

TRICARE Streamlines Certification for Partial Hospitalization Programs

TRICARE has streamlined its certification procedure for partial hospitalization programs (PHPs) located within TRICARE-authorized hospitals. Psychiatric PHPs located at TRICARE-authorized hospitals are now considered TRICARE-authorized providers, and care provided within them is automatically covered under TRICARE’s PHP benefit. Previously, TRICARE required separate certifications for hospital-based PHPs.

PHP services include crisis stabilization, treatment of partially stabilized mental health disorders and transition from inpatient programs when medically necessary. The TRICARE PHP benefit is provided through day, evening or weekend program options. Partial hospitalization care is usually provided for at least three hours a day, five days a week. TRICARE also covers less-frequent intensive outpatient treatment at TRICARE-approved PHPs. A minimum of three treatment hours per day is required.

Under the PHP benefit, psychiatric services are limited to 60 treatment days (whether a full-day or partial-day program) in a fiscal year or in a single admission. This limit may be waived if the treatment is determined to be medically necessary.

Because there are no “emergency” admissions to PHPs, beneficiaries need referrals from their primary care managers or military treatment facilities and prior authorization from Humana Military Healthcare Services, Inc. (Humana Military) to use this benefit.

Note: Freestanding PHPs still must receive TRICARE certification prior to admitting TRICARE beneficiaries.

For more information about TRICARE’s behavioral health care coverage, go to www.tricare.mil/mentalhealth or visit Humana Military’s Web site at www.humana-military.com. ■

From the Desk of the CMO

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Humana Military Healthcare Services, Inc. (Humana Military) provides disease management (DM) services for more than 6,000 patients with heart failure, diabetes mellitus, chronic obstructive pulmonary disease and asthma. The Department of Defense (DoD) analyzes claims histories to select higher risk patients for these programs. Participants are assigned to experienced registered nurses to receive assessments, education and coaching over the telephone. Humana Military supplements these interactions with print and electronic resources. All teaching and recommendations are based on recognized clinical practice guidelines of specialty societies, the DoD and the Department of Veterans Affairs.

Independent evaluation of TRICARE DM programs found:

- Increased use of appropriate medications and tests
- Reduced emergency and inpatient services
- Lower medical costs

DM nurses support and reinforce physicians’ treatment plans. Nurses communicate with physicians both proactively and when patients experience problems. When a patient begins the program, one of our nurses sends a notification letter to the primary care manager (PCM). The nurse may also send an advisory letter to a physician if a patient is in need of a recommended examination or test.

continued on page 3

Inside This Issue ...

- Adjunctive Dental Care
- Helpful Hints for Referrals and Authorizations
- Primary Care Managers—On the Front Line of Behavioral Health Care



Adjunctive Dental Care

The only dental care covered under TRICARE's medical benefit is adjunctive dental care, which is medically necessary in the treatment of an otherwise-covered medical (not dental) condition. Adjunctive dental care can refer to an integral part of treatment for a covered medical condition, or services provided in preparation for or resulting from dental trauma caused by the medically necessary treatment of an injury or disease. All adjunctive dental care requires prior authorization from Humana Military Healthcare Services, Inc. (Humana Military). TRICARE offers separate dental benefit programs for non-adjunctive dental services.

Some of the adjunctive dental procedures that TRICARE may cover include:

- Removal of teeth and tooth fragments to treat and repair facial trauma resulting from an accidental injury
- Total or complete ankyloglossia (tongue-tie) to alleviate difficulty swallowing or speaking (partial ankyloglossia is not covered)
- Dental or orthodontic care that is directly related to the medical and surgical correction of a severe congenital anomaly
- Dental care in preparation for, or as a result of, in-line radiation therapy for oral or facial cancer
- Treatment of acute (not chronic) myofacial/temporomandibular joint (TMJ) pain; care of these patients is subject to additional restrictions and guidelines:
 - Treatment of this syndrome may be considered a medical problem only when it involves immediate pain relief
 - Emergency treatment may include initial radiographs, up to four office visits and the construction of an occlusal splint, if necessary to relieve pain and discomfort
 - Treatment beyond four visits, or any repeat episodes of care within a period of six months, must receive individual consideration and be documented by the service provider
- Occlusal equilibration and restorative occlusal rehabilitation are specifically excluded for myofacial pain dysfunction syndrome

Note: Under certain circumstances, the TRICARE medical benefit covers general anesthesia services and facility charges for dental treatment provided to beneficiaries with developmental, mental or physical disabilities, as well as children age 5 and under. Under this benefit, reimbursement for general anesthesia and facility charges is based on the beneficiary's TRICARE program (e.g., TRICARE Prime, TRICARE Standard).

It is important to remember that the TRICARE medical benefit does not cover routine, preventive, restorative, emergency, prosthodontic or periodontic dental care that is not related to a medical condition. Dental care that is not covered includes:

- Treatment of dental caries and periodontal disease
- Emergency room visits for dental conditions (e.g., dental pain)
- Tooth extraction, including impacted wisdom teeth
- Provision of implants, crowns, dentures and bridges

Emergency Dental Care

TRICARE may cover the removal of broken teeth following an accident, if removal is necessary to treat facial trauma resulting from the accident. However, care for accidental injury **only** to the teeth is considered non-adjunctive dental care and is **not** covered by the TRICARE medical benefit. If only the teeth are damaged, or if teeth are lost (i.e., knocked out) during the accident, treatment and replacement are **not** covered by TRICARE.

