

Greater Electronic Access to DoD Uniform Formulary Pharmacy List

TRICARE now provides greater electronic access to the Department of Defense (DoD) Uniform Formulary pharmacy listing to TRICARE civilian providers. With this initiative, TRICARE is making it easier for you to check the formulary tier of a medication in real-time before prescribing it to a TRICARE beneficiary. TRICARE anticipates that the wider accessibility will improve quality of care, reduce the number of unnecessary non-formulary drugs being dispensed and decrease overall costs.

TRICARE providers who currently use an electronic medical records service with an e-prescribing function can now access the DoD Uniform Formulary through RxHub, which may already be a component of your existing service. You are encouraged to check with your service provider to find out if RxHub is offered. The DoD Uniform Formulary can also be accessed at www.pec.ha.osd.mil.

The electronic formulary is the DoD's first step into the e-prescription industry. The long-term goal is for TRICARE providers to directly send prescriptions electronically to all military, mail-order and retail pharmacies. ■

Verifying TRICARE-covered Benefits before Making Referrals

Before you refer a TRICARE beneficiary to a specialist, it's best to verify whether the service or procedure is a TRICARE-covered benefit. TRICARE covers most medically necessary, proven inpatient and outpatient care. However, some medical/surgical services are excluded from coverage while others are subject to significant limitations.

Medically or psychologically necessary services and supplies include those used for the diagnosis or treatment of a covered illness (including behavioral health disorders), injury, pregnancy or well-child care. **Note:** Active duty service members (ADSMs) must always have a referral from their primary care manager for behavioral health care.

The following services and procedures are **excluded** by TRICARE under any circumstance:

- Acupuncture
- Artificial insemination
- Birth control (non-prescription)
- Experimental or unproven procedures
- Foot care (routine)
- Hair transplants
- Laser/LASIK/refractive corneal surgery
- Non-surgical treatment of obesity or morbid obesity

Note: Military treatment facilities have the authority to authorize

non-covered services on a case-by-case basis only for ADSMs.

Some services that are covered but with **significant limitations** include:

- Chiropractic care
- Cosmetic, reconstructive and plastic surgery
- Hearing aids
- Obesity surgery/treatment

Note: These lists are not intended to be all-inclusive.

Cosmetic, reconstructive and/or plastic surgery may be covered if related to correcting a congenital anomaly, restoring body form following an accidental injury, revising disfiguring/extensive surgical scars or reconstructing the breast (e.g., following medically necessary mastectomy).

Hearing aids and related supplies and services may be covered for adult active duty family members with profound hearing loss or a speech recognition score of less than 94 percent when tested. Additionally, dependent children of ADSMs with hearing loss may be covered if they have a 26 dB HL or greater hearing threshold in one or both ears when tested in the frequency range of 500, 1,000, 2,000, 3,000 or 4,000 Hz. More information on hearing aid coverage can be found in the *TRICARE Policy Manual*, Chapter 7, Section 8.2.

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Simplifying the Prescription Mail-order Process

The TRICARE Mail Order Pharmacy program is easy and convenient for TRICARE beneficiaries to use.¹ It enables them to save on prescription costs and may increase their compliance with prescribed medication regimens.

A study published in the *Journal of the American Medical Association* revealed that cost-share changes could affect patients' access to prescription drugs. A mere 10-percent cost-share increase can result in lower drug treatment rates, less usage among current users and more frequent discontinuation. Patients with chronic conditions like congestive heart failure and diabetes who stop taking their medication may require additional costly medical services.

The TRICARE Mail Order Pharmacy program allows beneficiaries to receive up to a 90-day supply of long-term prescriptions at a cost about 66 percent lower than what they would pay at a TRICARE retail network pharmacy. A 90-day supply is dispensed for the same cost as a 30-day supply. Medications are delivered to your patients' front door, and they can order refills by mail, phone or online.

Verifying Mail Order Is an Option

TRICARE providers should first determine how specific prescriptions are covered by TRICARE. You can access the Department of Defense (DoD) Uniform Formulary listing at www.tricareformularysearch.org or through your electronic medical records service. (See the "Greater Electronic Access to DoD Uniform Formulary Pharmacy List" article in this issue for more information.) If the mail-order pharmacy program is appropriate, encourage your patient to register using one of the following options:

- Online: www.express-scripts.com
- By Phone: Member Choice Center at 1-877-363-1433
- By Mail: Express Scripts, Inc.
P.O. Box 52150
Phoenix, AZ 85072-9954

Ensuring Accurate Processing

Mail-order pharmacy prescriptions must include the following information:

- Patient name
- Patient date of birth and/or Social Security number
- Patient address
- Name of the medication
- Medication dosage and instructions
- Date prescription was written
- Provider's signature
- Correct quantity (**Note:** If a prescription is written for a 30-day supply, only a 30-day supply will be shipped.)
- National Provider Identifier and Drug Enforcement Administration numbers

Faxing Prescriptions

Faxed prescriptions must be transmitted from a provider's office to 1-877-895-1900. If it is printed on a colored pad or one with a large non-printable watermark, you must verify that the prescription is readable. Otherwise, it may appear as a completed transaction even if it is not.

The TRICARE Mail Order Pharmacy program allows cost-savings and may increase your patients' compliance with prescribed medication regimens. Talk to your TRICARE patients about the TRICARE Mail Order Pharmacy program today. ■

¹ In most cases, TRICARE beneficiaries with other health insurance are *not* allowed to use the TRICARE Mail Order Pharmacy program.

