non-network or MTF specialists available who meet the TRICARE distance or availability (access) standards.

This entitlement **does not apply** to:

- Expenses incurred by active duty service members
- Expenses incurred by active duty family members living with their sponsors overseas
- Travel costs of beneficiaries who are referred under Department of Defense (DoD) treatment programs and reimbursed under other travel entitlements

What Are the Next Steps?

After beneficiaries have obtained a valid referral, they must obtain travel orders from a TRICARE representative at the MTF where they are enrolled or from the TRICARE Regional Office—South if their PCM is a TRICARE civilian network provider.

What's Covered?

Reimbursement is based on travel from the beneficiary's residence to the specialist's office. The benefit pays actual costs for gasoline, parking, tolls, meals, lodging, etc., so beneficiaries must save all travel-related receipts.

A non-medical attendant can travel with and/or drive the patient to the specialty care appointment, if justified by the PCM. The attendant can be a parent, spouse, legal guardian or other family member over age 21. The patient and the attendant cannot be reimbursed for the same travel expenses. If the attendant is a family member and is active duty or a U.S. Government employee, he or she is entitled to TDY allowances (per diem and mileage).

For more information, visit www.humana-military.com or call 1-800-444-5445. ■