

Preventive and Routine Health Care Services

TRICARE beneficiaries are covered for a variety of preventive and routine services to keep them healthy and help identify potential problems down the road. To provide the best care to beneficiaries, it is important for you to understand how TRICARE covers each of these services.

Preventive Care

Preventive care services are covered benefits that help patients stay healthy. They include services that are not designed to treat specific illnesses, injuries or symptoms, but are performed as periodic health screenings or assessments. Preventive care services include diagnostic procedures such as cancer and cardiovascular screenings, immunizations, well-child care, infectious disease screenings and clinical preventive medical exams.

TRICARE has established limitations on the frequency of preventive care for beneficiaries, and coverage varies depending on the beneficiary's TRICARE plan option (e.g., TRICARE Prime, TRICARE Standard). **Note:** When receiving care from a network provider, preventive care services do not require referrals, with the exception of active duty service members, who require prior authorizations for civilian care.

Ambulance Service Coverage

In times of emergency, TRICARE covers ambulance services for the provision of your patients' health care. Please be aware that TRICARE covers ambulance services for the following conditions:

- Emergency transport to a hospital
- Transfer from one hospital to another hospital more capable of providing the required care as ordered by a physician
- Transfers between a hospital or skilled nursing facility (SNF) and another facility for outpatient therapy or diagnostic services ordered by a physician
- Transfers to and from a SNF when medically indicated

Routine Care

TRICARE defines routine care as any care that is not for an urgent or emergency situation. Many routine services are covered if there is an underlying medical necessity. TRICARE-covered routine services include individual provider services (e.g., office visits, diagnosis and treatment by specialists), allergy testing and treatment, and rehabilitation services, to name a few.

A referral or authorization may be required for some routine services. Refer to Humana Military Healthcare Services, Inc.'s Web site at www.humana-military.com for referral and authorization requirements.

When billing for these services, remember TRICARE coverage is based on medical necessity, which should be reflected in diagnoses billed. Be sure to use the correct Current Procedural Terminology (CPT®) and ICD-9 codes when billing, and select a specific diagnosis. For more information, refer to the "Medical Coverage" section of your *TRICARE Provider Handbook*. ■

Note: Payment for ambulance transfers to and from a SNF may be included in the SNF prospective payment system (PPS).

Air or boat ambulances are only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the patient to the nearest hospital with appropriate facilities, and the patient's medical condition warrants speedy admission or if a transfer by other means is contraindicated.

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Ambulance Service Coverage

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TRICARE does **not** cover ambulance services for the conditions listed below:

- Nonemergency ambulance services used instead of a taxi service or other normal transportation when the patient's condition permits
- Transport or transfer of a patient primarily for the purpose of having the patient closer to home, family, friends or a physician
- Any type of medicabs or ambicabs that function as public passenger services transporting patients to and from medical appointments

The benefit does allow consideration of medical necessity in complex cases.

For more information about ambulance services, refer to Chapter 8, Section 1.1 of the *TRICARE Policy Manual* at <http://manuals.tricare.osd.mil>. You can also visit Humana Military Healthcare Services, Inc.'s Web site at www.humana-military.com or call 1-800-444-5445. ■

Network Provider Contract Language

If you are a TRICARE network provider, you serve TRICARE beneficiaries through a contract with Humana Military Healthcare Services, Inc. (Humana Military). As our network of providers grows, TRICARE aims to ensure that all current and new network providers are aware of their responsibilities.

Balance Billing

Balance billing occurs when a provider bills a beneficiary for the remainder of charges after the beneficiary's civilian health insurance plan or TRICARE has paid its maximum allowance. Please note that federal law **prohibits** TRICARE network providers from engaging in this practice with TRICARE beneficiaries, unless patients have submitted signed, specific non-covered service waiver forms.

National Provider Identifiers

Network providers are required to use their National Provider Identifiers (NPIs) when submitting claims to TRICARE. NPIs are the 10-digit numbers that serve as unique identifiers used to recognize providers in standard electronic claims. NPIs eliminate the need for providers to use multiple identifiers when submitting claims for various health plans. This simplifies health care administration

by enabling more efficiency in electronic transmissions for health care claims, referrals, enrollment and eligibility information and other managerial transactions.

Privacy and Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the release of protected health information without patient authorization in the cases of treatment, payment and health care business. Provisions are in place for providers to follow to help protect patient privacy, control fraud and abuse and simplify administrative health care processes.

