

## TRICARE's ECHO Benefit Enhanced

The Extended Care Health Option (ECHO) cap has increased for certain benefits in accordance with the National Defense Authorization Act (NDAA) for Fiscal Year 2009.

The NDAA increases the limit from \$2,500 per month to \$36,000 per fiscal year (Oct. 1–Sept. 30) for the following benefits:

- Training
- Rehabilitation
- Special education (which can include applied behavioral analysis services)
- Assistive technology devices
- Institutional care
- Transportation to and from institutions or facilities under certain limited circumstances

The maximum government cost-share for all other ECHO benefits combined remains at \$2,500 per month, excluding the ECHO Home Health Care (EHHC) and the EHHC respite care benefits.

**Note:** Benefits that are available through the basic TRICARE program are not covered under ECHO.

The enhanced ECHO benefit is retroactive to Oct. 14, 2008, the day the NDAA became law. Advise your TRICARE beneficiaries to submit receipts to Humana Military Healthcare Services, Inc. (Humana Military) with claims for authorized ECHO benefits provided on or after Oct. 14, 2008, that exceed the \$2,500 per month limit.

Remember that prior authorization from Humana Military is required for ECHO health care services.

If your TRICARE beneficiaries have additional questions about the ECHO benefit changes, advise them to contact Humana Military. ■

## E-Business for Providers

At Humana Military Healthcare Services, Inc. (Humana Military), we believe that paperless transactions are the wave of the future for our TRICARE South Region providers.

Lately, we've been hearing more about the need to move away from paper in the health care industry and implement more programs that can create, store and move transactions electronically. In consideration of Medicare's goal of total e-business and best business practices for health care claims filing, both Humana Military and TRICARE support the shift to completely paperless transactions.

Many of you have already become proficient in relaying claims electronically through clearinghouses, the Electronic Data Interchange Gateway or one of the Web portals offered by Humana Military or PGBA, LLC (PGBA). However, you may not be aware of other electronic services that are available, such as online provider remittances through [www.myTRICARE.com](http://www.myTRICARE.com) or electronic funds transfer (EFT).

Switching from paper to electronic transactions will allow you to access your transactions any day and any time that's convenient for you. Advantages of electronic transactions include:

- Electronic remittance advice (ERA) is available daily; paper remittances must be mailed.
- ERA files can be downloaded and are secure; paper can be lost in the mail, sent to the wrong office or have missing pages.
- EFT is sent once the transaction is completed, and funds are available immediately.
- EFT is secure and you can determine where the money goes; paper checks can be lost in the mail or sent to the wrong address.

To learn more about electronic transactions or to sign up for EFT, visit [www.myTRICARE.com](http://www.myTRICARE.com). For questions about electronic interface for e-business with electronic media claims (EMC), EFT or ERA, call PGBA's EMC Help Desk at 1-800-325-5920. ■



## Partial Hospitalization: An Option that Provides Support

When a patient needs additional behavioral health care support and assistance, a partial hospitalization program (PHP) is one of the available options.

TRICARE's PHP benefit provides up to 60 treatment days per fiscal year (Oct. 1–Sept. 30) or in a single admission for a TRICARE-authorized psychiatric PHP program. This 60-day limit does **not** count toward TRICARE's inpatient treatment limits of 30 days for adults and 45 days for patients age 18 or younger per fiscal year. For substance use disorders, the PHP benefit provides up to 21 treatment days per fiscal year.

A PHP can help stabilize a patient's critical behavioral health disorder or help a patient transition from an inpatient program to an outpatient program. In a PHP, a patient receives medical therapeutic services at least three hours per day, up to five days per week. Treatment may include full- or half-day programs and can take place during the day, evening, night or weekend.

Because there are no "emergency" admissions to a PHP, prior authorization is required for all PHP admissions. Prior authorization is also required when a behavioral health care facility transfers a patient internally to a lower level of care.

Please be aware that a limited number of TRICARE-authorized PHPs are available. To view a current listing of TRICARE-authorized PHPs, substance use disorder rehabilitation facilities and residential treatment centers, visit the Maximus Web site at [www.maximus.com/nqmc/pages/mentalhealthinfo.asp](http://www.maximus.com/nqmc/pages/mentalhealthinfo.asp). The listings are located in the "Mental Health Facility Listings Reports" section under the TRICARE logo.

