

## Protecting the Privacy of Your TRICARE Patients

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a federal law that protects patient privacy. It outlines the specific reasons for which providers can use protected health information (PHI) without written authorizations. These include treatment, payment and some health care-related activities such as appointment scheduling and patient billing. Moreover, HIPAA prohibits sharing PHI with outside sources for marketing, research or any other purpose without the beneficiary's written consent.

Under the HIPAA Privacy Rule, the beneficiary has the right to:

- Receive a copy of the Military Health System (MHS) Notice of Privacy Practices

- Request access to PHI
- Request amendment of PHI
- Request an accounting of PHI disclosures
- Request restrictions on PHI use and disclosure
- File a complaint regarding any privacy infractions

To find the MHS Notice of Privacy Practices and additional information on HIPAA and TRICARE privacy standards, visit [www.tricare.mil/hipaa](http://www.tricare.mil/hipaa). ■

## Provider Tools and Resources

You can find TRICARE information and downloadable forms and materials on the Humana Military Healthcare Services, Inc. Web site at [www.humana-military.com](http://www.humana-military.com).

In the public "Tools and Resources" section, you will find the following materials:

- *TRICARE Provider Handbook*
- TRICARE provider charts (job aids)
- Provider newsletters and bulletins
- Provider forms

The most recent *TRICARE Provider Handbook* is searchable by key phrase, making it easy to find answers to questions or directions to the correct service.

Our provider charts cover the most pertinent information from the handbook and highlight important aspects of provider transactions. Information is bulleted for quickly locating phone or fax numbers and addresses you may need. The handbook and charts are downloadable for printing.

Provider newsletters and bulletins are posted upon monthly release and archived by article title for the entire year. Provider newsletters and bulletins include up-to-date changes and educational information regarding the TRICARE program.

The "Tools and Resources" page also contains a list of provider forms. These include:

- *Case Management Medical Referral Form*
- *EDI Support Documentation Form* (for additional documentation needed with an electronic claims submission)
- *Non-Covered Services Waiver Form*
- *Reconsideration Cover Sheet/Tip Sheet* (for rejected claims)

Other forms are also available and updated on a regular basis. Downloading and printing copies for your office ensures you have a current and ready supply of forms when needed.

We also offer an Online Learning Center, Provider Seminars, fraud and abuse reporting options and information on how to become a TRICARE provider. Each of the topics at "Tools and Resources" has related links to other Web pages or sites for additional information. These are located at the bottom of each Web page. ■

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## Avoid Denied or Duplicated Claims

**B**y avoiding common claims-filing errors, you can help expedite the reimbursement process. When filing, be sure to adhere to the following guidelines.

- **Register to file your claims online.** All TRICARE network providers must file claims electronically. All other TRICARE providers are strongly encouraged to file electronically. Filing electronically provides instant feedback, which produces more accurate claims that are efficiently processed.
- **Check the claim's status before resubmitting.** Do not resubmit your claim before checking the status at [www.myTRICARE.com](http://www.myTRICARE.com) or by calling Humana Military Healthcare Services, Inc.'s (Humana Military) toll-free Interactive Voice Response system at 1-800-444-5445. Unnecessarily resubmitting a claim can result in duplicate claims.
- **Do not send a claim to more than one region.** If you provide health care services to a TRICARE beneficiary who resides in or is enrolled in a different region, submit reports and claims information to his or her home region, not the region in which he or she received care. Your patient will remain responsible for paying the applicable cost-share for services rendered.
- **Wisconsin Physicians Service (WPS) is the claims processor for all TRICARE For Life beneficiaries.** Submit claims to [www.tricare4u.com](http://www.tricare4u.com). If you submit claims to Medicare for your patients, you will not need to submit claims to WPS.
- **When submitting claims electronically, be sure to use your National Provider Identifier (NPI).** As a provider, you must use your NPI on HIPAA standard electronic transactions. If a patient is referred to you for treatment, include the referring provider's NPI on your transactions.
- **Other health insurance (OHI):** If the TRICARE beneficiary has OHI, submit claims directly to the OHI. For more information on OHI, visit [www.tricare.mil](http://www.tricare.mil) or [www.humana-military.com](http://www.humana-military.com).
- **Use the correct Social Security number (SSN).** An incorrect SSN will likely cause a claim to be denied. TRICARE requires providers to file claims using the sponsor's SSN, unless the patient is a TRICARE-eligible former spouse. Use the beneficiary's SSN for former spouses. All TRICARE beneficiaries have uniformed services identification cards that provide the sponsor's SSN.
- **Apply accurate coding.** Use the Current Procedural Terminology (CPT<sup>®</sup>) or Healthcare Common Procedure Coding System (HCPCS) codes that most accurately describe the procedure or service performed. Do not select codes that approximate the service, and avoid using unlisted or

miscellaneous codes. When no code exists, it is likely the procedure or service is not covered.