Prior Authorizations

Prior authorization from Humana Military must be obtained before providing any adjunctive dental treatment to ensure the services will be covered. The prior authorization requirement is waived only when essential adjunctive dental care involves a medical emergency, such as facial injuries resulting from a car accident.

For more detailed information about the adjunctive dental procedures that TRICARE covers, refer to Chapter 8, Section 13.1 of the *TRICARE Policy Manual* or contact Humana Military at 1-800-444-5445. ■

Helpful Hints for Referrals and Authorizations

Using the Web to request a referral or authorization is much faster than sending in a fax. To submit a new referral or authorization, just go to the Humana Military Healthcare Services, Inc. (Humana Military) Web site at www.humana-military.com, sign in and click on “New request for referral or authorization, including hospital admission.”

The Web entry for referral and authorization requests has been simplified to five steps:

1. Entering patient and service information
2. Selecting procedures to perform
3. Reviewing existing authorizations to determine if services are already approved (this may require only an update)
4. Selecting a provider
5. Entering clinical information

Using the Web is more accurate than other methods and provides quicker information about requests.

You select the physician’s office, allied health professional’s office, inpatient facility or outpatient facility. Then, you control the message on the notification to the referred to provider based on what you enter.

Additionally, you only have to enter clinical information if we ask for it. In many cases, it won’t be necessary. If we need additional clinical information, we will put a note in the authorization on the Web, so you will see it when checking the status of a pending authorization.

Selecting a provider or facility is easy. We give you recommendations for provider or facility choices, but

you also are able to search for any provider you need. The system will tell you when you need to select both a provider and facility.

You can view all of the open referrals and authorizations for a given patient. You may only need to update or add to a current referral or authorization.

You don’t have to enter procedure codes unless you are requesting a specific surgical or diagnostic procedure. We will auto-populate codes for you for most office visits. You only need to provide a diagnosis code for inpatient admissions. For outpatients, just enter the reason for referral in plain language.

In many cases, as you are entering a request, you will see that no referral or authorization is required for a specific code. If that is the only code you are requesting, there is no need to go any further. You can print the screen for your records. Better yet, if you check the Code Lookup tool before starting the entry, you can determine if a referral or authorization is required.

With just a couple of clicks on Humana Military’s Web site, you can speed up your patients’ referrals to specialists and reduce your office’s workload. The majority of online referrals and authorizations can be approved and completed while your patient is still in the office.

Using the Web to manage your requests for referrals and authorizations saves you time and money, but the beneficiary gains the most by receiving services and care in a more timely manner. ■

From the Desk of the CMO

continued from page 1

Here are examples of how our DM nurses work with physicians to support treatment plans and facilitate care:

- A patient with poorly controlled diabetes was unable to comply with diet guidelines despite her physician’s efforts and nurse coaching. The DM nurse contacted the PCM and inquired if a referral to a dietitian would be beneficial. The PCM referred the patient, who then attended classes and improved her understanding of managing her diet. Her blood glucose levels have since fallen into a normal range.
- A patient with asthma switched to a new inhaler, levalbuterol, in conjunction with antihypertensive medications. His blood pressure became elevated after

changing medication. Our nurse contacted the military treatment facility, prompting the military physician to clarify how the patient should use his new inhaler. His blood pressure then returned to normal levels.

- A beneficiary called her DM nurse and stated she was going to kill herself. The nurse kept the beneficiary on the phone while contacting the physician on call. The physician spoke directly with the beneficiary and arranged treatment for her depression.

If you have a patient in one of the TRICARE DM programs, our nurses are happy to assist with coordination of care or education. The manager of the DM unit, Robin Medley, RN, says, “We would love for the physicians and/or their staff to contact us with any requests for additional instruction. We can review material in depth with the patient that the office may not have time to cover thoroughly.” To speak to the DM nurse assigned to your patient, call 1-800-881-9227. ■

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www.humana-military.com
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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



Primary Care Managers—On the Front Line of Behavioral Health Care

Primarily care managers (PCMs) are the “front line” of the military health care delivery system. As part of an overall focus on physical health and wellness, PCMs play an important role in early detection of and intervention in mental disorders. The PCM’s office is often the setting of choice for patients and families to address mental health issues, since they may be reluctant to seek behavioral health services due to shame, guilt or stigma.

It is important for PCMs to recognize possible signs of mental illness. There are many behavioral health care resources and tools available to assist you and your patients. For example, the Uniformed Services University of the Health Sciences’ Courage to Care campaign suggests the following five steps for outreach in the primary care setting:

1. Observe: Signs of depression may be obvious; watch for changes in mood and behavior. Common symptoms of depression include fatigue, difficulty concentrating, sleeplessness, sudden weight loss or gain and unexplained pain.

- 2. Ask:** Screening can be simple and straightforward. A basic question such as, “How have you been feeling lately?” can open dialogue.
- 3. Listen:** Support your patients by listening. Your interest and support will give patients a sense of safety and encourage them to seek the care they need.
- 4. Reinforce:** Reinforce effective treatment. A primary care visit can be a teachable moment to reinforce progress a patient has made and the benefits of adhering to treatment.
- 5. Assure:** Assure patients that seeking behavioral health care does not mean discharge and that a diagnosis does not necessarily require medication. Explain that seeking care early can help prevent a condition from developing into a more serious matter.

To learn more about behavioral health care educational tools and resources for providers and patients, you can visit www.usuhs.mil/psy/courage.html, or you can go to Humana Military Healthcare Services, Inc.’s Web site at www.humana-military.com. ■