

## Expanding Beneficiary Access to TRICARE Providers

**Y**ou can help TRICARE beneficiaries expand their access to new providers by encouraging your colleagues to become TRICARE-authorized. Nearly any provider with a valid, current professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized. If your non-TRICARE-affiliated colleagues are interested, they should contact Humana Military Healthcare Services, Inc. (Humana Military) at 1-800-444-5445 to learn more about requirements. To access information and forms, they can also visit [www.humana-military.com](http://www.humana-military.com).

TRICARE-authorized providers are also eligible to pursue network participation. To join the TRICARE network, your non-network colleagues will need to sign an agreement with Humana Military. Network providers file claims for TRICARE beneficiaries and accept the negotiated fee as payment in full. Joining the TRICARE network may be the best choice

for non-network providers, because they will typically be able to treat both TRICARE Standard and TRICARE Prime beneficiaries. In most instances, TRICARE Standard beneficiaries may see any TRICARE-authorized provider—network or non-network—without a referral. However, TRICARE Prime beneficiaries who wish to see non-network providers must obtain referrals or pay additional fees.

TRICARE beneficiaries may get provider recommendations from friends or neighbors and call your office to determine if you accept TRICARE. Make sure your office staff knows which providers in your practice accept TRICARE, as well as which providers are members of the TRICARE network. Knowing this information helps facilitate the scheduling of appointments, assists in specialty health care coordination and ensures more timely claims payments. ■

## TRICARE Offers Surgical Options for Weight Loss

**O**besity is a major health issue in the United States—excess weight is associated with many common diseases such as diabetes, hypertension, heart disease and some types of cancers. The TRICARE program recognizes that surgical procedures for weight control may be the best options to preserve the health of some beneficiaries. For any beneficiary who medically qualifies and for whom medical necessity is determined, TRICARE covers the following procedures:

- Gastric bypass
- Gastric stapling
- Gastroplasty procedures, including vertical banded gastroplasty and laparoscopic adjustable gastric banding (also known as Lap-Band® surgery)<sup>1</sup>

### Qualifications

Weight-loss procedures are covered for TRICARE beneficiaries who are morbidly obese and meet specific

medical criteria.<sup>2</sup> To qualify medically, beneficiaries must weigh 100 pounds or more than their ideal weight for height and bone structure and have one of these associated medical conditions: diabetes mellitus, hypertension, cholecystitis, narcolepsy, Pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders or severe arthritis of the weight-bearing joints. Beneficiaries who weigh more than twice their ideal weight for height and bone structure may qualify without having an associated medical condition. Additionally, TRICARE covers surgery for beneficiaries who had previous intestinal bypass or other surgical procedures for obesity and, because of complications, require a second surgery.

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## TRICARE Offers Surgical Options for Weight Loss

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Patients who undergo weight-loss surgeries must follow specific dietary regimens, which may interfere with the operational deployment of active duty service members (ADSMs). Therefore, these procedures are not covered for ADSMs. If an ADSM has bariatric surgery without Military Health System authorization (e.g., by using other health insurance carried by a spouse), he or she is permanently nondeployable and may be considered for separation from the military.

### Non-Covered Services

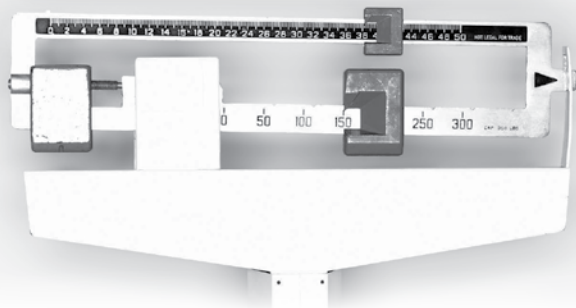
Please note that TRICARE does not cover the following procedures:

- Nonsurgical treatment of obesity or morbid obesity
- Dietary control for weight reduction
- Biliopancreatic bypass and gastric bubble or balloon for the treatment of morbid obesity

### Addressing Obesity

TRICARE patients who are interested in learning about their weight-loss options through physical activity and healthy eating can visit TRICARE's Get Fit Web site at [www.tricare.mil/getfit](http://www.tricare.mil/getfit) for tips. ■

1. TRICARE Policy Manual, Chapter 4, Section 13.2
2. *Note: The TRICARE Policy Manual is in the process of being updated with new definitions for obesity.*



## Providing Medical Records for National Quality Monitoring

Occasionally, Humana Military Healthcare Services, Inc. (Humana Military) may request medical records from your facility to provide to the TRICARE National Quality Monitoring Contractor (NQMC). The NQMC reviews care provided by TRICARE network providers on a limited basis and provides the government with an independent, impartial evaluation of the care provided to beneficiaries within the Military Health System.

If you receive a letter from Humana Military requesting medical records, please read it carefully. The letter contains important instructions and contact information. After receiving the letter, you will be required to submit the complete medical record requested within 30 days of the letter's date. If you do not send the record, Humana Military will recoup any payments you have received.