Provider Data

TRICARE asks that as a network provider, you keep us informed of changes to your practice, including when you add other physicians, begin to provide new services or operate from a new location. Keeping TRICARE updated on any changes is vital to our ability to refer our patients properly, find you on the TRICARE provider locator and ensure that your claims are paid promptly and correctly.

To update your information, visit the provider portal on the Humana Military Web site at www.humana-military.com. ■

Credentialing Criteria for Providers

To ensure beneficiaries have access to a quality health care network, Humana Military Healthcare Services, Inc. (Humana Military) requires all physicians, licensed independent practitioners and certain facilities within the TRICARE network to meet credentialing criteria. Credentialing is the process of obtaining and reviewing the documentation (e.g., licensure, educational degrees, certifications, malpractice insurance) of health care providers to validate their qualifications. Humana Military providers are credentialed in accordance with URAC Health Network Standards, as well as TRICARE and Humana Military requirements.

Credentialing involves much more than just board certification and licensure. The process includes reviewing information submitted by the provider and verifying the information is correct and complete. Humana Military ensures you meet the specific criteria and prerequisites defined by Humana Military's Credentialing Committee for determining initial and ongoing participation in our network.

Humana Military's policy requires all providers within the scope of the credentialing plan and not under delegation for credentialing to complete and submit an application for consideration of participation. Humana Military has a standardized provider application; state applications are acceptable as well, as long as the Humana Military *Mandatory Questionnaire* and *Consent and Release*

Attestation Form are also completed. You can submit applications to Humana Military by mail or fax.

Providers must go through a recredentialing process at least every three years, which includes the reverification of credentialing information that is subject to change over time. For both initial credentialing and recredentialing, it is important to remember that licensure, malpractice/professional liability insurance, board certification, DEA registration and state-controlled substance registration must be current at the time of the credentialing decision. Additionally, the attestation signature date and some verifications are subject to timeliness and cannot be more than 180 days old at the time of the credentialing decision. These verifications include board certification, licensure, licensure sanctions, malpractice history, Medicare and Medicaid sanctions and validation of work history.

Humana Military strives to process each application in the timeliest manner possible. However, the processing time varies based on the completeness of the application, when it is received, the promptness of sources providing verifications and other factors.

For more information on Humana Military's credentialing process, please visit www.humana-military.com or call 1-800-444-5445. ■

Find Us on Facebook and Twitter

Humana Military Healthcare Services, Inc. (Humana Military) recently launched a company Facebook page and joined Twitter to connect with patients and partners in the increasingly popular social media and networking world.

"Social media is here to stay, and it is important for companies to engage their customers and meet them where they are actively spending their time," said Dave Baker, president and CEO of Humana Military. "We want to be accessible and provide information to our military families in settings that are convenient for them."

Facebook and Twitter allow you to find information on the TRICARE benefit, learn more about our company and

connect with other beneficiaries and providers. Topics to be found on Facebook and Twitter include:

- Changes to TRICARE benefits
- Behavioral health information and links
- National Guard and Reserve information
- Company background, sponsorships and upcoming events

We invite you to find us on Facebook by searching keywords "Humana Military" and follow us on Twitter at @HumanaMilitary. ■

Humana Military Healthcare Services, Inc.
P.O. Box 740062
Louisville, KY 40201-7462

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

National TRICARE Web Site
www.tricare.mil



Are You a Registered Member of myTRICARE.com?

If you are not yet a member of myTRICARE.com, complete your instant registration and start managing your TRICARE business online today!

You can use myTRICARE.com to:

- Check eligibility, other health insurance, catastrophic cap and deductible information for your TRICARE patients
- Check the status of your TRICARE patients' authorizations and referrals
- Send confidential, secure e-mails with questions about specific claims through the "AskUs" feature and receive prompt responses in your personal, secure myTRICARE.com mailbox
- File both CMS-1500 and UB-04 claims for free through XPressClaim™ and receive electronic remittance advice and faster payment with electronic funds transfer
- Manage your TRICARE provider files (e.g., change your address or other demographic information)

- Submit your National Provider Identifiers
- Create, view, download and print unique accounts receivable reports with dataMart, and sort information the way you want it—by date range, patient's name, account number, etc.
- View the status of claims

To register, go to www.myTRICARE.com, click on the "Provider" tab and select the South Region. Next, click on "Register Now" in the right navigation bar, and follow the click-through instructions for TRICARE providers. To complete the process, you will need your tax identification number, as well as the dates of birth and claim numbers for two patients treated at your location.

For additional information, you can view tutorials about myTRICARE Secure, XPressClaim and dataMart through myTRICARE.com. ■