

Cost-Shares Waived for TRICARE Standard Preventive Services

Effective September 1, 2009, and in accordance with the National Defense Authorization Act, TRICARE will waive the out-of-pocket cost-shares for certain clinical preventive services provided to non-TRICARE Prime beneficiaries (not eligible for Medicare).

The clinical services include:

- Covered screening exams, such as colorectal cancer screening, breast cancer screening, cervical cancer screening and prostate cancer screening
- Immunizations
- Well-child visits

Any combination of the above services performed during a visit for the non-TRICARE Prime beneficiary on or after Sept. 1, 2009, will no longer require a TRICARE Standard or TRICARE Extra patient cost-share. Other clinical

services performed during the same visit are subject to the appropriate cost-shares and deductibles.

Humana Military Healthcare Services, Inc. advises provider offices to submit claims without estimating or collecting the cost-share whenever a preventive service is performed to ensure the patient responsibility is determined accurately by the claims processor, PGBA, LLC (PGBA). This will save your office from performing the administrative work of refunding collected cost-shares to beneficiaries.

Claims processed prior to Sept. 1, 2009, and as far back as Oct. 14, 2008, will be handled between the beneficiary and PGBA for any out-of-pocket refunds.

If you have any questions, please contact PGBA at 1-800-403-3950. ■

Photocopying a TRICARE Beneficiary's ID Card Is Legal

As a reminder, when verifying a patient's TRICARE eligibility, always ensure he or she has a valid uniformed services identification (ID) card or Common Access Card (CAC). In addition, be sure to check the expiration date and make a copy of the ID card for your files.

Although some patients may express concern about having their ID cards copied, photocopying a beneficiary's ID card for authorized purposes is legal. Authorized purposes include medical care eligibility determination and documentation, per

U.S. Code Title 18, Section 701, and Department of Defense Instruction Number 1000.13, paragraph 6.1.7. Unauthorized use would exist only if the card bearer uses the ID card to obtain benefits, privileges or access to which he or she is not entitled.

It is important to keep in mind that an ID card alone does not verify TRICARE eligibility. You should also verify eligibility through the "MyHMHS for Providers" section on the Humana Military Healthcare Services, Inc. Web site at www.humana-military.com. ■

Psychological Health of Warriors and Their Families: PTSD, Depression and TBI

The Center for Deployment Psychology (CDP) is offering a one-week training program in Wilmington, N.C., from Jan. 11–15, 2009, for civilian mental health providers. Please visit www.deploymentpsych.org for further updates on location, registration, agenda and other information.



Letter from an Army Chaplain

Dear TRICARE Providers,

I have been with the Army a few years now and would like to say that TRICARE health care providers play a truly important role in the overall welfare of our soldiers, sailors, marines, airmen and their families.

Military life is a difficult undertaking for committed soldiers, who often ignore their own health care concerns and cannot afford to worry about their families' day-to-day health care needs.

Readiness of our troops has never been more apparent than in these trying times. Deployments and repeat tours of duty to various foreign lands cause a great deal of strain on the active duty service member and the families left behind. Those families face hardships that no other career demands—long separations that include missed life events like births, graduations, weddings and such. Limited communications and the ultimate fear that their loved one will not return make it difficult for many of these families to stay on task and keep up with everyday life.

I recently spent a full year in Iraq and counseled many soldiers by trying to provide guidance and comfort.

It became obvious how relieved many of the soldiers were to know their families' health care needs were being addressed with excellent services provided by so many civilian communities throughout the United States. It came up over and over in our talks, starting with the little things like first-time preschool checkups or setting a broken arm from the little league football game, to the more serious prayerful discussions, such as the spouse who needed surgery to remove a cancerous tumor and the sensitivity shown by providers and their staff talking to the soldier by phone.

TRICARE providers and their office staff have achieved and demonstrated understanding and support of the TRICARE program. TRICARE providers have especially shown great compassion and sensitivity to the behavioral health care needs of our active duty service members and their families as a result of post-traumatic stress disorder and traumatic brain injuries.

During this last month of the year and with the ensuing holidays, we give pause to reflect on the military and their relationship with their health care guardians ... our TRICARE providers.

Thank you. ■

Remind Parents to Enroll Newborns within 60 Days

In order for parents to ensure continuous TRICARE Prime coverage for their newborn or newly adopted child, there are certain steps they must take. Please be sure to remind new parents of the following two key steps they must take within 60 days from the date of birth or adoption of their child.

Step 1: Parents should register their child in the Defense Enrollment Eligibility Reporting System (DEERS). A birth certificate or certificate of live birth from the hospital is required to enroll. Parents can contact DEERS at 1-800-538-9552 or go to their nearest uniformed services personnel office for assistance. Parents must complete DEERS registration before enrolling their child in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM). If their child is not registered in DEERS within one year (365 days) from his or her date of birth or adoption, DEERS will show the child as having "loss of eligibility." Therefore,

on day 366, the child will no longer be able to receive TRICARE benefits until he or she is registered in DEERS.

Step 2: Parents should enroll their child in TRICARE Prime or TPRADFM if he or she is eligible. They will need to complete a *TRICARE Prime Enrollment Application and PCM Change Form (DD Form 2876)*. Advise parents to visit their local TRICARE Service Center for an enrollment application or enroll online at <https://www.dmdc.osd.mil/appj/bwe/>. After the 60th day, any child not enrolled in either TRICARE Prime or TPRADFM will be automatically covered by TRICARE Standard and TRICARE Extra.