Verifying TRICARE-covered Benefits before Making Referrals

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While non-surgical obesity treatments are not covered, surgical weight loss procedures (i.e., gastric bypass, gastric stapling, vertical banded gastroplasty and laparoscopic adjustable banding) are covered under certain circumstances. Patients who are 100 pounds or more over their ideal weight and have certain associated serious medical conditions (e.g., diabetes, hypertension or severe arthritis of the weight-bearing joints) and patients at 200 percent or more of their ideal body weight may qualify for weight loss surgery.

Understanding TRICARE coverage guidelines **before** services are rendered is the key to obtaining appropriate reimbursement. For a complete list of procedures excluded by TRICARE, refer to the No Government Pay Procedure Code List on the TRICARE Web site at www.tricare.mil/nogovernmentpay. ■

Providers' Frequently Asked Questions about TRICARE

1. Can I see TRICARE patients in my office? Do I have to be certified?

If you have submitted any claims to the TRICARE South Region claims processor, PGBA, LLC (PGBA) for a TRICARE patient and received payment, you likely are a certified provider for TRICARE and can see patients in your office as a non-network provider. If you have been "networked" by Humana Military Healthcare Services, Inc. (Humana Military) or ValueOptions, Inc. (ValueOptions), you are a contracted provider and preferred for TRICARE Prime beneficiaries who are directed to civilian providers for primary and/or specialty care.

2. Is there a TRICARE fee schedule?

TRICARE has reimbursement/fee schedules for all health care components. TRICARE's fee schedule is most commonly referred to as the CHAMPUS maximum allowable charge and in almost all instances, will mirror Medicare reimbursement. TRICARE provider reimbursement information is available online at www.tricare.mil.

3. How do I check on referrals and prior authorizations for my TRICARE patients?

Providers who are registered users of the secured services available on the Humana Military Web site at www.humana-military.com can check the status of current referrals and prior authorizations for your office. Primary care managers have access to all TRICARE patient referrals for the beneficiaries assigned to their panel. Confirmation can be printed from the Web site if you need it for a patient's chart. Humana Military also provides you with current prescription data for the patient.

4. Am I required to file claims for TRICARE electronically?

TRICARE requires that claims be filed electronically. If you are a TRICARE network provider, you have agreed in your contract to comply 100 percent with electronic media claims (EMCs) submissions to PGBA for TRICARE claims. Humana Military also offers innovative solutions and options to make filing TRICARE EMCs easier. Visit the PGBA and Humana Military Web sites at www.myTRICARE.com and www.humana-military.com, respectively, for more information.

If you are a non-network provider and mailing paper claims to PGBA, there may be delays in processing.

5. What are the best options for filing TRICARE claims electronically?

PGBA has an electronic claims entry option at www.myTRICARE.com that is free and very efficient. Known as XPressClaim™, the service requires one claim entry at a time, but it offers proof of eligibility and a complete breakdown of the allowed charges and any out-of-pocket charges from the patient before you even submit. Turnaround time for processing is less than five days. All you have to do is sign up for the secured services.

An electronic batch claim process called eZ TRICARE Claims is also available free of charge to all network providers at www.humana-military.com.

If you already have a clearinghouse or billing service, you may want to check to see if they are filing TRICARE claims electronically for you. If you or your clearinghouse needs assistance with electronic claims filing for TRICARE, please contact PGBA at 1-800-403-3950 and ask for the EMC Help Desk.

6. Do I have a Provider Representative?

TRICARE network providers in the TRICARE South Region have a provider representative at Humana Military. They provide answers to your questions concerning your contracts and such issues as balance billing, non-covered services, claims and much more. If you do not know who the TRICARE provider representative is for your area, please call the Humana Military Interactive Voice Response Line at 1-800-444-5445. You will be asked to key your tax identification number/employer identification number to confirm that you are a network provider, and you will then be forwarded to your provider representative's phone line. If you are a network behavioral health care provider, please contact ValueOptions at 1-800-700-8646. ■



Humana Military Healthcare Services, Inc.
P.O. Box 740044
Louisville, KY 40201-7444

CONTACTS

Humana Military Healthcare Services, Inc.
www.humana-military.com
1-800-444-5445

Claims
1-800-403-3950
www.myTRICARE.com

Behavioral Health
1-800-700-8646

Pharmacy Customer Service
1-866-DoD-TRRX (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Site
www.tricare.mil

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TRICARE Provider News is published by the TRICARE Management Activity. Please provide feedback at www.tricare.mil/evaluations/feedback.



Cancer Clinical Trials Available to TRICARE Beneficiaries

Through a partnership between the Department of Defense and the National Cancer Institute (NCI), TRICARE beneficiaries are eligible to participate in Phase II or Phase III NCI-sponsored cancer clinical trials.

By recommending these trials, you can offer your TRICARE patients more options for cancer care and greater access to advances in cancer research, prevention and treatment. The trials may be available to TRICARE beneficiaries who have been diagnosed with (or are at an increased risk for developing) cancer.

TRICARE beneficiaries in the following plans are eligible to participate: TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TRICARE Standard and TRICARE Extra, TRICARE Reserve Select, TRICARE For Life and the US Family Health Plan. Active duty service members also may participate in the

NCI trials if they have an approved referral from a military treatment facility primary care manager or a referral approved by the Military Medical Support Office for their branch of the military.

If you are treating an eligible TRICARE beneficiary whom you believe would benefit from participation in a Phase II or Phase III NCI trial, encourage him or her to visit www.tricare.mil/cancertrials for more information.

Prior authorization is required to participate in NCI clinical trials. The NCI Web site at www.cancer.gov lists some of the Phase II or Phase III NCI-sponsored clinical trials, but not all of them. Consult the TRICARE South Region Cancer Clinical Trials case manager at 1-800-779-3060 for a complete listing of available Phase II or Phase III trials or before beginning evaluation or any treatment under a clinical trial. ■