- **Assign primary and supporting codes.** You can avoid claims denials by assigning primary and supporting codes that denote the reasons for the procedures, as well as diagnoses that affect treatments.
- **Use proper V codes.** A V code can be submitted as the primary diagnosis when it explains the reason for the visit (e.g., a routine well-child checkup). When submitting a claim with a V code for an ancillary service, list the underlying medical condition as the primary diagnosis. For example, if you submit a claim with the V code for a radiologic exam, you must include a primary diagnosis, such as chest pain, to explain the reason for the X-ray. For preventive services, a V code that describes a personal or family history of a medical condition is sufficient as a primary diagnosis.
- **Verify important information.** When submitting your claim, verify the following: date of service, patient's name, date of birth, SSN, contact information and address, total amount billed, rendering physician and your Tax Identification Number.
- **Consult your *TRICARE Provider Handbook* and the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) for detailed claims-processing information.** Stay up to date on region-specific tools to facilitate the filing process, and reach out to Humana Military when necessary. ■



## Tips for MyHMHS for Providers Web Site Administrators

The Humana Military Healthcare Services, Inc. (Humana Military) Web site at [www.humana-military.com](http://www.humana-military.com), features *MyHMHS for Providers*, a secure Web portal where health care providers can perform a variety of functions, including:

- Verifying patient eligibility
- Entering requests for new patient referrals and authorizations
- Checking or updating existing referrals and authorizations
- Looking up diagnosis codes
- Checking authorization requirements by procedure code
- Registering and maintaining National Provider Identifiers
- Updating contact preferences
- Linking to electronic claims submission options
- Accessing lists of enrolled TRICARE patients by primary care manager

Administrators have access to all of the standard features on the *MyHMHS for Providers* Web site. They also have additional use-monitoring privileges for their provider identification (ID), including the ability to:

- Review, approve or reject access requests
- Monitor users and deactivate them when necessary

## Submitting Claims for Injectable Drugs

Medicare and Medicaid require providers who furnish and dispense injectable drugs to include the most relevant National Drug Code (NDC) number on the claims whether they are submitted on paper or electronically. TRICARE conforms with the Centers for Medicare and Medicaid (CMS) requirements by ensuring the same billing for drug-related services is applied to all claims submitted on paper or electronically. The required NDC number (usually 11 digits) is located on the label or invoice sheet from the medication supplier. Providers must also include the quantity, the package/unit amount and dose dispensed when submitting the claim. This information is vital to ensuring the provider is reimbursed correctly.

Injectable drugs sometimes have several NDC numbers assigned, all with varying package/unit prices and suggested dosages. The drug description may also include a suggested dosage by age or frequency. However, the claim will be determined by the calculation of the drug reimbursement by the NDC and the correlating package/unit dispensing amount provided by your office. Humana Military Healthcare Services, Inc. (Humana Military) makes every effort to

Becoming an administrator streamlines the internal access process and puts the control in your hands. You can become an administrator, by contacting a Humana Military Provider Education Representative by calling 1-800-444-5445.

Once you are a registered administrator, you will receive a Site Administrator Web link unique to your Tax ID Number. When staff members register for the Web site, their requests will go directly to you for approval. There is no limit on the number of registered administrators for each Tax ID Number.

Your staff can also access the *MyHMHS for Providers* Web site without an administrator through:

- **The MyHMHS Web site.** Staff can enter the authorization/order number and key code provided on a fax referral from Humana Military when prompted by the registration wizard.
- **An on-site Humana Military Provider Education Representative.** Provider representatives can grant staff members access.

To access the *MyHMHS for Providers* Web site, visit [www.humana-military.com/south/provider](http://www.humana-military.com/south/provider) and click on "Explore MyHMHS." ■

complete claims for adjudication, even when information is missing. Humana Military may reject claims with missing information and request that your office resubmit.

For more information about billing drug-related services, refer to the *TRICARE Reimbursement Manual*, which is available at [www.tricare.mil](http://www.tricare.mil). ■



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## CONTACTS

**Humana Military  
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[www.humana-military.com](http://www.humana-military.com)  
1-800-444-5445

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

**Behavioral Health**  
1-800-700-8646

**TRICARE Pharmacy Program**  
1-877-363-1303  
[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)

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



## TRICARE Covers School Physicals

**B**oth public and private schools in the United States may require children to have comprehensive physical examinations before enrolling. Health care providers play a key role in informing and advising parents and guardians of medical requirements for school-aged children.

TRICARE covers physicals that are required for school enrollment for children ages 5–11. However, TRICARE does not cover physicals for children outside of this age range, even if the examinations are required for school enrollment. Additionally, TRICARE does not cover physicals required for children of any age to participate in sports.

School systems require physical examinations to ensure that children are in good health and have received the proper immunizations. These exams also help screen potential health problems and risks that may affect students and their families, as well as school faculty and staff. In most cases, the physical must be completed before the child enters kindergarten or the first year of school. Parents and guardians may need to provide the school with a copy of the physical-examination report or with a letter from the health care provider confirming that the examination was administered during a specified time period.

Standard office-visit evaluation and management Current Procedural Terminology (CPT<sup>®</sup>) codes (99201–99205 and 99211–99214) apply for covered school physicals. However, health care providers should be aware that payments for covered school physicals may not exceed what would have otherwise been reimbursed for comprehensive preventive medicine services (CPT codes 99383 and 99393). ■