If your patients need additional information on enrolling newborns and newly adopted children in TRICARE Prime, refer them to www.humana-military.com. ■

TRICARE Coverage of Maternity-Related Ultrasounds

TRICARE covers medically necessary maternity care for eligible beneficiaries, from the first obstetric visit through six weeks after the birth of the child. However, there are specific requirements for coverage and reimbursement of maternity-related ultrasounds.

Routine Ultrasounds Are Not Covered

Some providers offer routine ultrasounds after 16–20 weeks of gestation. However, TRICARE does **not** cover routine ultrasounds or ultrasounds to determine gender. TRICARE only covers medically necessary maternity ultrasounds. If you or your patient is considering an ultrasound without a valid medical indication, the patient may be responsible for payment.

Medically Necessary Ultrasounds Are Covered

Medically necessary indications include, but are not limited to, clinical circumstances that require ultrasounds to do the following:

- Estimate gestational age due to unknown date of last menstrual period, irregular periods, size-date different by greater than two weeks or pregnancy while on oral contraceptive pills (**Note:** Confirmation of estimated gestational age is not a medically necessary indication.)
- Evaluate fetal growth when the fundal height growth is significantly greater than expected (more than 1 cm per week) or less than expected (less than 1 cm per week)
- Conduct a biophysical evaluation for fetal well-being when the mother has certain conditions (e.g., insulin-dependent diabetes mellitus, hypertension, systemic lupus, congenital heart disease, renal disease, hyperthyroidism, prior pregnancy with unexplained fetal demise, multiple gestations, post-term pregnancy after 41 weeks, intrauterine growth retardation, oligo/polyhydramnios, preeclampsia, decreased fetal movement, isoimmunization)
- Evaluate a suspected ectopic pregnancy
- Determine the cause of vaginal bleeding
- Diagnose or evaluate multiple births
- Confirm cardiac activity (e.g., when heart rate is not detectable by Doppler and/or suspected fetal demise)
- Evaluate maternal pelvic masses or uterine abnormalities
- Evaluate suspected hydatidiform mole
- Evaluate the condition of the fetus in late registrants for prenatal care

Billing for Medically Necessary Ultrasounds

If billing with a supervision of a normal pregnancy diagnosis, you must include a secondary diagnosis to establish medical necessity for a fetal ultrasound during a normal pregnancy. Otherwise, the claim will not be reimbursed. Primary prenatal care providers who refer patients for an ultrasound also need to provide the medical diagnosis to ensure proper billing by the rendering provider.

Billing the Beneficiary for Ultrasounds

Network providers who agree to perform an ultrasound without a valid medical indication may bill the beneficiary, if you informed her in advance and in writing that the ultrasound is not covered by TRICARE. For the beneficiary to be considered fully informed, TRICARE regulations require that:

- The agreement is in writing (A verbal agreement is not valid under TRICARE policy.)
- The specific treatment, date(s) and estimated cost of service are documented
- The agreement is documented **before** the specific non-covered services are rendered

Humana Military Healthcare Services, Inc. (Humana Military) recommends using the *TRICARE Non-Covered Services Waiver* form to ensure that all Department of Defense regulatory elements are addressed. The form is available on the provider portal of the Humana Military Web site at www.humana-military.com. Just click on “Tools & Resources,” then “Provider Forms.” Non-network providers should also inform the beneficiary that she will be responsible for paying for a non-covered service and may use the *TRICARE Non-Covered Services Waiver* form to document the payment agreement in writing prior to the service. **Note:** The waiver may not be used for active duty service members.

For additional information and updates on maternity-related ultrasound coverage, visit Humana Military’s Web site at www.humana-military.com or call 1-800-444-5445. ■

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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
1-877-363-1303
www.express-scripts.com/TRICARE

National TRICARE Web Site
www.tricare.mil



Discharges from Inpatient Psychiatric Care

As Humana Military Healthcare Services, Inc.'s behavioral health care partner for the TRICARE South Region, ValueOptions, Inc. (ValueOptions) has initiated a process to encourage all TRICARE beneficiaries to receive follow-up appointments within seven days of discharge from acute inpatient behavioral health care. For patients being discharged from inpatient care, there is potentially a large gap in intensity of services between 24-hours-a-day therapeutic observation and an outpatient appointment possibly weeks later.

Studies show that patients who have a clear understanding of their discharge plan and attend their outpatient follow-up appointments have better outcomes and are less likely to require readmission or to visit an emergency room. For these reasons, the seven-day follow-up visit has become a standard in behavioral health care.

Since continuity of care is so important to clinical outcomes, ValueOptions requests that a follow-up appointment be scheduled within seven days of discharge and be included in the treatment planning for TRICARE beneficiaries being discharged from inpatient care. Because psychiatrists often have very full outpatient schedules, a follow-up visit with a

licensed therapist within seven days (before the scheduled physician visit) is acceptable, as clinically appropriate.

It is important that the outpatient appointment be scheduled and documented before discharge. The documentation should include the provider's name and the date and time of the appointment. The beneficiary should receive this information and understand the importance of continuing treatment before leaving the hospital.

A comprehensive discharge plan and well-informed patient will help to ensure improved overall outcomes. ■