For more information about PHPs, refer to Chapter 7, Section 3.6, of the *TRICARE Policy Manual*. ■



## Reminder: Medical Marijuana Prohibited by Federal Law

While there are many who believe in the medicinal effects of marijuana, its use for the treatment of various ailments does not come without controversy. Although some states have enacted laws legalizing medical marijuana for treating patients with serious illnesses like AIDS, cancer, glaucoma and chronic pain, it is still prohibited under federal law and therefore for all TRICARE beneficiaries.

Under U.S. law, marijuana is classified in the most restrictive category of controlled substances because of its potential for abuse. Furthermore, its therapeutic value has not been widely studied, and its safety and effectiveness are not proven.

The National Institutes of Health (NIH) has suggested that more studies be conducted and that the immediate and long-term effects of smoking marijuana be examined.

According to the NIH, studies are needed to evaluate the therapeutic potential of medical marijuana in the following five areas:

- Pain relief
- Neurological/movement disorders
- Chemotherapy-induced nausea and vomiting
- Glaucoma
- Appetite stimulation to counteract weight loss due to AIDS or cancer

Because the use of medical marijuana is illegal and its safety and effectiveness have not been established, it is **not** a treatment option for your TRICARE patients. Offer your patients appropriate, TRICARE-authorized services and medications to treat serious illnesses and chronic pain. ■

## Treating Multicultural Patients

**A**s a provider in the TRICARE South Region, the population you serve is culturally diverse. In fact, the Department of Defense indicates that about one-third of today's active duty service members are minorities.<sup>1</sup> Historically, many minorities are reluctant to seek treatment for behavioral health issues, and this challenge is compounded by the stigma that service members and their families may attach to behavioral health treatment.

To ensure optimal care for patients from different cultures or ethnicities, the American Psychological Association<sup>2</sup> recommends the following:

- Assess and review your own cultural values, norms and biases.
- Access multicultural training and consult with appropriate experts.
- Be aware of your patients' cultural beliefs, values and biases.
- Examine what cultural, societal and political conflicts are occurring globally and/or in your patient's world that may impact his or her mental status and behavior.

- Educate your patients about the therapeutic process and clearly communicate your objectives orally, and in writing if possible, in the language they prefer.
- Complete a thorough assessment that includes specific cultural issues, e.g., generational history, language fluency, acculturation and stress related to living and/or interacting with different cultures.
- Assimilate this information to identify appropriate interventions that incorporate cultural ideas, metaphors and rituals in the psychodynamic process.

While treating patients from different cultures can be challenging, treating service members and their families can be even more so since the military has a unique culture of its own. However, you can meet these challenges through education, understanding, awareness and flexibility. ■

<sup>1</sup> [www.defenselink.mil/news/newsarticle.aspx?id=50571](http://www.defenselink.mil/news/newsarticle.aspx?id=50571).

<sup>2</sup> [www.apa.org/pi/oema/programs/empa\\_ptemp.pdf](http://www.apa.org/pi/oema/programs/empa_ptemp.pdf) and [www.apa.org/pi/oema/guide.html](http://www.apa.org/pi/oema/guide.html).