A complete medical record includes but is not limited to:

- Treatment consent forms
- Physician's order sheets
- Patient rights forms

- Assessments
- Treatment plans
- Medication administration records
- Lab orders and results
- Progress notes
- Operative reports
- Anesthesia records
- Pathology reports
- Documentation regarding any special treatment procedures
- Consultations
- Discharge plans

To help with the cost of copying and postage, Humana Military will reimburse you at \$0.12 per page plus the cost of first-class postage. If you receive a medical-records request, please respond promptly to ensure that action is not taken to recoup your payments for those services. Humana Military thanks you for your cooperation. ■

# Use Your National Provider Identifier When Submitting TRICARE Claims

**H**umana Military Healthcare Services, Inc. (Humana Military) would like to remind you that you are required to use your National Provider Identifier (NPI) when submitting claims to TRICARE. Your NPI is the unique 10-digit number that serves as the identifier used to recognize you on standard electronic claims. NPIs eliminate the need to use multiple identifiers when submitting claims for various health plans. This tool simplifies health care administration by enabling more efficiency in electronic transmissions for health care claims, referrals, enrollment and eligibility information and other managerial transactions.

All submitted claims must include at least one of two types of NPIs.

## NPI Type 1: Individual Health Care Providers

NPI Type 1 refers to those who furnish billable services or who may initiate and/or receive referrals. Examples of NPI Type 1 include an individual doctor or a sole proprietorship.

## NPI Type 2: Organizational Health Care Providers

NPI Type 2 is used to identify a company, hospital, health care facility or other organizational provider. Examples include military treatment facilities that have authority to bill; generate ambulatory data records and third-party bills; generate or perform referrals; provide health care services; or have pharmacy-dispensing locations.

**Note:** In a group-practice setting, both NPIs must be submitted with claims.

Though the vast majority of TRICARE providers are correctly submitting their Type 1 (individual) and Type 2 (organization) NPI data, there are still some providers who are submitting their NPI data incorrectly.

The NPI assigned to a group should be reported in the “Billing Provider” section of the CMS-1500 while the NPI of the member of a group who furnished the care being billed should be reported in the “Rendering Provider” section of the CMS-1500.

A sole proprietorship is a form of business in which one person owns all of the assets of the business and is solely liable for all debts on an individual basis. Sole proprietorships are individuals, and they must apply for their NPIs as individuals (Type 1). This NPI should be reported in the “Billing Provider” portion of the CMS-1500, and the “Rendering Provider” section should be left blank. The same NPI number should **not** be reported in both provider fields.

If you are unsure about which NPI number to file in the billing or rendering provider fields, please contact the TRICARE Electronic Claims Help Desk at 1-800-325-5920.

For TRICARE-specific NPI information, please visit [www.tricare.mil/hipaa/identifiers.html](http://www.tricare.mil/hipaa/identifiers.html). ■

## Protecting Patient Privacy is Crucial

**T**RICARE and Humana Military Healthcare Services, Inc. (Humana Military) are committed to ensuring the privacy of beneficiaries. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) has provisions to follow when providing health care services to your patients. These guidelines help protect patient privacy, control fraud and abuse and simplify administrative health care processes.

Protected health information (PHI) is any identifiable health information that relates to a patient’s past, present or future physical or mental health and related health care services. Securing PHI is essential to providing quality health care to TRICARE beneficiaries. Below are methods you can use to help safeguard vital patient health care data:

- Keep appointment and registration sign-in sheets away from public view.
- When faxing documents, call to confirm secure delivery.

- Discuss PHI only in private settings—never in public.
- When e-mailing sensitive information, be sure to use a secure portal or secure application. Standard e-mail is not a secure communication method.

HIPAA permits releasing PHI without prior authorization for the purposes of treatment, payment and health care operations. However, HIPAA also requires you to reasonably limit the amount of information disclosed for payment and health care operations to the minimum necessary. Humana Military policy allows for disclosing patient health care data only in accordance with HIPAA.

Visit “MyHMHS for Providers” on the Humana Military Web site at [www.humana-military.com](http://www.humana-military.com) to check for information updates. For more information on HIPAA, visit TRICARE’s HIPAA Web page at [www.tricare.mil/tma/hipaa](http://www.tricare.mil/tma/hipaa). ■

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## CONTACTS

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

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



## Online Tool Accelerates Referrals and Authorizations

**W**ith just a couple of clicks on the Humana Military Healthcare Services, Inc. (Humana Military) Web site, you can speed up your patients' referrals to specialists and cut down your office staff's workload. An online referral or authorization can be completed in as little as five minutes, compared with potentially lengthier telephone and fax referral wait times.

The primary reason more than 50 percent of TRICARE providers use the online referral system is its efficiency. The system automatically populates much of the needed referral

information. As a result, the majority of your online referrals and authorizations are approved on the spot and completed while your patient is still in your office.

Visit [www.humana-military.com](http://www.humana-military.com) today to use this efficient, time-saving tool. From the Humana Military home page, click on the "Online Provider Services" link and then click on the "Online Referrals and Authorizations" link. Remember, you must sign in to use this feature. Simply enter your user ID and password to begin receiving authorizations while your patients wait! ■

## Reminder: Return Consult Reports within 10 Days

**C**onsult reports must be returned to the primary care manager or initiating provider within 10 working days of seeing a patient. For routine specialty referrals for initial office visits and all outpatient and inpatient services, you must provide complete and legible documentation for these reports to be accurate and useful.

Returning consult reports, operative reports and discharge summaries to the initiating provider is important for timely

follow-up and continuity of care. Please be responsive to the request when asked to return a consult report for TRICARE beneficiaries. Providers who treat TRICARE beneficiaries coming from the local military treatment facility may receive a faxed reminder or a call to return a consult report for a recent visit or service. Your office should return the consult report, operative report or discharge summary as requested. Please use the fax reminder as the cover sheet and dial the fax number listed on the reminder page. ■