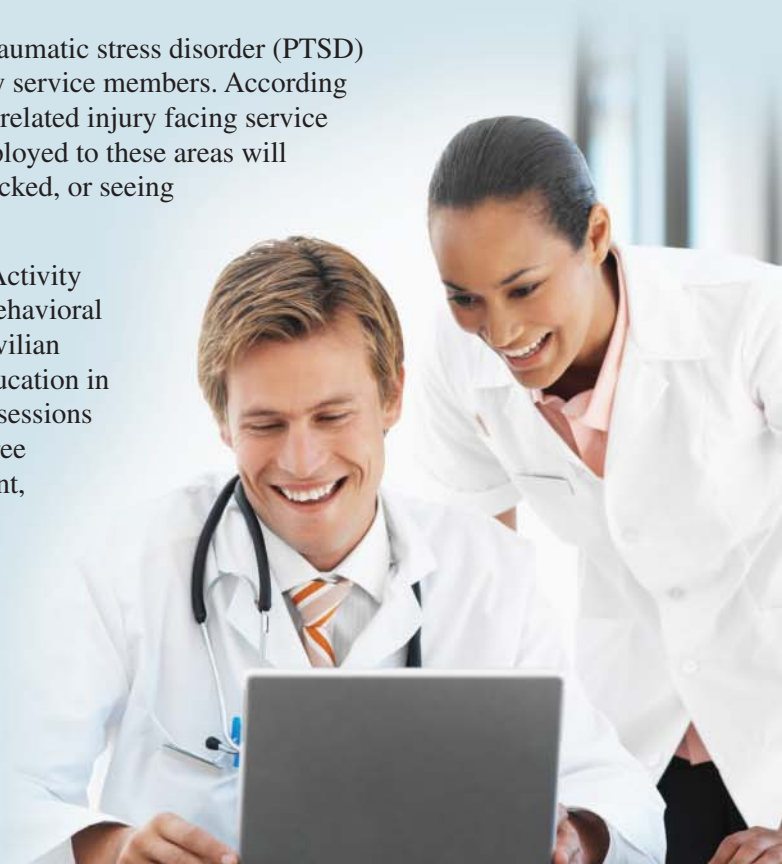
## Online Training Available for Civilian Behavioral Health Care Providers

**W**ith the ongoing conflicts in Iraq and Afghanistan, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) affect many active duty service members. According to the Department of Defense, TBI is the most common combat-related injury facing service members today.<sup>1</sup> Additionally, many of those who have been deployed to these areas will experience something traumatic, such as being ambushed or attacked, or seeing someone critically injured or killed.

To aid returning service members, the TRICARE Management Activity (TMA) has created an online pilot program to educate civilian behavioral health care providers about PTSD and TBI. TMA created the Civilian Provider Education Portal at [www.health.mil/civilianprovidereducation](http://www.health.mil/civilianprovidereducation) in response to several successful on-site behavioral health training sessions it conducted throughout the United States. The program offers free continuing medical education to civilian providers in a convenient, online setting.

To learn more about PTSD and TBI and to earn up to 17 continuing medical education units, visit [www.health.mil/civilianprovidereducation](http://www.health.mil/civilianprovidereducation). ■

<sup>1</sup> [www.health.mil/Press/Release.aspx?ID=591](http://www.health.mil/Press/Release.aspx?ID=591).



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1-800-444-5445

**Claims**  
1-800-403-3950  
[www.myTRICARE.com](http://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](http://www.express-scripts.com/TRICARE)

**National TRICARE Web Site**  
[www.tricare.mil](http://www.tricare.mil)



## Preventive and Routine Health Care Services

**T**RICARE Prime beneficiaries have a wide variety of preventive and routine services available to keep them healthy and help identify potential problems down the road. It is therefore important to understand the differences between preventive and routine health care and how TRICARE covers each.

### Preventive Services

Preventive services are a covered benefit to help beneficiaries stay healthy. Preventive care includes diagnostic procedures, such as cancer and cardiovascular screenings, hearing screenings (for high-risk neonates), immunizations, well-child care and infectious disease screenings.

There are limitations on the frequency of preventive care, and coverage varies depending on whether a beneficiary is using TRICARE Prime, TRICARE Standard or TRICARE Reserve Select.

Preventive services are provided without referrals, except when active duty service members seek care from civilian providers.

### Routine Services

TRICARE defines routine care as any care that is not for an urgent or emergency situation. Routine services may be covered if there is an underlying medical necessity and if the service is covered by TRICARE.

Some of the routine services covered by TRICARE include individual provider services (e.g., office visits, consultations, diagnosis and treatment by specialists), allergy testing and treatment, osteopathic manipulation (except for chiropractic care), rehabilitation services and medical supplies used within the office.

A referral or authorization may be required for some routine services. Refer to the Humana Military Healthcare Services, Inc. Web site at [www.humana-military.com](http://www.humana-military.com) for referral and authorization requirements—and to request a referral or authorization if necessary.

When billing for these services, remember that TRICARE coverage is based on medical necessity, and diagnoses should reflect that. Be sure to use the correct Current Procedural Terminology (CPT<sup>®</sup>) and ICD-9 codes when billing and choose a specific diagnosis.

For more information about preventive and routine health care services, refer to the “Medical Coverage” section of your *TRICARE Provider Handbook* or check [www.humana-military.com](http://www.humana-military.com) for the latest updates. ■